STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3091	A. BUILDING _____ B. WING _____	02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRIDGE AT PARADISE VALLEY ASSISTED LIVING	2205 EAST HARMON AVE, LAS VEGAS, NEVADA ,89119

(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 and infection control survey conducted at your facility on 02/24/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 91 Residential Facility for Group beds which provides assisted living services for elderly and disabled persons and/or persons with chronic illness, 81 Category I, 10 Category II residents. The census at the time of survey was 50. Fifteen resident files and eight employee files were reviewed. The facility received a grade of D. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		
0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 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 sign a	0065	**Qualificationsof Caregivers-Age-Eng-Training NAC 449.196 Qualifications and training ofcaregivers NRS 449.0302** **Corrective Action:**	03/25/2022

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	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) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on interview and document review, the facility failed to ensure eight hours of annual Caregiver training was completed for 2 of 8 sampled employees (Employees #5 and #8). Findings include: Employee #5 (E5) E5 was hired on 11/19/20 as a Medication Technician. E5's file lacked documented evidence eight hours of annual Caregiver training had been completed for the year 2021. Employee #8 (E8) E8 was hired on 12/15/20 as a Resident Assistant. E8's file lacked documented evidence eight hours annual Caregiver training had been completed for the year 2021. On 02/24/22 at 12:00 PM, the Assistant Director of Operations acknowledged, E5 and E8's file lacked the required documentation for annual Caregiver training. Severity: 2 Scope: 2		- ●□□□□□□All staff files will be audited to verify certificates are in place. Any staff missing certificates will undergo trainingto ensure requirements have been met no later than 4/15/22 **Future Potential:** ●□□□□□□ A training check sheet has been developed that will be included in each employee file and includes a list with time requirements for every required training. During new hire orientation, all items will be covered. ●□□□□□□ Executive Director will monitor online training hours through the Century Park Associates (parent company) online training program to ensure compliance with all company and state requirements. **Systematic Changes:** ●□□□□□□ All new hires will be assigned training classes to be completed at intervals to include training to be completed on Day 1 and within the first 30 days. o This will be tracked manually	

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			via the check sheet in each employee's education file for the new hire orientation requirements. o This will be tracked electronically for annual and additional training requirementsonce the new Online Learning program goes live. **Monitor Performance:** ●□□□□□□ The Business Office Manager will audit all new hire files to ensure training compliance within the first 30 daysof hire. ●□□□□□□ During monthly QMPI meetings the Business Office Manager will review all new hire documentation. ●□□□□□□ During the monthly QMPI meetings Executive Director will review all signed new hire training sheets to ensure compliance within the first 30 days of hire.	
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility	0074	**ElderAbuse Training NRS 449.093** **Corrective Action:**	03/25/2022

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	for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual		●□□□□□□All staff files will be audited to verifycertificates are in place. Any staff missing certificates will undergo trainingto ensure requirements have been met no later than 4/15/22 **Future Potential:** ●□□□□□□ A training check sheet has beendeveloped that will be included in each employee file and includes a list withtime requirements for every required training. During new hire orientation, allitems will be covered. ●□□□□□□ Executive Director will monitoronline training hours through the Century Park Associates (parent company)online training program to ensure compliance with all company and staterequirements. **Systematic Changes:** ●□□□□□□ All new hires will be assignedtraining classes to be completed at intervals to include training to becompleted on Day 1 and within the first 30 days. o Thiswill be tracked manually via the check sheet in each employee's education filefor	

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	abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on interview and record review the facility failed to ensure 2 of 8 sampled employees		the new hire orientation requirements. o Thiswill be tracked electronically for annual and additional training requirementsonce the new Online Learning program goes live. **Monitor Performance:** ●□□□□□□ The Business Office Manager willaudit all new hire files to ensure training compliance within the first 30 daysof hire. ●□□□□□□ During monthly QMPI meetings theBusiness Office Manager will review all new hire documentation. ●□□□□□□ During the monthly QMPI meetingsExecutive Director will review all signed new hire training sheets to ensurecompliance within the first 30 days of hire.	

