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
	11493	A. BUILDING _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MONARCH AT HENDERSON	1750 WEST HORIZON RIDGE PARKWAY, HENDERSON, NEVADA ,89012-4833

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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 10/22/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 68 Residential Facility for Group beds for the elderly and disabled and/or persons with Alzheimer's disease, Assisted Living Services, Category II residents. The census at the time of the survey was 62. Fifteen resident files and ten employee files were reviewed. The facility received a grade of C. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified:	0000		

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0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sections 2 to 16 inclusive of this regulation and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and (g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 sampled employees received four hours of Caregiver training within 60 days of employment (Employee #2 and #5). Findings include: Employee #2 (E2) E2 was hired on 04/08/24 as a Care Partner. E2 completed 30 minutes of Caregiver training on 10/21/24. E2's file lacked documented evidence E2 completed the remaining 3 hours 30 minutes of initial Caregiver training. Employee #5 (E5) E5 was hired on 03/21/24 as a Wellness Assistant. E5's file lacked documented evidence E5 completed four hours of initial Caregiver training. On 10/22/24 in the afternoon, the Business Office Manager acknowledged E2 and E5 lacked initial Caregiver training. Severity: 2 Scope: 1	0065	Employee #2 and Employee #5's documentation of completed 4 hours of training was placed in the employees personnel record. The Executive Director and Business Office Director completed an audit of current employee personnel files to ensure compliance with 4 hours of caregiver training completed within 60 days of employment Upon Caregiver hire, the Executive Director will communicate the required initial caregiver training and the completion date requirement to ensure caregivers complete the 4 hours of caregiver training within 60 days of employment The Executive Director will conduct monthly compliance review and compliance follow up action of current employee compliance with 4 hours of caregiver training within 60 days of employment. The Executive Director will maintain a file of the monthly audits and follow up in a file stored in the Executive Directors office.	12/18/2024

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 sampled employees received initial 16 hours of medication management training (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 09/24/24, as the Administrator. E4's file lacked documented evidence of initial 16 hours of medication management training. On 09/24/24 in the afternoon, the Corporate Representative confirmed the Administrator did not have the required medication management training. Severity: 2 Scope: 1	0072	The deficiency has been immediately addressed and employee E4 successfully completed 16-hour Med Tech training on November 13th, 2024. The Executive Director and Wellness Director completed an audit of current Med Tech training to ensure 16-hour Med Tech training compliance. The Executive Director will conduct quarterly reviews Med Tech 16- hour Med Tech training compliance with documented follow-up action for discrepancies.	11/14/2024
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility	0074	Employee #4 completed an Elder Abuse training course provided by APS, May 2023. Documentation of the course completion was placed in the employees personnel file. The Executive Director completed an audit	10/31/2024

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	for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual		of current employee files to ensure compliance documentation for Elder Abuse Training The Executive Director will conduct monthly Elder Abuse training compliance audits to ensure continued compliance	

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	abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on interview and record review, the facility failed to ensure annual elder abuse training was			

