Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11069	A. BUILDING _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMINA LAS VEGAS	2710 WEST CHARLESTON BLVD, LAS VEGAS, NEVADA ,89102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 08/20/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 57 Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, with an endorsement for Assisted Living, Category II residents. The census at the time of the survey was 36. Ten resident files and nine employee files were reviewed. The facility received a grade of B. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 08/20/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the walk-in cooler, a package of whole strawberries had visible mold growth. In a reach-in cooler, multiple containers of half & half were expired 08/17/24. 2. Major Violations: a. There was grease and dust build-up on the cook's line ventilation hood filters and there was no history of the ventilation hoods having been professionally serviced and maintained. b. There were no paper towels provided at the hand washing sink in the servery in front of the main kitchen. Severity: 2 Scope: 2	0255	1. Complete internal audit conducted on 8/21/24 to ensure all produce delivered had no growth and any food out of date. Set Hood cleaning date for September 2024. 2. On Delivery Date, Executive Chef/Designee will do inspections to ensure on delivery no growth and all foods are not out of expiration. 3. Weekly audits to be conducted by Executive Chef/Designee to ensure compliance. Hood cleaning will ensure compliance by 3rd party vendor for cleaning. 4. Executive Chef/Designee 5. 9/4/2024 6. In-service conducted to review policy.	09/30/2024

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0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and,	0878	1. All med carts and medications were audited to ensure proper direction change labels are in place as needed. 2. All med staff were in-serviced on ensuring proper labeling of medications with direction change labels was completed. 3. Med staff will aduit med cart x1 per week to ensure labeling is completed correctly. 4. Wellness Director/Designee will audit a random med cart 2x per month to ensure proper labeling is completed. 5. 9/5/2024 6. In-service attached.	09/05/2024

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	within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review and interview, the facility failed to ensure medication containers had change order labels when physician orders were changed for 1 of 15 residents (Resident #8). Findings include: Resident #8 (R8) R8 was admitted on 10/16/23 with diagnoses including Type 2 Diabetes Mellitus, Chronic Kidney Disease, and Early Onset Dementia. 1. A physician order dated 06/26/24 documented Potassium Chloride 10 milliequivalents (Meq) one tablet by mouth daily. R8's August MAR documented Potassium Chloride ER 10 MEQ TAB; take one tablet by mouth every day. The August MAR documented administration of Potassium Chloride from 08/01/24 through 08/20/24. The label on the bubble packaging documented Potassium Chloride ER 10 MEQ tablet; take one tablet by mouth two times a day. There was no change order label on the packaging. 2. A physician order dated 08/06/24 documented Discontinue Loperamide 2 milligrams (mg) one tablet by mouth daily for diarrhea. Start Loperamide two mg one tablet by mouth every 6 hours as needed for diarrhea. R8's August 2024 MAR documented Loperamide 2 mg capsule; take one capsule by mouth every 8 hours as needed for diarrhea. The medication onsite documented the label on the bubble packaging had a 06/26/24 dispense date and documented Loperamide 2 mg tablet, take one tablet by mouth once daily as needed for diarrhea. There was no change order label on the packaging. On 08/20/24 at 12:20 PM, the Medication Technician acknowledged the lack of change order labels on the medication containers. Severity: 2 Scope: 1			
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall	0895	1. Resident who was affected direction change label was applied and all orders were confirmed. Resident in review, is no longer with us, and has passed. In-service to staff on resfusal process. 2. Wellness Director/designee will audit all new admissions medications upon arrival	09/13/2024

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	maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure a medication was administered as prescribed for 1 of 10 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 07/17/24, with diagnoses including diabetes and memory issues. A physician's order dated 07/28/24 documented Risperidone 0.25 mg tablet, take one tablet by mouth at bedtime. The August 2024 MAR documented Risperidone 0.25 milligrams (mg) tablet, take one tablet by mouth at bedtime for memory changes. The prescription bottle in the medication cart that was being administered to R3 documented Risperidone 0.5 mg tablet, take one tablet by mouth every night at bedtime routinely. On 08/20/24 in the morning, the Medication Technician (Med Tech) acknowledged the medication being administered was the incorrect dose and located the correct medication in the facility's medication overflow storage. The Med Tech verbalized staff should have verified R3 was being administered the proper dosage of medication. Severity: 2 Scope: 1		and ensure that all medications are labeled appropriately. Med staff will audit med cart 1x per week to ensure labeling is completed correctly. 3. Wellness Director/designee will audit a random med cart 2 x per month to ensure proper labeling is completed. 4. Wellness Director/designee 5. 9/13/2024	