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	completed initial and/or annual elder abuse training before providing services to residents (Employee #5 and #6). Findings include: Employee #5 (E5) E5 was hired on 11/19/20 as a Medication Technician. E5's initial elder abuse training was completed on 01/30/21. The employee file lacked documented evidence an annual elder abuse training was completed. Employee #6 (E6) E6 was hired on 12/01/20 as the Maintenance Director. E6's initial elder abuse training was completed on 01/11/21. The employee file lacked documented evidence an annual elder abuse training was completed. On 02/24/22 at 12:25 PM, the Assistant Director of Operations acknowledged there was no documented evidence E5 and E6 had completed the annual elder abuse training. Severity: 2 Scope: 2			
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 interview and document review, the facility failed to ensure 2 of 8 sampled employees had a current certification in First Aid and Cardiopulmonary Resuscitation (CPR) (Employee #2 and #5). Findings include: Employee #2 (E2) E2 was hired on 11/16/21 as a Resident Assistant. E2's file lacked documented evidence initial CPR and First Aid training was completed. Employee #5 (E5) E5 was hired on 11/19/20 as a Medication Technician. E5's file lacked documented evidence initial CPR and First Aid training was completed. On 02/24/22 at 12:00 PM, the Assistant Director of Operations acknowledged there was no documented evidence of an initial certification in First Aid and CPR training for E2 and E5. Severity: 2 Scope: 2	0106	**PersonnelFile – 1st Aid & CPR NAC 449.200** **Corrective Action:** ●□□□□□□ An audit will be completed of allstaff members no later than 3/30/2022 to ensure that all staff members areCPR/First Aid Certified. ●□□□□□□ All staff members found to not be incompliance with NAC 449.200 will be required to complete CPR & 1stAide training no later than 4/15/2022 **Future Potential:** ●□□□□□□ No associate will be	03/25/2022

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			placed on theschedule without a valid CPR/1st aide card placed in their employeefile. **Systematic Changes:** ●□□□□□□ A tickler file will be set up withall associate's CPR/1st Aide certification dates to ensure that allassociates are in compliance with required training. **Monitor Performance:** ●□□□□□□ The Business Office Manager willaudit all new hire files to ensure training compliance within the first 30 daysof hire. ●□□□□□□ During monthly QMPI meetings the BusinessOffice Manager will review all new hire documentation.	
0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 02/24/2022, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446.	0255	**Permits –Compy with NAC 446 on Food Service NAC 449.217** **Corrective Action:** • Stainless steel scoops have been placed inbulk	03/25/2022

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	Findings include: 1. Major Violations: a. In a bulk container of flour, a disposable bowl was stored directly in the product and was used as a scoop. b. Two dietary staff in the kitchen were not wearing hair nets or hair restraints. c. The crevices and internal components of the combo range/oven were soiled with grease, dust and debris. The interior of the reach-in portion of the deli refrigerator was soiled with debris. The walk-in cooler condenser had heavy dust build-up. d. Paper towels were not stocked in the dispensers and readily available at two of two hand sinks in the kitchen. e. The floors in the kitchen were soiled with debris under the ice machine, preparation table and dish machine. f. The Fiberglass Reinforced Plastic (FRP) wall panels around the dish machine and in the janitor's closet were soiled and stained. g. The dumpster enclosure was soiled with piles of leaves and debris. Severity: 2 Scope: 3		containers immediately. • Dietary staff will be re-educated on the useof hairnets no later than 3/30/2022 • All paper towel dispensers have been restockedand in use immediately. • Deep clean of the kitchen area to include underneath and behind all appliances and preparation tables to be completed no later than 4/15/2022-Will use outside contractor to do deep clean of entire Kitchen area. Specific attention will be given to the range/oven, walk-in cooler and condensers, and the interior of the reach-in deli fridge. • Outside dumpster area to be pressure washed no later than 3/30/22 lskThe soiled and stained fiberglass wall panels around the dishwasher and in the janitors closet will be cleaned as part of the deep clean (outside contractor) project. If it can't not be properly cleaned, we will replace it. This will happen by 4/15/22.	

