DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE RENO	**3105 PLUMAS STREET, RENO, NEVADA ,89509**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure grading resurvey and complaint investigation conducted at your facility on 08/08/2024. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 56 Residential Facility for Group beds, with assisted living services for elderly or disabled persons, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 40. Six resident files were reviewed and seven 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 investigation, 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: SAMUEL GARCIA-FELIX | Title: Executive Director | Date: 09/10/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, clinical record review, document review, and interview, the Administrator failed to provide oversight and direction for the employees to provide the necessary needed services and protective supervision to residents. Findings include: Please see TAG Y0878, Y0920, Y0923, Y0966, Y0994, and Y0999. Severity: 2 Scope: 3	0050	The following is the Plan of Correction for Brookdale Reno regarding the State Licensure grading Resurvey and complaint investigation conducted 8/8/2024. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the resurvey or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective. 1) Current and acting administrators will provide oversight and direction for the employees to provide the necessary needed services and protective supervision to residents. 2) Plan of Corrections detailed for each Tag listed in the Statement of Deficiency will be put into place to correct the deficient practice. 3) Monitoring of corrective actions will be done by methods listed in each individual plan of correction. 4) Administrator and Executive Director will be responsible to verify each plan of correction is implemented. 5) Corrective actions will be completed as listed in each separate corrective action. 6) Attached are documents listed from each plan of correction.	09/06/2024
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	0074	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/25/2024

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	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 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			

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	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 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			

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	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.			
0102 SS= D	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;	0102	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/26/2024
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.	0104	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/25/2024
0450 SS= D	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.	0450	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/25/2024
0878 SS= F	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) Cart Audit completed on 9/6/24 to identify any other residents requiring medication reorder and/or changes to labeling. Regular monitoring and audits of medications will be implemented to identify when medications need to be reordered and to identify changes to orders and updates that need to be recorded. Medication Technicians (MT) will be re-	09/11/2024

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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		educated how to reorder medications, and identification of any order changes and labels that need to be placed or corrected will be performed. 2) Medication technicians (MT) will be trained on the procedure to reorder medications and communicate with pharmacy and/or Resident responsible party. Regular audits of MAR and medication inventory will take place at the end of the shift. Additionally, monthly audits by HWD or designee will be performed to ensure that audits by the Med Technicians are sufficient and serve as a secondary level of monitoring. 3) HWD or Designee will review 5 residents per week and compare orders to medications available on cart and labels for the next 60 days to verify compliance. 4) The Health and Wellness Director and Executive Director will be responsible to implement this plan of correction by dating and signing the monthly audit reports to confirm audit was completed. 5) Medication Technician training will be completed on 9/11/24 to include review of policy on medication storage, passing, documentation, refilling medication and communicating with pharmacy and resident responsible party. 6) See attached documentation.	

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	observation, document review, record review, and interview, the facility failed to ensure 1) medications were onsite and available as prescribed for 4 of 6 sampled residents (Resident #1, #3, #6 and #2), and 2) medications had a change label for a change in the physician's order for 1 of 6 sampled residents (Resident #2) and 3) a medication had a physician's order for 1 of 6 sampled residents (Resident #5). Findings include: Resident #1 Resident #1 was admitted to the facility on 05/17/2024, with diagnoses including Alzheimer's disease, hyperlipidemia, and anemia. Resident #1's August 2024 Medication Administration Record (MAR) and physician's order documented the following medication was not onsite during the resident's medication review: -Amlodipine Besylate 10 milligram (mg) oral tablet, give one tablet by mouth in the morning related to essential hypertension. On 08/08/2024 at 11:45 AM, the Medication Technician 1 (MT1) confirmed Resident #1's Amlodipine medication was not onsite. Resident #3 Resident #3 was admitted to the facility on 06/26/2024, with diagnoses including dementia and hypertension. Resident #3's August 2024 MAR and physician's order documented the following medication was not onsite during the resident's medication review: -Lisinopril 10 mg oral tablet, give one tablet by mouth in the morning related to essential hypertension. On 08/08/2024 at 11:50 AM, MT1 confirmed Resident #3's Lisinopril medication was not onsite. Resident #6 Resident #6 was admitted to the facility on 06/20/2024, with diagnoses including dementia, Parkinson's disease, and osteoarthritis. Resident #6's August 2024 MAR and physician's order documented the following medication was not onsite during the resident's medication review: -Cholecalciferol 1000 unit tablet, give one tablet by mouth one time a day. -Thiamine Hydrochloride 100 mg tablet, give one tablet by mouth one time a day. -Trazadone Hydrochloride 50 mg tablet, give			

