Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	2305 IVES COURT, RENO, NEVADA ,89503

(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 conducted at your facility on 01/04/24. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility was licensed for 60 Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illness, and/or persons with chronic illness, and provides assisted living services, Category II residents. The census at the time of the survey was 42. Fifteen resident files and thirteen employee files were reviewed. The facility received a grade of B. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	0000		
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	As a result of the 2024 survey SOD; Park Place began a comprehensive audit of each employee file. On 2/6/24, a tier 2 dementia training was given to staff (attached). In addition, Park Place will ensure continued frequent ongoing dementia training for all staff to meet the required hours by having added the dementia training requirements from first 60 days to annually to our training tracker file. This will be monitored no less than monthly by our business office manager and Administrator separately, to identify and plan for future renewal requirements 3 months before the expiration or renewal dates.	02/06/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	2305 IVES COURT, RENO, NEVADA ,89503

(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
	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: R043-22 Sec. 6. "Tier 2 training" means training for employees of a residential facility that includes, without limitation, training in: 1. The psychosocial aspects of dementia; 2. Current science concerning dementia; 3. Signs and symptoms of dementia; and 4. Working with persons who have dementia, including, without limitation: (a) Communication; (b) Providing person-centered care; (c) Assessment of persons with dementia; (d) Planning the provision of care; and (e) Assisting with activities of daily living. Based on record review, document review and interview, the facility failed to ensure 7 of 7 sampled employees working at the facility greater than 60 days received the required elements of Tier 2 training within 60 days of hire and annually thereafter. (Employee #3, #4, #5, #6, #7, #8, and #10). Findings include: On 01/04/24 at 9:40 AM, the Business Office Director was provided with the Personnel Check List to complete for 10 sampled employees. On 01/04/24, the Business Office Manager provided the completed form with the following information and emailed training information received on 01/04/24 at 4:01 PM: Employee #3 Employee #3 was hired by the facility as Caregiver with a start date of 07/13/23. Employee #3's personnel file contained documentation of two and one-half hours of Tier 2 training completed within 60 days of hire; however, the training did not cover the required elements. Employee #4 Employee #4 was hired by the facility as Caregiver with a start date of 10/26/23. Employee #4's personnel file contained documentation of two and one-half hours of Tier 2 training completed within 60 days of hire; however, the training did not cover the required elements. Employee #5 Employee #5 was hired by the facility as Medication Aide with a start date of 09/21/18. Employee #5's personnel file contained documentation of one hour of Tier 2 training completed in 2023; however, the training did not cover			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	2305 IVES COURT, RENO, NEVADA ,89503

(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
	the required elements and was not the required two hours of training. Employee #6 Employee #6 was hired by the facility as Medication Aide with a start date of 09/25/23. Employee #6's personnel file contained documentation two and three-quarters hours of Tier 1 training and two and one-half hours of Tier 2 training completed within 60 days of hire; however, the Tier 2 training did not cover the required elements. Employee #7 Employee #7 was hired by the facility as Medication Aide with a start date of 04/03/23. Employee #7's personnel file contained documentation of two and one-half hours of Tier 2 training completed within 60 days of hire; however, the training did not cover the required elements. Employee #7 Employee #7 was hired by the facility as Medication Aide with a start date of 09/25/23. Employee #7's personnel file contained documentation of two and one-half hours of Tier 2 training completed within 60 days of hire; however, the training did not cover the required elements. Employee #8 Employee #8 was hired by the facility as Medication Aide with a start date of 09/14/22. Employee #8's personnel file contained documentation of one and one-half hours of Tier 2 training completed in 2023; however, the training did not cover the required elements and was not the required two hours of training. Employee #10 Employee #10 was hired by the facility as Medication Aide with a start date of 11/11/23. Employee #9's personnel file contained documentation of two and one-half hours of Tier 2 training completed within 60 days of hire; however, the training did not cover the required elements. On 12/20/23 at 2:10 PM, the Wellness Director provided the Attestation of Compliance form, signed and dated 12/20/23, confirming a thorough review of the personnel records was conducted to determine compliance and any noncompliance found. The Wellness Director verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 3			
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	0074	As a result of the 2024 survey SOD; Park Place began a comprehensive	03/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	2305 IVES COURT, RENO, NEVADA ,89503

(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
	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 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		audit of each employee file to determine compliance with Abuse training. The Park Place department heads, wellness team leads, BOM, and Administrator have met to discuss the need of abuse training being taken before the employee will start on the floor. Park Place will pay the employee to complete the training at the property to monitor and ensure completion before floor training. Park Place will ensure ongoing annual compliance by having added abuse training to our training tracker file. This will be monitored noless than monthly by our business office manager and Administrator separately, to identify and plan for future renewal requirements 3 months before the expiration or renewal dates.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	**2305 IVES COURT, RENO, NEVADA ,89503**

(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
	instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that 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.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	2305 IVES COURT, RENO, NEVADA ,89503

