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 _____	03/06/2024

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 survey completed at your facility on 03/06/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 91 Residential Facility for Group beds for elderly and disabled persons to provide assisted living services, 81 Category 1 and 10 Category II residents. The census at the time of the survey was 46. 15 resident files and 10 employee files were reviewed. The facility received a grade of B. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
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 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	0074	1 Corrective Action: Immediately following the survey, Employee # 5 received Elder Abuse Training Evidence has been Uploaded by 3-7-2024. 2 Identification of Others: The Business Office Manager and Executive Director completed an audit of all personnel files to ensure all staff have the appropriate Elder Abuse training at time of hire and annually. 3 Preventative Measures and Systemic Changes: All new hire employees will be required to go through Elder Abuse Training with in 30 days of hire. 4 Elder Abuse training will also be conducted annually every year at all staff meetings to ensure staff knowledge and prevention of Elder Abuse. Individual Responsible: Business Office Manager Executive Director/Administrator to ensure Compliance Completed 3-7-2024.	03/07/2024

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	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 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			

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	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 record review and interview, the facility failed to ensure annual elder abuse training was completed for 1 of 10 employees. (Employee #5) Findings include: Employee #5 (E5) E5 was hired on 01/24/23 as a Caregiver. E5's file lacked documented evidence annual elder abuse training was completed. R5's file documented the last Elder Abuse training was completed on 02/15/23. On 03/06/24 at 2:30 PM, the Administrator acknowledged E5's file lacked documented evidence annual Elder Abuse Training was completed. Severity: 2 Scope: 1			

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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 the second step of an initial two-step tuberculosis (TB) test was completed for 1 of 10 employees (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 04/17/23 as a Housekeeper. E2's file documented the first step of the initial two-step TB test was completed on 04/17/23, but lacked documented evidence of the second step of the initial two-step TB test. On 03/06/24 at 2:30 PM, the Administrator acknowledged E2's file contained an initial first-step of a two-step TB test, but lacked documented evidence of the second-step of the initial two-step TB test. Severity 2 Scope 1	0102	1 Immediately following the survey, a review of Employee #2 personnel file revealed employee #2 started working after final read of T-Spot Blood Test as the TB test was completed, evidence of a T-Spot TB test with a negative result after the hire date. Has been uploaded as evidence of. 2 The Business Office Manager and Executive Director completed an audit of all personnel files to ensure all staff has had a two-step TB test with negative results before employment and an annual TB test with negative results. Preventative Measures and Systemic Changes: 3 To ensure compliance with state regulations, 1st step of TB testing will be done at pre-offer drug screen and read within 48 hours. The 2nd step TB test will be scheduled 7 days later and read within 48 hours. 4 A tickler form of all new hires will be implemented and updated by the Business Office and the Resident Care Director with initial two-step TB test, results and annual TB test. 5 Business Office Manager and Resident Care Director has been re-educated on state compliance to ensure that both two-step TB test is completed Monitoring and Inclusion into QA: Resident Care Quarterly the Executive Director will review the personnel files to ensure compliance with state regulations. Completed 3-15-2024.	03/15/2024

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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 03/06/2024, 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, potentially hazardous food products prepared in the facility were held longer than seven days; tartar sauce prepared on 02/24/24 and tapioca pudding prepared on 02/27/24. 2. Major Violations: a. Multiple non-food contact surfaces of equipment in the kitchen were dirty. The internal components around and behind the control knobs of the range, griddle and grill were soiled with grease, dust and debris. The ventilation hood filters above the deep fat fryer were soiled with grease and dust. The back of the evaporator fans in the walk-in cooler were soiled with dust build-up. 3. Equipment and Maintenance Violations: a. The interior surface of the floor sinks throughout the kitchen were worn, peeling and in disrepair. b. The metal flashing around the dish machine soiled dish table was warped and deteriorated. This is a repeat violation from a previous inspection. Severity: 2 Scope: 2	0255	1. Corrective Action. Immediately during the survey, out of date items was disposed of. 2. Identification of Others. Dietary Director rechecked all current stock to assure all food in the walk-in cooler has a current date. 3. Preventive Measures and Systemic Changes Dietary staff have been in-serviced on monitoring and removing out of date food. Food dates will be checked daily. Out of date food will be disposed of immediately. Dietary Cooks have been in-serviced on Cleaning Schedules all Dietary staff will be re in-serviced on all processes. Control Knobs of range and ventilation hoods and filters have been addressed and corrected on 4/04/2024. All Maintenace Issues have been corrected and Addressed evaporator fans in walk-in, Floor Sinks have been cleaned and recoated, Metal Flashing removed from dish area and replaced. Pictures have been uploaded as evidence. 4. Monitoring and Inclusion in QA Food dates and Cleaning, Maintenace issues will be randomly audited by Executive Director and Dining Services Director each week as part of the regular weekly kitchen audit. Results will be reviewed at the QMPI meeting at the end of each month. Process changes and in-servicing will be scheduled as necessary based on weekly results. Completed 4-04-2024	04/04/2024
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for	0895	1.What actions will be taken to correct the rule violation for R # 2 example/resident? Resident Care Director has done an audit of all residents who have administered medications, to ensure accuracy. All residents that received administered medications will have all proper documentation. 2. How will the system be corrected so this violation will not happen again? Resident Care Director or designee will conduct quarterly medication audits. The medication order cadence will be used with the order stamp to ensure orders are processed	03/06/2024

