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
	11543	A. BUILDING _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR OF ELKO ASSISTED LIVING LLC	**2850 RUBY VISTA DR., ELKO, NEVADA ,89801**

(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 a State Licensure annual survey conducted in your facility on 11/20/2024. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 57 Residential Facility for Group beds for elderly or disabled persons which provided assisted living services, Category II residents. The census at the time of the survey was 39. Ten resident files and ten employee files were reviewed. The facility received a grade of D. Your facility has recieved a C or D grade for this inspection. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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 deficiencies were identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: HEATHER DEITRICK Title: Administrator Date: 12/05/2024

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0102 SS= F	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on personnel file review, document review, and interview, the facility failed to ensure physical examinations were completed in accordance with Nevada Administrative Code 441A.375 for 8 of 10 sampled employees (Employee #1, #2, #3, #4, #5, #6, #7, and #10). Findings include: The following employees personnel files lacked documented evidence of a physical examination: - Employee #1 was hired by the facility as the Administrator with a start date of 04/18/2024. - Employee #2 was hired by the facility as the Director with a start date of 04/18/2024. - Employee #3 was hired by the facility a Medication Technician (MT) with a start date of 04/18/2024. - Employee #4 was hired by the facility a MT with a start date of 04/18/2024. - Employee #5 was hired by the facility a MT with a start date of 04/18/2024. - Employee #6 was hired by the facility a MT with a start date of 04/18/2024. - Employee #7 was hired by the facility a MT with a start date of 04/18/2024. - Employee #10 was hired by the facility a Personal Care Assistant with a start date of 07/22/2024. On 11/20/2024 at 2:40 PM, the Director confirmed the aforementioned employees lacked a current physical examination upon hire by the facility following a change of ownership. severity: 2 Scope: 3	0102	1) How will you correct the specific findings Stated in the Statement of Deficiencies? Manager and Residential Service Director will be in-serviced by Administrator regarding NAC 441A.375 Physical Examinations. Manager and/or Resident Service Director will have employees Physical Exams completed within 30 days and have exams completed during the hiring process. 2)What measures or systemic changes will be put into place the hiring process to make sure the deficient practice does not recur. Manager and/or Resident Service Director will have employees obtain a physical examination as part of orientation prior to working. 3) How will the corrective action be monitored to ensure the deficient practice will not recur. Manager and/or Resident Service Director will utilize a compliance worksheet to ensure physical exams are completed during the hiring process. Employee orientation checklist will be implemented to ensure that all physical exams are completed. 4)Who will be responsible for ensuring the plan of corrections is implemented. Manager and/or Resident Service Director. 5) January 1, 2025	12/02/2024

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 1 of 10 sampled employees met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #8). Findings include: Employee #8 Employee #8 was hired by the facility as a Medication Technician with a start date of 08/14/2024. Employee #8's personnel record documented evidence of fingerprinting to obtain a background check dated 09/17/2024. On 11/20/2024 at 2:50 PM, the Director confirmed Employee #8 had not completed the required background check and verbalized the background check should have been started within 10 days of the hire date. Severity: 2 Scope: 1	0104	1) How will you correct the specific findings stated in the Statement of Deficiencies? Manager and/or Resident Service Director will be in-serviced by Administrator on policy AL 1.16 (NV) Health Care Worker Background Check. 2) What measures or systemic changes will be put into place to make sure the deficiency practice does not recur? All employees will have a Background check completed during the hire process. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? Employee orientation checklist will be implemented to ensure that all background checks are completed. 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager and/or Resident Service Director. 5)The Date the Corrective action be completed. 12/2/2024	12/02/2024