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			Future Potential: • Culinary Services Director willconduct spot checks on the kitchen weekly to ensure compliance with all CenturyPark Associates Company standards. **Systematic Changes:** • Executive Director will do awalk-through of the kitchen weekly to ensure compliance with cleanliness andCentury Park Associates Standards. **Monitor Performance:** • During monthly department QMPImeetings all weekly documentation will be reviewed by the Culinary Director. During quarterly campus QMPI meetings ExecutiveDirector and Culinary Director will review any outstanding monthly issuesobserved	
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	0870	**MedicationAdministration-Accuracy & Report – NAC 449.2742**	03/25/2022

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	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 interview and record review, the facility failed to ensure a six-month medication review was completed for 5 of 15 residents sampled (Residents #2, #5, #7, #10, and #12). Finding include: Resident #2 (R2) was admitted to the facility on 3/23/21. R2's file contained one medication review dated 04/06/2021. The Resident Care Coordinator confirmed a current six-month medication review was not completed. Resident #5 (R5) was admitted to the facility on 07/02/21. R5's file did not contain any medication reviews. The Resident Care Coordinator confirmed a current six-month medication review was not completed. Resident#7 (R7) was admitted to the facility on 08/30/19. R7's file last documented a medication review on 06/22/21. The Resident Care Coordinator confirmed the last medication review for R7 was completed over six months ago. Resident #10 (R10) was admitted to the facility on 12/28/20. R10's file did not contain any medication reviews. The Resident Care Coordinator confirmed a current six-month medication review was not completed. Resident #12 (R12) was admitted to the facility on 09/01/16. R12's file last documented a medication review on 05/20/20. The Resident Care Coordinator confirmed the last medication review for		●□□□□□□ All nursing and Med-Tech staff willundergo re-training to ensure understanding and compliance with Medicationadministration, storage, and disposal policies. o **Timeline:** Training will begin immediately, andall staff will be re-trained on or before May 1, 2022. ●□□□□□□ A pharmacy audit will be completed toensure all residents are up to date on refills no later than April 15, 2022. ●□□□□□□ An audit of Physical Order Sheetswill be completed on or before April 15th to ensure that allresident medications are up to date and ordered and available no less than 24hours prior to the last dose on hand. **Future Potential:** ●□□□□□□ Executive Director will conductweekly Care Meetings with Resident Services Director to ensure that allmedication orders are up-to-date.	

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	R12 was completed over six months ago. Severity: 2 Scope: 2		**Systematic Changes:** ●□□□□□□ Pharmacy audits will be conductedquarterly to ensure all medication carts are accurate and match MAR with nomissing medication orders. **Monitor Performance:** ●□□□□□□ The Assisted Living Manager andResident Care Director will perform Med-pass observations weekly to verifycompliance with policies and procedures. ●□□□□□□ During monthly department QMPImeetings the Med Pass observation documentation will be reviewed by theAssisted Living Manager. ●□□□□□□ During quarterly campus QMPI meetingsExecutive Director and Resident Care Director will review any outstandingPhysical Order Sheets to ensure timely service.	
0872 SS= D	Medication Educ Initial/annual Administrator - 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	0872	**MedicationEducation Initial/annual Administrator – NAC 449.2742**	03/25/2022

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	in the administration of medications shall: (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. (h) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on employee file review and interview, the facility failed to ensure 1 of 8 sampled employees received 16 hours of initial medication management training (Employee #4). Findings Include: Employee #4(E4) E4 was hired on 08/24/21 as a Medication Technician. The employee record lacked documented evidence E4 completed the 16-hour initial medication management training. On 02/24/22 at 12:00 PM, the Assistant Director of Operations acknowledged E4's 16-hour medication training was not in E4's file. The Assistant Director of Operations verbalized he was unsure if E4 had completed the 16-hour initial medication management training. Severity: 2 Scope: 1		**Corrective Action:** ●□□□□□□ A audit will be completed to ensureall Medication Technician Training Certificates are up to date no later than3/30/2022 o Auditto include initial 16-hour training and any additional annual trainingrequirements. **Future Potential:** ●□□□□□□ No associate will be considered aMedication Technician without the 16-hour initial training certificate on fileprior to being on a medication cart. ●□□□□□□ No associate will be allowed tooperate as a Medication Technician without the 8-hour annual trainingcertificate on file. **Systematic Changes:** ●□□□□□□ A tickler file will be set up withall Medication Technicians Certificate dates to ensure that all medicationTechnicians are in compliance with required training.	

