STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	176	A. BUILDING _____ B. WING _____	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROSE OF SHARON	355 EVAN PICONE, HENDERSON, NEVADA ,89014

(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 07/01/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with Mental Illness, Category II residents. The census at the time of the survey was six. Six resident files and four 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		
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 record review and interview, the facility failed to ensure 6-month medication reviews were reviewed and initialed by the Administrator for 5 of 6 residents (Residents #1, #2, #3, #4, and #6). Findings include: Resident #1 (R1) R1 was admitted on 08/02/22 with a diagnosis of Atherosclerotic cardiovascular disease without angina pectoris. R1's most recent medication reviews were performed on 02/16/24 and 06/12/23. There was no documentation of the Administrator's initials on R1's medication reviews. Resident #2	0874	Resident #1 Admitted 08/02/2022 medication reviews 02/16/2024 and 06/12/2023, Administrator initials done 07/10/2024. See attachments. Administrator will monitor for compliance. Resident #2 Admitted 11/19/2019 medication reviews done on 02/16/2024 and 06/06/2023 were initialed by administrator done on 07/10/2024. Administrator will monitor for compliance. See attachments. Resident #3 Admitted 05/19/2022 medication reviews done on 04/08/2024 and 12/12/2023were initiated by administrator on 07/10/2024. Administrator will monitor for compliance. See attachments. Resident #4 Admitted 03/25/2018 medication reviews done on 03/28/2024, 03/17/2024, 01/08/2024 and 05/30/2023 were initialed by administrator on 07/10/2025 Administrator will monitor for compliance. See attachments. Resident #6 Admitted 12/01/2023 medication review done on 05/01/2025 and 01/02/2024 were initialed by administrator,	08/04/2024

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	(R2) R2 was admitted on 11/19/19 with diagnoses including coronary artery disease, hypertension, anxiety, and hypothyroidism. R2's most recent medication reviews were performed on 02/16/24 and 06/06/23. There was no documentation of the Administrator's initials on R2's medication reviews. Resident #3 (R3) R3 was admitted on 05/19/22 with diagnoses including hypertensive heart disease with heart failure and protein-calorie malnutrition. R3's most recent medication reviews were performed on 04/08/24 and 12/12/23. There was no documentation of the Administrator's initials on R3's medication reviews. Resident #4 (R4) R4 was admitted on 03/25/18 with diagnoses including bipolar depression and vaginitis. R4's most recent medication reviews were performed on 03/28/24, 03/17/24, 01/08/24, and 05/30/23. There was no documentation of the Administrator's initials on R4's medication reviews. Resident #6 (R6) R6 was admitted on 12/01/23 with a diagnosis of age related osteoporosis without current pathological fracture. R6's most recent medication reviews were performed on 05/01/24 and 01/02/24. There was no documentation of the Administrator's initials on R6's medication reviews. On 07/01/24 in the afternoon, the Caregiver acknowledged the lack of Administrator review of medication reviews for R1, R2, R3, R4, and R6. Severity: 2 Scope: 3		Administrator will monitor for compliance. See attachments.	
1830 SS= E	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	1830	A. Employee #4 and #1 took the Infection Control classes from CDC Train Project Firstline 08/14-5/2024 and 08/16-17/2024 respectively. See attachments. B. The Administrator will from hereon shall monitor all required trainings and classes required for compliance. C. Accomplished 08/17/2024	08/17/2024

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	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 and secondary infection control staff completed 15 hours of approved infection control training (Employees #1 and #4). Findings include: Employee #1 (E1) E1 was hired as a Caregiver on 01/01/14. On 07/01/24 in the afternoon, the Caregiver Employee #4 (E4) identified E1 as the secondary infection control staff. E1's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #4 (E4) E4 was hired as a Caregiver on 05/06/06. On 07/01/24 in the afternoon, E4 identified themselves as the primary infection control staff. E4's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 07/01/24 in the afternoon, E4 confirmed neither E1 nor E4 had completed the required 15 hours of infection control and prevention training from an approved organization. Severity: 2 Scope: 2			

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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 2 of 4 employees (Employees #2 and #3) obtained the required infection control training. Findings include: Employee #2 (E2) E2 was hired on 08/17/12 as a Caregiver. E2's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #3 (E3) E3 was hired on 01/01/12 as the Administrator. E3's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 07/01/24 in the afternoon, the Caregiver acknowledged E2 and E3 did not have the required approved infection control training. Severity: 2 Scope: 2	1840	Employer #2 Training for infection control 10/19/23, administrator will monitor for compliance. Employee #3 Training for infection control done 08/11/2024. See attachment, administrator will monitor for compliance.	08/04/2024

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure two clothes washers located on the back patio were in an enclosure. Findings include: On 07/01/24 at 9:35 AM, two clothes washers were located on the back patio of the facility in the open air. The washers were not located inside an enclosure, protecting the washers and the laundry from dust and other outside elements. On 07/01/24 in the morning, the Caregiver reported the washers were in use, and acknowledged the washers were not located inside an enclosure as required. Severity: 2 Scope: 3	0220	Washers outside were removed 7/10/2024, Administrator will monitor for compliance.	07/10/2024