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0450 SS= F	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on personnel file review, document review, and interview, the facility failed to ensure employees had cardiopulmonary resuscitation and first aid training which included skills testing for 7 of 10 sampled employees (Employee #2, #4, #5, 6, #7, #9, and #10). Findings include: The following employees had documented evidence of CPR and first aid training which did not meet the equivalent of the American Red Cross to include skills testing: - Employee #2 was hired as the Director with a start date of 04/18/2024. - Employee #4 was hired as a Medication Technician (MT) with a start date of 04/18/2024. - Employee #5 was hired as a Medication Technician (MT) with a start date of 04/18/2024. - Employee #6 was hired as a Medication Technician (MT) with a start date of 04/18/2024. - Employee #7 was hired as a Medication Technician (MT) with a start date of 04/18/2024. - Employee #9 was hired as a Medication Technician (MT) with a start date of 04/18/2024. - Employee #10 was hired as a Personal Care Assistant with a start date of 07/22/2024. On 11/20/2024 at 11:00 AM, the Director confirmed the aforementioned Employees lacked CPR and first aid training which included skills testing. Severity: 2 Scope: 3	0450	1) How will you correct the specific findings stated in the Statement of Deficiencies. Staff #2,4,5,6,7,9.10 will complete CPR training by 12/17/2024. Manager and Resident Service Director will be in-serviced by Administrator on NRS 449.0302 policy AL 1.23 2) What measures or systemic changes will be put into place to make sure the deficiency practice does not recur. Employee orientation checklist will be implemented to ensure employee completes CPR/First Aid within 30 days of hire. 3) How will the corrective action be monitored to ensure the deficient practice will not recur. Employee compliance worksheet will be implemented to monitor completion date and renewal dates. 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager and or Resident Service Director. 5)December 17, 2024	12/17/2024
0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a	0870	1) How will you correct the specific findings stated in the Statement of Deficiencies. Manager and/or Resident Service Director will be in-serviced by Administrator on policy AL 1.23. Medication reviews will be completed every 6 months.	12/02/2024

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	financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and medical record review, the facility failed to ensure a medication review of residents' medications was conducted at least every six months by a physician, pharmacist or registered nurse for 5 of 10 sampled residents (Resident #2, #8, #1, #4, and #5). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/18/2017, with diagnosis including dementia. Resident #2 had a pharmacy review of the resident's medications conducted on 01/19/2024 and 09/21/2024, resulting in greater than six months between the required review. Resident #8 Resident #8 was admitted to the facility on 09/08/2021, with diagnoses including anemia, dementia, and adult falls. Resident #8 had a pharmacy review of the resident's medications conducted on 01/19/2024 and 09/20/2024, resulting in greater than six months between the required review. Resident #1 Resident #1 was admitted to the facility on 04/12/2023, with diagnoses including cardiomegaly, cognitive decline and atrial fibrillation. Resident #1 had a pharmacy review of the resident's medications conducted on 01/19/2024 and 09/20/2024, resulting in greater than six months between the required review. Resident #4 Resident #4 was admitted to the facility on 02/01/2024, with diagnoses including multiple sclerosis, deficit in activities of daily living, anemia, depression, and respiratory failure.		2) What measures or systemic changes will be put into place to make sure the deficiency practice does not recur. Resident compliance review worksheet will be utilized to ensure that Medications reviews are completed every 6 months. 3) How will the corrective action be monitored to ensure the deficient practice will not recur. Resident compliance review worksheet will be implemented to ensure that all Medication Reviews are completed every 6 months. 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager and/or Resident Service Director. 5)The date the corrective action be completed. 12/2/24	

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	Resident #4 had a pharmacy review of the resident's medications conducted on 01/19/2024 and 09/20/2024, resulting in greater than six months after admission. Resident #5 Resident #5 was admitted to the facility on 08/01/2022, with diagnoses including acquired absence of left and right leg below knee, type II diabetes mellitus, and hypertension. Resident #5 had a pharmacy review of the resident's medications conducted on 01/19/2024 and 09/20/2024, resulting in greater than six months between the required review. On 11/20/2024 at 3:55 PM, the Director confirmed the pharmacy review done for the aforementioned residents did not meet the required time of no more than 6 months between reviews and/or admission. Severity: 2 Scope: 3			
0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on interview and medical record review, the facility failed to ensure pharmacist medication reviews were provided to the physician within 72 hours of the administrator receiving the reports for 9 of 10 sampled residents (Resident #2, #3, #6, #10, #8, #1, #4, #5, and #9) and the reports were reviewed and initialed by the administrator for 3 of 10 sampled residents (Resident #3, #6 and #5). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/18/2017, with diagnosis including dementia. Resident #2 had a pharmacy review of the resident's medications conducted on 09/19/2024. The recommendations were initialed by the Administrator on 09/21/2024 and provided	0874	1) How will you correct the specific findings stated in the Statement of Deficiencies. Manager will be in-serviced by Administrator on policy AL 1.23 2) What measures or systemic changes will be put into place to make sure the deficiency practice does not recur. Manager will provide the physician the medication review within 72 hrs. Documentation on time/day reviews are sent to doctor will be kept and filed in resident file. 3) How will the corrective action be monitored to ensure the deficient practice will not recur. Manager to monitor medication reviews and follow up with physician on the return of signed reviews. 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager. 5)The date the corrective action be completed. 12/2/2024	12/02/2024