(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
	Inspector Comments: Based on personnel file review and interview, the Administrator failed to ensure 1 of 10 sampled employees received initial elder abuse training prior to beginning work at the facility and annually, thereafter (Employee #3). Findings include: On 01/04/24 at 9:40 AM, the Business Office Director was provided with the Personnel Check List to complete for 10 sampled employees. On 01/04/24, the Business Office Manager provided the completed form with the following information and emailed training information on: Employee #3 Employee #3 was hired by the facility as Caregiver with a start date of 07/13/23. Employee #3's personnel file contained elder abuse training certificates dated 08/02/23, after the employee's start date. On 01/04/23 at 1:33 PM, the Administrator provided the Attestation of Compliance form, signed and dated 01/04/23, confirming the Business Office Director had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Administrator verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	2305 IVES COURT, RENO, NEVADA ,89503

(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
0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation, interview, and document review, the facility failed to ensure meals were served with no more than 14 hours between the evening meal and breakfast the next day. Findings include: On 01/04/24 at 10:37 AM, the posted scheduled meal times were listed as: Breakfast: 8:00 AM Lunch: 12:00 PM Dinner: 4:30 PM. On 01/04/24 at 10:37 AM, the Wellness Director acknowledged the meal times for the evening meal and breakfast the following morning was exceeding the no more than 14 hours regulatory requirement for the first floor and second floor meal times. Severity: 2 Scope: 3	0276	On 3/09/24 the Park Place Administrator met with the Director of Food Services to discuss the NAC 449.2175 meal time requirements . On 3/13/24, Park Place changed the meal times to meet the no more than 14 hour requirement between dinner and breakfast. Park Place has posted the following kitchen meal serving times via the menu and meal time schedule, outside of the kitchen area in each of the five cottages; breakfast7:30AM - 8:30AM, lunch 12:00PM - 1:00PM, dinner 5:00PM - 6:00PM (menu and mealtime schedule attached). In addition, an evening snack is available in the kitchens and throughout the cottages; ie. PB&J sandwiches, chips, fruit.	03/13/2024
0450 SS= E	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure first aid and cardiopulmonary resuscitation (CPR) training was received within 30 days of employment for 3 of 6 sampled employees working in the facility greater than 30 days (Employee #3, #7, and	0450	As a result of the 2024 survey SOD; Park Place began a comprehensive audit of each employee file to determine compliance with FirstAid and CPR certification for caregiver staff and administrator. Park Place hascreated an attestation (attached) that each new hire will sign to acknowledge that first aid and CPR will be completed within the first 30 days of hire. ParkPlace will ensure ongoing annual compliance by having added First Aid and CPR certification for caregiver staff and administrator to our training tracker	03/31/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	2305 IVES COURT, RENO, NEVADA ,89503

(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
	#10). Findings include: On 01/04/24 at 9:40 AM, the Business Office Director was provided with the Personnel Check List to complete for 10 sampled employees. On 01/04/24, the Business Office Manager provided the completed form with the following information and emailed training information on: Employee #3 Employee #3 was hired by the facility as Caregiver with a start date of 07/13/23. Employee #3's personnel file contained first aid and CPR training completed on 09/30/23, greater than 30 days after start date. Employee #7 Employee #7 was hired by the facility as Medication Technician with a start date of 04/03/23. Employee #7's personnel file contained first aid and CPR training completed on 09/30/23, greater than 30 days after start date. Employee #10 Employee #10 was hired by the facility as Caregiver with a start date of 10/24/23. Employee #10's personnel file contained first aid and CPR training completed on 12/12/23, greater than 30 days after start date. On 01/04/23 at 1:33 PM, the Administrator provided the Attestation of Compliance form, signed and dated 01/04/23, confirming the Business Office Director had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Administrator verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 2		file. This will be monitored no less than monthly by our business office manager and Administrator separately, to identify and plan for future renewal requirements 3 months before the expiration or renewal dates.	
1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant	1830	Upon completion of the annual survey, the Administrator and Infection Control Designee each completed the required 15 hours of infection control training by completing each module of the Nursing Home Infection Preventionist Training Course, provided on the CDC Train website (certificates attached). Park Place will ensure ongoing annual compliance by having added Infection control annual training	02/01/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE	2305 IVES COURT, RENO, NEVADA ,89503

(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
	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 personnel file review and interview, the primary infection control staff lacked the required infection control training. Findings include: On 01/04/24 at 9:40 AM, the Business Office Director was provided with the Personnel Check List to complete for 10 sampled employees. On 01/04/24, the Business Office Manager provided the completed form with the following information and emailed training information on: Employee #1 Employee #1 was hired by the facility as Administrator with a start date of 05/02/22. Employee #1's personnel file lacked the required infection control and prevention training required for the primary infection control staff. Employee #2 Employee #2 was hired by the facility as Wellness Director with a start date of 01/06/08. Employee #2's personnel file lacked the required infection control and prevention training required for the primary infection control staff's designee. On 01/04/23 at 1:33 PM, the Administrator provided the Attestation of Compliance form, signed and dated 01/04/23, confirming the Business Office Director had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Administrator verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 3		requirements for the Administrator and Infection Control Designee to our training tracker file. This will be monitored no less than monthly by our business office manager and Administrator separately, to identify and plan for future renewal requirements 3 months before the expiration or renewal dates.	