STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2916	A. BUILDING _____ B. WING _____	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTIGE ASSISTED LIVING AT HENDERSON	1050 E LAKE MEAD PARKWAY, HENDERSON, NEVADA ,89015

(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 in your facility on 03/26/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 70 Residential Facility for Group beds for elderly and/or disabled persons and/or persons with mental illness and/or persons with intellectual disabilities and/or persons with Alzheimer's disease, and provides assisted living services, Category II residents. The census at the time of survey was 35. Ten resident files and ten employee files were reviewed. The facility received a grade of D. 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		
0065 SS= F	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sections 2 to 16 inclusive of this regulation and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and (g) Receive annually not less	0065	The administrator and/or their designee of Parkway AL will ensure that all staff are properly trained on new equipment and/or policies related to resident services or care. The administrator or their designee will verify that all employees have completed the required training. Training may be conducted in person, online, or via video instruction and will align with industry standards. The administrator is responsible for ensuring overall compliance. Please see the attached in-service sign in sheet and supporting documents for the Stryker Chair. Date of compliance: 04/15/2025	04/15/2025

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	than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training. Inspector Comments: Based on observation and interview, the facility failed to ensure employees received training to operate a Stryker evacuation chair. Findings include: On 03/26/25 in the morning, a notice was observed on the facility's front desk which documented the facility's elevator would be down for maintenance beginning on 03/10/25 and lasting for approximately six weeks. On 03/26/25 in the afternoon, a Stryker chair was observed in an empty room near the elevator on the second floor of the facility. According to the Maintenance Director, the Stryker chair would be utilized to transport residents downstairs in the event of a fire. On 03/26/25 in the afternoon, the Administrator in training verbalized only the Maintenance Director and one other staff member have been trained on how to operate the Stryker chair. The Administrator in Training acknowledged the facility had no documented evidence onsite that employees had been trained in the use of the Stryker chair and should have. Severity: 2 Scope: 3			

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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; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 employees had a pre-employment physical examination at the time of hire. (Employee #10) Findings include: Employee #10 (E10) E10 was hired on 10/11/24 as a Caregiver. E10's file lacked documented evidence of a pre-employment physical examination. On 03/26/25 in the afternoon, the Business Office Manager confirmed the missing pre-employment physical examination for E10 and acknowledged the requirement of the employee physical examination, at the time of hire and prior to providing care. Severity: 2 Scope: 1	0102	The Administrator or their designee at Parkway Assisted Living will ensure that pre-employment physicals and tuberculosis (TB) testing is conducted in accordance with NAC 449.200 for all new hires and through annual screenings for existing staff. This process will be managed through a pre-employment checklist and a log for annual follow-up. TB testing will be completed using the TB Screening Form and either the two-step TB skin test or the QuantiFERON blood test. All test results will be documented and maintained in each employee’s personnel file. The Business Office Manager, Administrator, or their designee will periodically audit employee files to ensure ongoing regulatory compliance. The Administrator is ultimately responsible for ensuring full compliance. Attached is the updated physical and TB result for employee #10. **Date of Compliance: 04/16/2025**	04/16/2025

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 sampled employees received initial cardiopulmonary resuscitation (CPR) and first aid training (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 09/01/24, as a Medication Technician. E3's file lacked documented evidence first aid and CPR training was completed. On 03/26/25 in the afternoon, the Business Office Manager confirmed the employee did not complete inital first aid and CPR training. Severity: 2 Scope: 1	0106	The Administrator or their designee at Parkway Assisted Living will ensure that CPR/First Aid is conducted in accordance with NAC 449.200 for all new hires and bi-annually or prior to the expiration date for all other staff. This process will be managed through a pre-employment checklist and a training log for follow-up. CPR training will be provided in person by a certified staff instructor or certified 3rd party vendor. Certificates of completion will be kept in the employee's file. The Business Office Manager, Administrator, or their designee will periodically audit employee files to ensure ongoing regulatory compliance. The Administrator is ultimately responsible for ensuring full compliance. Attached is the CPR certificate for employee #3. **Date of Compliance: 04/16/2025**	04/16/2025
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 03/26/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the reach-in refrigerator in the memory care serving kitchen, two individual jars of yogurt were expired on 12/20/24 and two large containers of yogurt were expired on 03/17/25. Severity: 2 Scope: 2	0255	The Dietary Manager, Administrator, or their designee of Parkway AL will ensure that all food items are properly labeled and rotated according to the First In, First Out (FIFO) inventory practice. Staff have been re-trained to identify and dispose of expired food, clearly label all items with the correct opening dates, and ensure proper rotation of food supplies. Expired food items will be discarded prior to their expiration dates to maintain food safety standards. Dietary personnel will conduct daily and weekly inspections of all food storage areas to ensure ongoing compliance. The administrator will be responsible to ensure compliance. Attached please find the in-service sign in sheet and supporting training document. Date of compliance: 04/16/2025	04/16/2025