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 10 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 11/01/23, with a diagnosis of dementia. R2's record documented a negative chest x-ray completed on 10/17/23, and signs and symptoms check on 10/10/23 however lacked documented evidence of an indication for a chest x-ray. R2's record lacked documented evidence a two-step TB test or QuantiFERON test had been completed prior to admission. On 08/20/24 in the afternoon, the Executive Director acknowledged R2 only had a chest X-ray completed and lacked evidence a two-step or QuantiFERON TB test had been completed at admission. Severity: 2 Scope: 1	0936	1. The resident who was noted in the survey had a two step completed on 7/8 & 7/17/2024 by his hospice provider. 2. An audit was completed for all residents records to ensure that proper documentation of TB test/Quantiferon test was completed. 3. Wellness Director/Designee will review new move ins to ensure that they have had a completed TB testing/quantiferon testing completed with proper documentation. ED/Designee will review 1 new move in per month to ensure proper documentation is present. 4. Wellness Director/Executive Director/designee 5. 7/17/24 6. Attached.	09/05/2024

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured in 1 of 2 (Aspire) Alzheimer's units. Findings include: On 08/20/24 at 9:25 AM, a bottle of Lysol disinfectant and five bottles of disinfecting cleaner were found in an unlocked cabinet in the Aspire Alzheimer's kitchen, which was accessible to residents, through an unlocked door into and unsecured area with no staff members present. On 08/20/24 at 9:26 AM, an Employee confirmed there were unsecured chemicals in the Aspire Alzheimer's unit kitchen, which was unsecured and no staff members were present. Severity: 2 Scope: 3	0999	1. An in-service was completed for prohibited items that can not be left unattended in service area. 2. Executive Chef/designee to conduct audits to ensure doors are locked and chemicals are secure. 3. Random audits to be conducted by Executive Chef/Wellness Director/designee to ensure no chemicals are left unattended. 4. Executive Chef/Wellness Director/Designee 5. 9/4/2024	09/04/2024
1540 SS= F	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS	1540	1. The employees reviewed have completed their Cultural Competency. All but Wellness Director, who has resigned. 2. Human Resources will ensure all new hires have the training completed within their 30 days of hire. 3. Executive Director to conduct random audits to ensure trainings are current and completed within 30 days. 4. Human Resources Coordinator/designee. 5. 9-5-2024. 6. Certificates Attached.	09/05/2024

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	449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1,			

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	the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the			

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	course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials: (a) An overview of cultural competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of			

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	mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program. Inspector Comments: Based on interview and record review, the facility failed to ensure Cultural Competency training was completed for 5 of 9 Employees (Employee #2, Employee #4, Employee #5, Employee #7 and Employee #8). Findings include: Employee #2 (E2) E2 was hired on 07/08/23 as a Medication Technician. Review of E2's record revealed E2 had not completed Cultural Competency training. Employee #4 (E4) E4 was hired on 07/28/23 as a Medication Technician. Review of E4's record revealed E4 had not completed Cultural Competency training. Employee #5 (E5) E5 was hired on			

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	02/01/24 was the Wellness Director. Review of E5's record revealed E5 completed Cultural Competency training from an unapproved training course. Employee #7 (E7) E7 was hired on 04/03/24 as a Medication Technician. Review of E7's record revealed E7 had not completed Cultural Competency training. Employee #8 (E8) E8 was hired on 10/11/23 as a Medication Technician. Review of E8's record revealed E8 completed Cultural Competency training from an unapproved training course. On 08/20/24 in the morning, the Executive Director confirmed there was no Cultural Competency training on file for Employee #2, #4, #5, #7 and #8. Severity: 2 Scope: 3			