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	to the physician on 09/25/2024, greater than the 72 hour timeframe required for notification. Resident #3 Resident #3 was admitted to the facility on 03/29/2024, with diagnosis including type 2 diabetes mellitus without complications. Resident #3 had a pharmacy review of the resident's medications conducted on 09/20/2024. The recommendations were not initialed by the Administrator and were provided to the physician on 09/25/2024, greater than the 72 hour timeframe required for notification. Resident #6 Resident #6 was admitted to the facility on 02/26/2024, with a diagnosis of chronic kidney disease stage 4. Resident #6 had a pharmacy review of the resident's medications conducted on 09/19/2024. The recommendations were not initialed by the Administrator and were provided to the physician on 09/25/2024, greater than the 72 hour timeframe required for notification. Resident #10 Resident #10 was admitted to the facility on 03/18/2024, with diagnoses including anemia and dementia. Resident #10 had a pharmacy review of the resident's medications conducted on 09/19/2024. The recommendations were initialed by the Administrator on 09/21/2024, and were provided to the physician on 09/25/24, greater than the 72 hour timeframe required for notification. Resident #8 Resident #8 was admitted to the facility on 09/08/2021, with diagnoses including anemia, dementia, and adult falls. Resident #8 had a pharmacy review of the resident's medications conducted on 09/20/2024. The recommendations were initialed by the Administrator on 09/21/2024 and provided to the physician on 09/25/2024, greater than the 72 hour timeframe required for notification. Resident #1 Resident #1 was admitted to the facility on 04/12/2023, with diagnoses including cardiomegaly, cognitive decline and atrial fibrillation. Resident #1 had a pharmacy review of the resident's medications conducted on 09/20/2024. The recommendations were initialed by the Administrator on 09/21/2024, and were provided to the physician on 09/25/24, greater than the 72 hour timeframe required for notification. Resident #4 Resident #4 was admitted to the facility on 02/01/2024, with diagnoses including multiple sclerosis,			

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	deficit in activities of daily living, anemia, depression, and respiratory failure. Resident #4 had a pharmacy review of the resident's medications conducted on 09/20/2024. The recommendations were initialed by the Administrator on 09/21/2024, and were provided to the physician on 09/25/24, greater than the 72 hour timeframe required for notification. Resident #5 Resident #5 was admitted to the facility on 08/01/2022, with diagnoses including acquired absence of left and right leg below knee, type II diabetes mellitus, and hypertension. Resident #5 had a pharmacy review of the resident's medications conducted on 09/19/2024. The recommendations were not initialed by the Administrator and were provided to the physician on 09/25/24, greater than the 72 hour timeframe required for notification. Resident #9 Resident #9 was admitted to the facility on 04/08/2024, with diagnoses including hypercholesterolemia, depression, essential hypertension, and age-related osteoporosis. Resident #10 had a pharmacy review of the resident's medications conducted on 09/19/2024. The recommendations were initialed by the Administrator on 09/21/2024, and were provided to the physician on 09/25/24, greater than the 72 hour timeframe required for notification. On 11/20/2024 at 3:55 PM, the Director confirmed the Administrator did not initial the September 2024 pharmacy reviews for Resident #3, #6 and #5, and confirmed the residents' physician had not been notified of a recommendation from the pharmacist for the September 2024 pharmacy review within 72 hours for Resident #2, #3, #6, #10, #8, #1, #4, #5, and #9. Severity: 2 Scope: 3			
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	0878	1) How will you correct the specific findings stated in the Statement of Deficiencies. Manager and Resident Service Director will be in-serviced by Administrator on policy AL 1.23 Manager will in-service all Medication Technicians on policy AL 1.23 2) What measures or systemic changes will be put into place to make sure the	12/02/2024