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0859 SS= E	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 10 sampled residents received an annual physical examination (Resident #1, #6 and #9). Findings include: Resident #6 (R6) R6 was admitted on 04/15/19, with a diagnosis of hypertension and chronic kidney disease. R6's last documented physical examination was dated 02/13/24. R6's file lacked documented evidence of an annual physical examination for 2025. Resident #1 (R1) R1 was admitted on 12/12/22 with diagnoses including spinal stenosis, hypertension, chronic pancreatitis and compression fracture of the back. R1's record documented a physical examination dated 12/07/22. R1's record lacked documented evidence of an annual physical examination for 2023 and 2024. Resident #9 (R9) R9 was admitted on 12/06/23 with diagnoses including chronic kidney disease Stage 3 and hypertension. R9's record documented a physical examination dated 10/26/23. R9's record lacked documented evidence of an annual physical examination for 2024. On 03/26/25 in the afternoon, the Resident Care Coordinator acknowledged the resident files lacked documented evidence of annual physical examinations for R1, R6 and R9, and was unable to provide the missing documents. Severity: 2 Scope: 2	0859	The Administrator or their designee at Parkway Assisted Living will ensure that physical exams for residents are conducted in accordance with NAC 449.274, RO43-22 and NRS 449.0302 prior to residency, annually and upon significant change of condition. This process will be managed through a pre-move in checklist and a log for annual follow-up. The resident will be seen by a qualified provider of healthcare in accordance with NRS 449.1845 and followed up with and instructions or orders provided by the qualified provider of healthcare. The Heatlh Services Director, Administrator, or their designee will audit resident files to ensure pre-residency and ongoing regulatory compliance. The Administrator is ultimately responsible for ensuring full compliance. Please be advised that Resident # 1 has moved out and is unavailable. The physical exams for residents #6 & 9 are attached. **Date of Compliance: 04/16/2025**	04/16/2025

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0870 SS= E	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 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 record review and interview, the facility failed to ensure a medication regimen review was completed every six months for 3 of 10 sampled residents (Resident #4, #5, and #8). Findings include: Resident #4 (R4) R4 was admitted on 07/10/24, with diagnosis including Alzheimer's disease. R4's file lacked documented evidence of a six month medication review. Resident #5 (R5) R5 was admitted on 08/15/24, with diagnosis including dementia. R5's file lacked documented evidence of a six month medication review. Resident #8 (R8) R8 was admitted on 06/01/23, with diagnosis atrial fibrillation and congestive heart failure. R8's file lacked documented evidence of a six month medication review. On 03/26/25 in the morning, the Resident Care Coordinator acknowledged the resident files lacked documented evidence of a medication review and was unable to provide the missing documents. Severity: 2 Scope: 2	0870	The Administrator, the Health Services Director or their designee at Parkway Assisted Living will ensure that, within 72 hours of receiving the pharmacy medication review, the facility notifies the physician, physician assistant, or APRN of any concerns identified during the review. The Administrator or their designee will document the review on the cover page, as well as any additional pages, as needed. The Administrator is responsible for ensuring regulatory compliance. Attached are the individual pharmacy reviews for Residents #4, #5, and #8. **Date of Compliance: 04/07/2025**	04/07/2025