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	one tablet by mouth at bedtime. - Risperidone 0.25 mg tablet, give one tablet by mouth two times a day related to dementia. -Clobetasol Propionate external cream 0.05%, apply to affected areas topically every 12 hours as need for itching. On 08/08/2024 at 11:40 AM, MT2 confirmed Resident #6's Cholecalciferol, Thiamine, Trazadone, Risperidone and Clobetasol cream medications were not onsite. Resident #2 Resident #2 was admitted to the facility on 07/01/2024, with diagnoses including dementia, hyperlipidemia, transient ischemic attacks, and coronary artery disease. Resident #2's August 2024 MAR and physician's order documented the following medication was not onsite during the resident's medication review: - Magnesium Hydroxide oral suspension, give 30 milliliters (ml) by mouth every four hours as needed for indigestion. - Acetaminophen 325 mg oral tablet, give two tablets by mouth every four hours as needed for pain. On 08/08/2024 at 11:40 AM, MT1 confirmed Resident #2's Magnesium Hydroxide and Acetaminophen medications were not onsite. Resident #2's August 2024 MAR and physician's order documented the following medication did not match the label on the medication container: -Donepezil Hydrochloride 10 mg tablets, give two tablets by mouth at bedtime. On 08/08/2024 at 11:40 AM, MT1 confirmed the medication container labeling for Resident #2's Donepezil Hydrochloride did not match the current orders and confirmed the medication containers required a change sticker. Medication Lacking Physician's Order Resident #5 Resident #5 was admitted to the facility on 05/24/2024, with diagnoses including dementia, anemia and hypertension. During the medication review, the following medication was with Resident #5's active medications, however lacked a physician's order and was not documented on the MAR. -Citalopram 40 mg tablets, take one tablet by mouth every day. On 08/08/2024			

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	at 1:00 PM, the Health and Wellness Director (HWD) confirmed the medications were not on site for Resident #1, #3, #6, and #2. The HWD confirmed a change order label was required for the Donepezil Hydrochloride for Resident #2 and the Citalopram did not have a physician's order and should not be on the medication cart. The facility policy titled "Medication and Treatments - Availability," revised 08/2022, documented the Community was responsible for obtaining newly ordered medication or refills for medication and treatment order. Severity: 2 Scope: 3			
0895 SS= F	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.	0895	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/25/2024
0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS	0920	1) Room checks completed on (date) to identify any medications not stored properly. 2) Medication technicians (MT) will check	09/11/2024

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	449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure medications were kept secured and inaccessible to residents in a memory care unit. Findings include: On 08/08/2024 at 9:53 AM, during a tour of the facility, in room 32, under the resident's bathroom sink was a box of Aspercreme Lidocaine Patches. On 08/08/2024 at 9:53 AM, the Sales Manager confirmed there was a box of Aspercreme Lidocaine Patches unsecured in the resident's room and verbalized medications were to be locked and inaccessible to all residents, at all times. On 08/08/2024 at 10:28 AM, the Wellness Director explained Lidocaine patches were a medication and should be locked at all times. The facility policy titled "Medication & Treatment-Storage Policy," last revised October 2018, documented medications were to be stored in designated locations and must be locked at all times. Severity: 2 Scope: 1		proper storage of medications at beginning and end of their shifts with another Medication Technician who is beginning their shift. Resident Care Coordinator and Lead Medication Technicians will also perform daily walk-through of resident rooms to ensure that medications are not in resident rooms. 3) ED or designee will audit 3 resident rooms per week for the next 60 days to verify compliance. 4) The Health and Wellness Director and Executive Director will be responsible for implementing this plan of correction. 5) Medication Technician training will be completed on 9/11/24 and included policy on medication storage, passing and documentation. 6) See attached supporting documentation.	

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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 observation, interview and record review, the facility failed to properly label over-the-counter (OTC) medications with the resident's and physician's name for 1 of 6 sampled residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 06/20/2024, with diagnoses including dementia, Parkinson's disease, and osteoarthritis. On 08/08/2024 at 11:40 AM, one container of Miralax was available with Resident #6's medications, however lacked the resident's and physcian's name. On 08/08/2024 at 11:40 AM, the Medication Technician confirmed the Resident #6's name and physician's name were not documented on the OTC medication. Severity: 2 Scope: 1	0923	1) Medication Technicians (MT) will be trained and reminded of Medication Labeling Policy. 2) Medication technicians (MT) will check all medications at beginning and end of their shifts with another Medication Technician who is beginning their shift. Random checks on medications will be performed to verify that medication is accurately labelled and identified per policy. This will be done by Health and Wellness Director, Resident Care Coordinator. 4) The Health and Wellness Director and Executive Director will be responsible for implementing this plan of correction. 5) Medication Technician training will be completed on 9/11/24 to include policy review of medication labeling. 6) See attached supporting documentation.	09/11/2024
0966 SS= F	Alzheimer’s Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 3. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake;	0966	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/27/2024

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		A. BUILDING _____ B. WING _____	**08/08/2024**

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0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.	0994	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/27/2024
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.	0999	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/27/2024
1540 SS= D	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,	1540	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 8V4712.	06/25/2024

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	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 cultural competency course or program; and			

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	(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			

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	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			

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	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 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			

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	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.			