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	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, 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 observation, interview, and record review, the facility failed to ensure a medication had an order change sticker affixed to the label when a new order was received for 1 of 10 sampled residents (Resident #5). Findings		deficiency practice does not recur. Medication cart audits will be performed once a month for three months. 3) How will the corrective action be monitored to ensure the deficient practice will not recur. Audit correction worksheet will be utilized to ensure that all cart audits are completed for each Resident monthly. 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager and or Resident Service Director. 5)April 1, 2025	

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	include: Resident #5 Resident #5 was admitted to the facility on 08/01/2022, with a diagnosis of chronic kidney disease, stage three, and hypertension. On 11/20/2024, during a review of medications for Resident #5, the resident's Atorvastatin 40 milligrams (mg) container, documented take one tablet (40 mg) by mouth one time per day. Resident #5's Medication Administration Record dated November 2024, and a physician's order dated 10/04/2024, documented Atorvastatin 20 milligrams (mg), take 2 tablets by mouth one time per day. On 11/20/2024 at 3:05 PM, a Medication Technician confirmed the label on Resident #5's Atorvastatin was not the same as the physician's order and verbalized the container should have an order change sticker affixed to the label. 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 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	0895	1) How will you correct the specific findings stated in the Statement of Deficiencies. Manager and/or Resident Service Director will be in-serviced by Administrator on policy AL 1.23 Manager and/or Resident Service Director will in-service all Medication Technicians on policy AL 1.23 2) What measures or systemic changes will be put into place to make sure the deficiency practice does not recur. Medication audits will be performed once a month for three months. 3) How will the corrective action be monitored to ensure the deficient practice will not recur. Audit correction worksheet will be utilized to ensure that all cart audits are completed for each Resident. 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager and or Resident Service Director. 5)April 1, 2025	12/02/2024

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	11543	A. BUILDING _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR OF ELKO ASSISTED LIVING LLC	**2850 RUBY VISTA DR., ELKO, NEVADA ,89801**

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	observation, interview, and document review, the facility failed to ensure a Medication Administration Record (MAR) accurately reflected the same name of a medication as indicated on the medication label for 1 of 10 sampled residents (Resident #3). Findings include: Resident #3 was admitted to the facility on 03/29/2024, with diagnosis including type 2 diabetes mellitus without complications. Resident #3's November 2024 MAR documented Sitagliptin Phosphate tablet 100 milligram (mg), give one tablet by mouth one time a day for diabetes before breakfast. Resident #3's Order Summary Report signed by the physician on 07/08/2024, documented Sitagliptin Phosphate tablet 100 mg, give one tablet by mouth one time a day for diabetes before breakfast (start date 05/07/2024). On 11/20/2024 at 3:31 PM, during a review of the resident's medications, a package was labeled Januvia 100 mg, take one tablet by mouth one time a day for diabetes before breakfast. The Medication Technician confirmed the label on the medication did not match the MAR because the MAR used the generic name. Severity: 2 Scope: 1			

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on interview and observation, the facility failed to ensure an over-the-counter (OTC) medication was labeled with the physician's name for 1 of 10 sampled residents (Resident #10). Findings include: Resident #10 was admitted to the facility on 03/18/2024, with diagnoses including anemia and dementia. On 11/20/2024 at 3:05 PM, during a review of the resident's medications, an OTC bottle of B-100 Complex was not labeled with the physician's name. The Medication Tech confirmed the bottle was missing the physician's name and it should have been labeled. Severity: 2 Scope: 1	0923	1) How will you correct the specific findings stated in the Statement of Deficiencies. Manager and Resident Service Director will be in-serviced by Administrator on policy AL 1.23 Manager will in-service all Medication Technicians on policy AL 1.23 2) What measures or systemic changes will be put into place to make sure the deficiency practice does not recur. Medication cart audits will be performed once a month for three months. 3) How will the corrective action be monitored to ensure the deficient practice will not recur. Audit correction worksheet will be utilized to ensure that all cart audits are completed for each Resident monthly. 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager and/or Resident Service Director. 5)April 1, 2025	12/02/2024