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0874 SS= E	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 the Administrator reviewed and initialed six-month medication reviews for 2 of 6 residents, per the requirement. (Resident #7 and #10) Findings include: Resident #7 (R7) R7 was admitted on 07/26/23 with diagnoses including peripheral vascular disease and hypertension. R7's 01/21/24 and 07/27/24 Medication Reviews lacked documented evidence of the Administrator's review and initials. Resident #10 (R10) R10 was admitted on 06/16/20 with diagnoses including hypertensive heart and kidney disease and chronic obstructive pulmonary disease. R10's 01/20/24 Medication Review lacked documented evidence of the Administrator's review and initials. On 03/26/25 at 1:40 PM, the Resident Care Coordinator acknowledged the missing Administrator initials on the Medication Reviews for R7 and R10. Severity: 2 Scope: 2	0874	The Administrator, Health Services Director, or their designee at Parkway Assisted Living will ensure that any concerns identified in the pharmacy medication review are communicated to the physician, physician assistant, or APRN within 72 hours of receiving the review. The Administrator will document the review on the cover page, as well as on any additional pages as needed. The Administrator is responsible for ensuring ongoing compliance. The most current review is attached as the **Q1 Pharmacy Review**. **Date of Compliance: 04/07/2025**	04/07/2025

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on interview and record review, the facility failed to ensure an ultimate user agreement, authorizing the facility to administer medications to a resident, was completed for 1 of 10 sampled residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 07/10/24, with diagnosis including Alzheimer's disease. R4's file lacked documented evidence of a signed ultimate user agreement. On 03/26/25 in the afternoon, the Resident Care Coordinator acknowledged R4's file lacked documented evidence of an ultimate user agreement and was unable to provide the missing document. Severity: 2 Scope: 1	0876	The Administrator or their designee at Parkway Assisted Living will ensure that all residents and/or their Power of Attorney (POA) are presented with an Ultimate User Agreement. This agreement will indicate whether the resident requests or requires assistance with the administration of their prescribed medications. The Administrator or designee, in collaboration with the Health Services team, will ensure the Ultimate User Agreement is implemented and followed as directed. Any changes in the resident’s condition or needs will be promptly reflected through an updated agreement, as required. The Administrator is responsible for ensuring overall compliance. **Date of Compliance: 04/07/2025**	04/07/2025
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of	0878	The administrator, the Health Services Director or their designee of Parkway AL will ensure that prescribed over-the-counter medications or dietary supplements are onsite, secure, and available for use upon request. The administrator or their designee, in collaboration with the healthcare team, will follow the prescribed medication or dietary supplement orders provided by the physician, physician assistant, or APRN. Any clarifications, changes, or compliance issues related to the written order will be addressed within five days of the order being written. The administrator is responsible for ensuring full compliance.	04/15/2025

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	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 record review and interview, the facility failed to ensure medications were on site and available for administration for 3 of 10 sampled residents (Resident #3, #8 and #10). Findings include: Resident #3 (R3) R3 was admitted on 03/09/25, with a diagnosis of atrial fibrillation and osteoporosis. R3's physician order dated 03/06/25 and the March 2025 Medication Administration Record (MAR) documented Triamcinolone 0.1 percent. Apply to the legs topically as needed for rash. The medication was not on-site to administer. On 03/26/25 at 12:25		Attached are the clarified orders for Residents #3, #8, and #10. **Date of Compliance: 04/15/2025**	