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	completed for 1 of 10 sampled employees (Employee #4). Findings include: Employee #4 (E4) was hired on 09/24/24, as the Administrator. E4's file lacked documented evidence of initial elder abuse training. On 10/22/24 in the afternoon, the Business Office Manager acknowledged the Administrator did not complete initial elder abuse training. Severity: 2 Scope: 1			
0255 SS= F	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 10/22/2024, 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, an open container of sour cream was expired 09/26/24. 2. Major Violations: a. The cook's line ventilation hood filters, the sides of the deep fat fryer and side of the range were soiled with grease build-up. b. There was heavy dust build-up on the fan guards on the evaporator fan in the walk-in cooler. c. In the Sagebrush serving kitchen, the cabinet where the water softener was stored was soiled with salt build-up and in disrepair. d. The floors throughout the kitchen were worn and in disrepair causing dirt and grime to accumulate. e. There was dust build-up on the ceiling tiles around the air vents in the kitchen. Severity: 2 Scope: 3	0255	The sour cream in the walk-in cooler was removed and discarded. The cook's line ventilation hood filters, the sides of the deep fat fryer and the sides of the range were cleaned to remove the soiled areas and grease build up. The heavy dust build up on the fan guards on the walk-in cooler evaporator were cleaned. The Sagebrush service kitchen water softener storage cabinet was repaired and cleaned to remove the salt build up The floors in the kitchen were repaired and cleaned to remove the dirt and grime The kitchen floor replacement is scheduled for Quarter 1 of 2025. The administrator has begun the process of collecting vendor bids. The ceiling files around the air vents were cleaned to remove the dust build up The executive director implemented a new daily task sheet for the dining services department to sign off ensuring walk-in cooler food items are dated and removed prior to expiration. Daily walk-in cooler inspections will be conducted by the food and beverage director/Designee and Executive Director Plant Operations Director and Food and Beverage Director reviewed and modified the monthly cleaning schedule to ensure kitchen cleaning compliance and cleaning of vent hood filters, appliances, range and fryers The executive director, plant operations	11/09/2024

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			directors and food and beverage director review and modified a cleaning schedule to ensure fan guards on the evaporator fan in the walk in cooler are cleaned and free from build up Administrator, Plant Operations Director and Food and Beverage Director will meet monthly to review kitchen cleaning compliance, cleaning assignment documentation and follow up action. The executive director will maintain documentation of the meeting in a file stored in the Executive Director's office	

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 and R043-22 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a medical exemption to maintain a resident who was bedfast and received wound care in the facility (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/31/22 with a diagnosis of Alzheimer's disease. On 10/22/24 in the morning, R1 was unable to demonstrate the ability to reposition in bed without assistance. On 10/22/24 in the afternoon, a Caregiver acknowledged R1 could not reposition in bed without assistance. R1's file documented R1 was receiving routine wound care from a Registered Nurse from a hospice agency on their upper back for an unstageable wound that was 1 cm (centimeter) in length and 1 cm in width. R1's file lacked documented evidence of an approved medical exemption for being both bedfast and having an unstageable wound from the Bureau. On 10/22/24 in the afternoon, the Wellness Coordinator verbalized R1 could not reposition in bed without assistance and confirmed R1 had a nurse who provided wound care to R1's wound on their back. The Wellness Coordinator acknowledged R1 did not currently have an approved medical exemption on file for being bed fast or having a wound. Severity: 2 Scope: 1	0620	Resident #1 passed and is no longer a resident in the community. The Executive Director and Wellness Director conducted an audit and reviewed the care needs of current residents to identify residents compliance with eligibility. With Admission retention requirements. The community does not have residents who are bedfast, require restraints, Confinement in locked quarters requiring skilled nursing or other medical supervision on a 24-hour basis. The Executive Director and Wellness Director/Designee will review resident care status changes during weekly 1:1 meetings that impact admission retention requirements. The Executive Director will maintain meeting minutes in a file stored in the Executive Directors office. The Wellness Director will request a medical exemption to maintain a resident who is bedfast and receives wound care. The Executive Director and Wellness Director will review the resident care needs with the resident, responsible party/POA and the medical exemption requirements.	11/20/2024