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			Monitor Performance: ●□□□□□□ The Business Office Manager willaudit all new hire files to ensure training compliance within the first 30 daysof hire. ●□□□□□□ During monthly QMPI meetings theBusiness Office Manager will review all new hire documentation.	
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician 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 (Previously Y 0879) (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	0878	**Medication/OTCS, Supplements, Change Order – NAC 449.2742** ●□□□□□□ All nursing and Med-Tech staff willundergo re-training to ensure understanding and compliance with Medication,storage, and disposal policies. o **Timeline:** Training will begin immediately, andall staff will be re-trained on or before May 1, 2022. ●□□□□□□ A pharmacy audit will be completed toensure all residents are up to date on refills no later than April 15, 2022.	03/25/2022

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	prescription signed by the physician 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, the 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 medications were obtained and administered per physician's orders for 2 of 15 sampled residents (Resident #3 and Resident #10). Findings include: Resident #3 (R3) R3 was admitted to the facility on 12/31/21 with diagnoses including chronic kidney disease. The physician's orders dated 12/23/21 documented the following: -Famotidine, 40 mg tablet, one tablet twice daily by mouth. On 02/24/22 at 11:30 am, a review of the Medication Administration Record (MAR) stated that R3 was given the last dose of this medication on 02/23/22 in the evening. A review of the medication cart revealed none of this medication was available on site. The Medication Management Technician acknowledged the medication was not available on site and R3 was not given the morning dose of this medication on 02/24/22. Resident #10 (R10) R10 was admitted to the facility on 12/28/20 with diagnoses including mild dementia and hypertension. The physician's orders dated 10/07/21 documented the following: -Hydralazine, 25 mg tablet, one tablet twice daily by mouth with food. On 02/24/22 at 11:30 am, a review of the Medication Administration Record (MAR) documented that R10 was given the last dose of this medication on 02/24/22 in the morning. A review of the medication cart revealed none of this medication was available on site. The Medication Management Technician acknowledged the medication was not available on site. Severity: 2 Scope: 1		•□□□□□□ An audit of Physical Order Sheetswill be completed on or before April 15th to ensure that allresident medications are up to date and ordered and available no less than 24hours prior to the last dose on hand. **Future Potential:** •□□□□□□ Executive Director will conductweekly Care Meetings with Resident Services Director to ensure that allmedication orders are up-to-date. **Systematic Changes:** •□□□□□□ Pharmacy audits will be conductedquarterly to ensure all medication carts are accurate and match MAR with nomissing medication orders. **Monitor Performance:** •□□□□□□ The Assisted Living Manager andResident Care Director will perform Med-pass observations weekly to verifycompliance with policies and procedures.	
0936	Maintenance and Contents of Separate File	0936		03/25/202

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SS= D	- 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 interview and record review, the facility failed to ensure 2 of 15 sampled residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #5 and #13). Findings include: Resident #5 (R5) R5 was admitted on 07/02/21, with diagnoses including Dysuria. R5's first step TB test was completed on 06/27/21. R5's file lacked documented evidence a second step TB test was completed. Resident #13 (R13) R13 was admitted on 02/18/21, with diagnoses including chronic obstructive pulmonary disease (COPD). R13's file lacked documented evidence an initial two-step TB test was completed. There was no documented evidence R13 had a history of positive TB. A chest x-ray dated 02/07/21, documented there was no appearance of active TB and active TB was not ruled out. The Resident Care Director acknowledged R13 did not have a two-step TB completed. The Resident Care Director indicated she was unaware R13 needed to provide evidence of a positive history of TB to use an x-ray instead of TB testing. Severity: 2 Scope: 1		**Maintenanceand Contents of Separate File – NAC 449.2749** **Corrective Action:** ●□□□□□□All resident charts will be audited todetermine which residents do not have a completed 2-Step TB test on file. ●□□□□□□All residents found not have a completed 2step TB will be issued a 2-Step TB test no later than May 30, 2022 **Future Potential:** ●□□□□□□ No resident will be admitted withouthaving a completed 2-Step TB to ensure compliance with Nevada AdministrativeCode (NAC) 441A **Systematic Changes:** ●□□□□□□ Resident services director willensure that all residents will completed a 2-Step TB test prior to physical move in. **Monitor Performance:**	2