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	PM, R3 reported using the medication in the past for a rash on their legs but had not received it. R3 also indicated a current rash on their legs and expressed a desire to use the medication. Resident #8 (R8) R8 was admitted on 06/01/23, with diagnosis atrial fibrillation and congestive heart failure. R8's physician order dated 09/07/23 and the March 2025 MAR documented Ibuprofen 325 milligrams (mg). Take one tablet by mouth three times a day as needed. The medication was not on-site to administer. On 03/26/25 at 12:15 PM, R8 reported requesting Ibuprofen for pain recently, but the medication was unavailable. R8 went without the medication when it was needed. Resident #10 (R10) R10 was admitted on 06/16/20 with diagnoses including hypertensive heart and kidney disease and chronic obstructive pulmonary disease. R10's March 2025 MAR documented the following as needed (PRN) medications were not on site to administer: A 03/04/22 physician order for Artificial Tears 1 drop in both eyes PRN 3 times a day for dry eyes. A 12/30/21 physician order for Docusate/Senna 50 milligrams (mg)/8.6 mg 2 tablets at bedtime PRN for constipation. A 07/11/24 physician order for Loperamide 2 mg 1 capsule PRN for diarrhea. A 06/23/23 physician order for Ipratropium Albuterol Inhalation 0.5 - 2.5 mg/milliliters (ml) 1 vial every 8 hours PRN for shortness of breath. On 03/26/25 in the afternoon, R10 was not observed on oxygen or experiencing shortness of breath. On 03/26/25 at 12:00 PM, The Med Tech was unaware of R3's request for Ibuprofen and R8's current rash on their legs. The Medication Technician confirmed the medications were not on site for R3, R8 and R10 and should have been. Severity: 2 Scope: 2			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 sampled residents received a two-step tuberculosis (TB) test (Resident #4 and #5). Findings include: Resident #4 (R4) R4 was admitted on 07/10/24, with diagnosis including Alzheimer's disease. R4's file lacked documented evidence of a two-step TB test. Resident #5 (R5) R5 was admitted on 08/15/24, with diagnosis including dementia. R5's file lacked documented evidence of a two-step TB test. On 03/26/25 in the afternoon, the Resident Care Coordinator acknowledged the resident files lacked documented evidence of a two-step TB test. Severity: 2 Scope: 1	0936	The Administrator or their designee at Parkway Assisted Living will ensure that tuberculosis (TB) testing is conducted in accordance with NAC 449.2749 for all new residents and through annual screenings for existing residents. This process will be managed through a pre-residency checklist and a log for annual follow-up. TB testing will be completed using the TB Screening Form and either the two-step TB skin test or the QuantiFERON blood test. All test results will be documented and maintained in each resident medical file. Annual testing will be performed by single tb test or QF as is the industry standard. The Heatlh Services Director, Administrator, or their designee will ensure that the results of the pre- residency and periodic audits of resident files to ensure ongoing regulatory compliance. The Administrator is ultimately responsible for ensuring full compliance. Please note that Residents 4 & 6 have had their blood drawn as of 04/16/2025, but results have not been provided as of this POC. Please see documentation attached. **Date of Compliance: 04/16/2025**	04/16/2025
1540 SS= D	Cultural Competency Training - R004-24 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at	1540	The administrator or their designee of Parkway AL will ensure that all staff—whether temporary or permanent—receive at least two hours of Cultural Competency training within 90 days of hire. This training will be repeated every two years, and all training records will be maintained in the employee’s personnel file. Training may be delivered onsite over multiple instructional sessions or provided by a third party. It can be conducted in person, online, or via video instruction. Please see attached files for employees #9 & 10 Cultural Competency certificates. The administrator is responsible for	04/16/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2916	A. BUILDING _____ B. WING _____	03/26/2025

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	least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 sampled employees received cultural competency training completed within 90 days of hire (Employee #9 and #10). Findings include: Employee #9 (E9) E9 was hired on 10/20/24 as a Caregiver. E9's file lacked documented evidence cultural competency training was completed within 90 days of hire. Employee #10 (E10) E10 was hired oon 10/11/24 as a		ensuring compliance. **Date of Compliance:** 04/16/2025	

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	Caregiver. E10's file lacked documented evidence cultural compentency training was completed within 90 days of hire. On 03/26/25 in the afternoon, the Business Office Manager acknowledged E9 and E10 lacked documented evidence of cultural competency training and reported the employees had not completed the training. Severity: 2 Scope: 1			
1825 SS= D	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary infection control designee completed the initial 15 hour infection control training (Employee #6).	1825	The Administrator, or their designee, at Parkway AL will be appointed as the Infection Control Officer and will complete 15 hours of Infection Control training provided by a third-party vendor or the CDC. These training programs align with current evidence-based standards for Infection Control and address the safety needs of residents, staff, and visitors. Training certificates for both the Administrator and Executive Director are included and will be maintained in the employee's file. The Administrator is responsible for ensuring ongoing compliance. Attached are the training certificates for Jim Cox, ED, RFA and Alexia Smith, ED. **Date of Compliance: 04/16/2025**	04/16/2025

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	Findings include: Employee #6 (E6) E6 was hired on 10/18/24, as the Executive Director/Primary Infection Control Designee. E6's file lacked documented evidence of initial 15 hours of infection control training from a nationally recognized organization. On 03/26/25 in the afternoon, the Executive Director confirmed the required infection control and prevention training from a nationally recognized organization had not been completed for E6. Severity: 2 Scope: 1			