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1001 SS= F	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure 6 of 10 sampled employees working at the facility greater than 60 days and less than one year received four hours of initial training to care for elderly or disabled residents, within 60 days of hire (Employee #1, #3, #4, #5, #6, and #7). Findings include: The following employees lacked documented evidence of caregiver training for elderly or disabled residents within 60 days of hire: - Employee #1 was hired by the facility as the Administrator with a start date of 04/18/2024. - Employee #3 was hired by the facility as a Medication Technician (MT) with a start date of 04/18/2024. - Employee #4 was hired by the facility as a MT with a start date of 04/18/2024. - Employee #5 was hired by the facility as a MT with a start date of 04/18/2024. - Employee #6 was hired by the facility as a MT with a start date of 04/18/2024. - Employee #7 was hired by the facility as a MT with a start date of 04/18/2024. On 11/20/2024 at 3:00 PM, the Director confirmed the aforementioned employees lacked documented evidence of caregiver training in their respective personnel files maintained in the facility after their respective start date on 04/18/2024 with the new company. The Director verbalized not being aware of the requirement following a change of ownership. Severity: 2 Scope: 3	1001	1) How will you correct the specific findings stated in the Statement of Deficiencies? Manager and/or Resident Service Director will have employee's #1, #3, #4, #5, #6, #7 completed required Elderly Care Training for Caregivers. 2) What measures or systemic changes will be put into place to make sure the deficiency practice does not recur? All employees will complete the Elderly Care Training for Caregivers as part of orientation. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? Employee orientation checklist will be implemented to ensure that Elderly Care Training for Caregivers is completed as as required. Yearly training will be monitored by using a compliance worksheet 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager and/or Resident Service Director. 5) The date the corrective action will be completed. 12/5/2024	12/05/2024
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	1540	1) How will you correct the specific findings stated in the Statement of Deficiencies? Employees #2, #3, #4, #5, #8. #9, #10 will attend Cultural Competency Training on 12/18/2024.	12/18/2024

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	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 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		2) What measures or systemic changes will be put into place to make sure the deficiency practice does not recur? Manager and/or Resident Service Director will ensure all employees have training within 30 days of hire. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? Employee orientation checklist will be implemented to ensure that Cultural Competency Training is completed. 4) Who will be responsible for ensuring the plan of corrections is implemented. Manager and/or Resident Service Director. 5) The date the corrective action will be completed. 12/18/2024	

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	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, 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			

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	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 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			

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	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 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.			

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	Inspector Comments: Based on personnel record review and interview, the facility failed to ensure cultural competency training was completed for 7 of 10 sampled employees required to obtain cultural competency training (Employee #2, #3, #4, #5, #8, #9, and #10). Findings include: The following employees lacked cultural competency training within 30 days of being hired: - Employee #2 was hired by the facility as the Director with a start date of 04/18/2024. - Employee #3 was hired by the facility as a Medication Technician (MT) with a start date of 04/18/2024. - Employee #4 was hired by the facility as a MT with a start date of 04/18/2024. - Employee #5 was hired by the facility as a MT with a start date of 04/18/2024. - Employee #8 was hired by the facility as a MT with a start date of 04/18/2024. - Employee #9 was hired by the facility as a MT with a start date of 04/18/2024. - Employee #10 was hired by the facility as a Personal Care Assistant with a start date of 07/22/2024. On 11/20/2024 at 3:00 PM, the Director confirmed Employee #2, #3, #4, #5, #8, #9, and #10 lacked the required cultural competency training within 30 days of hire. Severity: 2 Scope: 3			