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	administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, interview, and record review the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 15 residents (Resident #2). Resident #2 (R2) R2 was admitted on 02/29/24 with diagnoses including Type 1 Diabetes, legal blindness, glaucoma, and hypertension. R2's March 2024 MAR documented Hydrochlorothiazide Oral Tablet 50 mg, give one tablet by mouth one time a day for hypertension. A physician order dated 02/26/24 documented Hydrochlorothiazide 25 mg tablet, take two tablets by mouth every morning for blood pressure (water pill). On 03/05/24 in the morning, R2's medication on-site was Hydrochlorothiazide 25 mg tablet, take two tablets by mouth every morning for blood pressure (water pill). The facility policy #AL 5.8, Medication Assistance Record, documents, in part, Procedure: 1. Responsibility. Resident Care Director/designee were responsible for ensuring medication management according to physician orders. Resident Care Director/designee were also responsible to ensure Medication Assistance Records were maintained accurately. 3. Confirmation with the Physician's Order. The Medication Assistance Record was used for transcription of physician orders. To ensure medication assistance, each dose would be properly recorded on MAR/MOR/eMAR and would include medication name, dosage, mode of administration, date, time, signature, and initials of individuals		correctly and timely. 3. How often will the area needing correction be evaluated? Resident Care director will verify orders are placed in the MAR correctly as orders are received and guidelines of MAR Policy is followed. All Medications administration to residents will be entered into the MAR properly. Resident Care director will educate the team on the order cadence with stamp process and will audit all new orders for 4 weeks for compliance. Any discrepancies will be corrected immediately, and the corrective action process followed. Chart audits are completed quarterly through the QMPI process and will be ongoing. 4. Who will be responsible to see that the corrections are completed/monitored? The Executive Director and the Resident Care Director will ensure compliance and monitor outcomes through the QMPI process.	

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	assisting with medications. On 03/05/24 in the afternoon, the nurse acknowledged R2's March 2024 MAR did not match the physician order and the medication on-site for Hydrochlorothiazide. Severity: 2 Scope: 1			
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 1 of 15 residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 02/29/24 with diagnoses including legal blindness and glaucoma. R2's file lacked documented evidence of an initial Two-Step TB test prior to admission. A signs and symptoms form was completed on 03/01/24. However, on 03/06/24 (6 days after admission) the facility failed to have a TB test initiated. On 03/06/24 in the afternoon, the Administrator acknowledged R2 had not started an initial two step TB test within five days of being assessed for TB signs and symptoms and admittance to the facility. Severity: 2 Scope: 1	0936	1. Maintenance and contents of separate file - Residents TB test will be maintained in residents' file. This test will be documented in the electronic medical record. 2. With respect to how the facility will identify and take corrective action: Immediately a TB was done for R #2 resident needing a TB tests. If annual TB test was late, resident received a 2 - step TB test or a T-spot (QuantiFERON) blood draw. Results will be in the resident's chart; files will be stored in the electronic medical record. 3. With respect to what systemic measures to be put in place to address stated concern: Review of all new move-in resident charts will be completed through the QMPI audit process. Annual TB skin testing will be completed timely and audited through the QMPI process. Any adverse findings in the annual TB skin testing will be corrected by administering a 2 step TB test or a T-spot (QuantiFERON) blood draw. Results will be recorded in the resident's electronic medical record. 4. With respect to how the plan of corrective measures will be monitored: The Resident Care Director will complete Resident charts quarterly to ensure compliance, findings will be reported in the monthly QMPI meeting. 5. Resident Care Director will be responsible for the plan of correction. Completed 3-6-2024.	03/06/2024
1540 SS= F	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or	1540	1 Corrective Action: Immediately following the survey, E#1 E#2 E#3 E#4 E#5 E#8 E#9 E#10 Will received Cultural Training by 4-22-2024. 2 Identification of Others: The Business Office Manager and Executive Director completed an audit of all personnel files to	03/07/2024

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	hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of		ensure that all staff have the appropriate Cultural training at time of hire or within 30 of days. 3 Preventative Measures and Systemic Changes: All new hire employees will be required to go through Cultural Training within 30 Days of hire all training will be through an approved provider. 4 Cultural training will also be conducted upon hire within 30 days of employment to ensure staff knowledge and prevention of Cultural diversity and core understanding. Individual Responsible: Business Office Manager/ Executive Director to ensure compliance. Set Training by 4-22-2024 will be completed. Training Certificates have been uploaded.	

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	recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample document that a participant of the course or program may complete at the end of the			

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	course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials: (a) An overview of cultural			

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	3091	A. BUILDING _____ B. WING _____	03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program. Inspector Comments: Based on record			

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	review and interview, the facility failed to ensure 8 of 10 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #1, #2, #3, #4, #5, #8, #9, and #10) Findings include: Employee #1 (E1) E1 was hired on 06/26/23 as a Concierge. E1's file lacked documented evidence of cultural competency training being completed. Employee #2 (E2) E2 was hired on 04/17/23 as a Housekeeper. E2's file lacked documented evidence of cultural competency training being completed. Employee #3 (E3) E3 was hired on 03/14/23 as a Server. E3's file lacked documented evidence of cultural competency training being completed. Employee #4 (E4) E4 was hired on 08/30/23 as a Server. E4's file lacked documented evidence of cultural competency training being completed. Employee #5 (E5) E5 was hired on 01/24/23 as a Caregiver. E5's file lacked documented evidence of cultural competency training being completed. Employee #8 (E8) E8 was hired on 06/29/23 as a Caregiver. E8's file lacked documented evidence of cultural competency training being completed. Employee #9 (E9) E9 was hired on 01/27/06 as a Housekeeper. E9's file lacked documented evidence of cultural competency training being completed. Employee #10 (E10) E10 was hired on 03/21/23 as a Medication Technician. E10's file lacked documented evidence of cultural competency training being completed. On 03/06/24 at 2:30 PM, the Administrator acknowledged E1, E2, E3, E4, E5, E8, E9, and E10 lacked documented evidence of cultural competency training. Severity: 2 Scope: 3			