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1036 SS= D	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 sampled employees received initial dementia training (Employee #2 and #5). Findings include: Employee #2 (E2) E2 was hired on 04/08/24 as a Care Partner. E2's file lacked documented evidence E2 completed ten hours of initial dementia training within the first 90 days of employment. Employee #5 (E5) E5 was hired on 03/21/24 as a Wellness Assistant. E5 completed five hours of dementia training from 01/07/24-05/08/24. E5's file lacked documented evidence E5 completed the remaining five hours of initial dementia training within the first 90 days of employment. On 10/22/24 in the afternoon, the Business Office Manager acknowledged E2 and E5 lacked initial dementia training. Severity: 2 Scope: 1	1036	E#2and E#5 are scheduled to complete the required 10 hour dementia training on or before 11/15/24 The Executive Director and Wellness Director will communicate the initial 10 hour dementia training requirement and completion requirement within 90 days of employment The Executive Director and Wellness Director will review initial 10 hour dementia training compliance with follow up action during monthly meetings The Executive Director will maintain a file of the training compliance review and follow up action in a file stored in the Executive Directors office	11/15/2024
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	1540	Cultural Competency training in scheduled for E1,E2,E3, E5, E6, E7, E8, E9, E10 on 11/8/24 The Executive Director will notify new employees of the cultural competency training completion requirement within 30 days of employment and the scheduled training dates.	11/08/2024

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	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 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		The Executive Director will conduct monthly training audits to ensure cultural competency training compliance and follow up action to maintain compliance	

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	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, 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			

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THE MONARCH AT HENDERSON	1750 WEST HORIZON RIDGE PARKWAY, HENDERSON, NEVADA ,89012-4833

(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
	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 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			

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	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 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 record review and interview, the facility failed to ensure 8 of 10 sampled employees received cultural competency training completed within 30 days of hire (Employee #1, #2, #3, #5, #6, #7, #8, and #9). Findings			

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	include: The following employee files lacked documented evidence cultural competency training was completed within 30 days of hire. Employee #1 was hired on 11/10/23, as Medication Assistant. Employee #2 was hired on 04/08/24, as Care Partner. Employee #3 was hired on 10/20/22, as Medication Technician. Employee #5 as hired on 03/21/24 as a Wellness Assistant. Employee #6 was hired on 10/25/22, as a Medication Assistant. Employee #7 as hired on 05/02/24 as a Wellness Assistant. Employee #8 was hired on 09/07/23, as a Medication Assistant. Employee #9 was hired on 10/25/22, as a Wellness Assistant. On 10/10/24 in the afternoon, the Business Office Manager acknowledged the employees lacked documented evidence of cultural competency training and reported the employees had not completed the training. Severity: 2 Scope: 3			

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1830 SS= D	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary infection control designee completed 15 hours of infection control training through a nationally recognized organization (Employee #10). Findings include: Employee #10 (E10) was hired on 01/28/20, as the Wellness Director/Primary Infection Control Designee. E10's file lacked documented evidence 15 hours of infection control training from a nationally recognized organization was completed. On 10/22/24 in the afternoon, the Business Office Manager confirmed the required infection control and prevention training from a nationally recognized organization had not been completed for E10. Severity: 2 Scope: 1	1830	E10 is no longer employed at the facility. The Executive Director will notify employees of the infection control training requirement and review the dates for infection control training with the Wellness Director during training compliance meetings and follow up action meetings The Executive Director will maintain a file of meeting minutes in the EDs office	11/15/2024

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1840 SS= E	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 10 sampled employees acquired the required infection control training (Employee #3, #6, #8, #9, and #10). Findings include: The following employee files lacked documented evidence infection control training was completed through a nationally recognized course. Employee #3 was hired on 10/20/22, as Medication Assistant. Employee #6 was hired on 10/25/22, as a Medication Assistant. Employee #8 was hired on 09/07/23, as a Medication Assistant. Employee #9 was hired on 10/25/22, as a Wellness Assistant. Employee 10 was hired on 01/28/20, as a Wellness Director. On 10/22/24 in the afternoon, the Business Office Manager acknowledged the employees did not receive infection control training through a nationally recognized course. Severity: 2 Scope: 2	1840	Cultural competency training is scheduled for E1, E2, E3, E5, E6, E7, E8, E9 and E10 on 11/8/24. The executive Director will notify new employees of the cultural competency training completion requirement within 30 days of employment and the scheduled training dates. The Executive Director will conduct monthly training audits to ensure cultural competency training compliance and follow up action to maintain compliance. Completion date - 11/8/24	11/14/2024