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			•□□□□□□ The Resident Care Director will auditall new resident files to ensure TBTesting compliance prior to resident physical move in. •□□□□□□ During monthly QMPI meetings the ResidentCare Director and Executive Director will audit new residents' TB Testing to ensure compliance.	
0960 SS= D	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview, and record review, the facility admitted and retained a resident with diagnoses of dementia (Resident #10). Findings include: The facility was endorsed for chronic illness, and Assisted Living services. Resident #10 (R10) R10 was admitted to the facility on 12/28/2020, with diagnoses including dementia. R10's History and Physical Examination dated 10/07/21, documented R3 had a diagnosis of dementia. R10's file lacked documented evidence a current Physician's Standard Placement Determination form had been completed. On 02/24/22 at 11:30 AM, the Residential Program Director acknowledged	0960	**Alzheimer'sCare Application for Endorsement – NAC 449.2754** **Corrective Action:** •□□□□□□All resident charts will be audited todetermine which residents have a diagnosis of Alzheimer's or Dementia no laterthan 4/15/2022 •□□□□□□An audit of those residents found to have adiagnosis of Alzheimer's or Dementia for completed Physician's StandardPlacement Determination form will be completed no later than 4/15/2022	03/25/2022

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	R10 had a diagnosis of dementia and a current Physician's Standard Placement Determination form had not been completed. Severity: 2 Scope: 1		●□□□□□□All residents found to have a diagnosis ofAlzheimer's or Dementia will have a Physician's Standard PlacementDetermination form completed no later than 4/30/22 **Future Potential:** ●□□□□□□ No resident with a diagnosis of Alzheimer's or Dementia will beadmitted without a current Physician's Standard Placement Determination form. **Systematic Changes:** ●□□□□□□ Resident services director willensure that all residents with a diagnosis of Alzheimer's or Dementia will be admitted without having aPhysician's Standard Placement Determination Form completed prior to physicalmove in. **Monitor Performance:** ●□□□□□□ The Resident Care Director will auditall new resident files to ensure Physician'sStandard Placement Determination Form compliance prior to residentphysical move in.	

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			•□□□□□□ During monthly QMPI meetings the ResidentCare Director and Executive Director will audit new residents for Physician's Standard PlacementDetermination Forms to ensure compliance.	
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 interview and document review, the facility failed to ensure 6 of 8 sampled employees received four hours of initial training to care for elderly and disabled residents, within 60 days of hire (Employee #1, #2, #3, #4, #5 and #7). Findings include: Employee#1 (E1) E1 was hired on 07/29/21 as a Medication Technician. E1's file lacked documented evidence of the initial four hours of training for Caregivers Employee #2 (E2) E2 was hired on 11/16/21 as a Resident Assistant. E2's file lacked documented evidence of the initial four hours of training for Caregivers. Employee #3 (E3) E3 was hired on 06/21/21 as a Medication Technician. E3's file lacked documented evidence of the initial four hours of training for Caregivers. Employee #4 (E4) E4 was hired on 08/24/21 as a Medication Technician. E4's file lacked documented evidence of the initial four hours of training for Caregivers. Employee #5 (E5) E5 was hired on 11/19/20 as a Medication Technician. E5's file lacked documented evidence of the initial four hours of training for Caregivers. Employee #7 (E7) E7 was hired on	1001	**Elder Care Training for Caregivers-NAC 449.278** **Corrective Action:** •□□□□□□All staff files will be audited to verifycertificates are in place. Any staff missing certificates will undergo trainingto ensure requirements have been met no later than 4/15/22 **Future Potential:** •□□□□□□ A training check sheet has beendeveloped that will be included in each employee file and includes a list withtime requirements for every required training. During new hire orientation, allitems will be covered. •□□□□□□ Executive Director will monitoronline training hours	03/25/2022

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	06/21/21 as a Resident Care Director. E7's file lacked documented evidence of the initial four hours of training for Caregivers. On 02/24/22 at 12:15 PM, the Assistant Director of Operations acknowledged the initial Caregiver training was not in E1, E2, E3, E4, E5 and E7's files. Severity: 2 Scope: 3		through the Century Park Associates (parent company)online training program to ensure compliance with all company and staterequirements. **Systematic Changes:** ●□□□□□□ All new hires will be assignedtraining classes to be completed at intervals to include training to becompleted on Day 1 and within the first 30 days. o Thiswill be tracked manually via the check sheet in each employee's education filefor the new hire orientation requirements. o Thiswill be tracked electronically for annual and additional training requirementsonce the new Online Learning program goes live. **Monitor Performance:** ●□□□□□□ The Business Office Manager willaudit all new hire files to ensure training compliance within the first 30 daysof hire. ●□□□□□□ During monthly QMPI meetings theBusiness Office Manager will review all new	

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			hire documentation. ●□□□□□□ During the monthly QMPI meetingsExecutive Director will review all signed new hire training sheets to ensurecompliance within the first 30 days of hire.	