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
	423	A. BUILDING _____ B. WING _____	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERESIANE ADULT GROUP CARE HOME	6620 ELLERHURST DRIVE, LAS VEGAS, NEVADA ,89103

(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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 03/03/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category I residents. The census at the time of the survey was nine. Nine resident files and four employee files were reviewed. The facility received a grade of A.			
Y 1540 SS= D	**NAC 449.011931and R004-24** NAC 449.011931 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several	Y 1540	**Correction of the Deficiency:** Employee #3 has completed the required **cultural competency training** on **March 9, 2026**. Documentation of completion has been obtained and placed in the employee's personnel file. **Systemic Correction:** The Administrator reviewed all employee personnel files to ensure that required trainings, including cultural competency training, are completed and properly documented. Any missing documentation has been obtained and filed accordingly. **Preventive Measures:** To prevent recurrence, the facility has implemented the following measures: • A **training checklist** has been added to each employee personnel file to track all required trainings.	03/09/2026

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	instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees had initial cultural competency training within 90 days of hire. (Employee #3) Findings include: Employee #3 (E3)		• The Administrator or designee will **verify completion of required trainings during employee onboarding and annually thereafter**. • Personnel files will be **audited quarterly** to ensure all required documentation remains current and compliant with requirements established by the Nevada Division of Public and Behavioral Health and its Bureau of Health Care Quality and Compliance.	

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	E3 was hired on 10/11/25 as a Caregiver. E3's file lacked documented evidence of cultural competency training within 90 days of hire. On 03/04/26 in the morning, a Caregiver acknowledged E3's file lacked documented evidence of cultural competency training within 90 days of hire. Severity: 2 Scope: 1			
Y 1840 SS= D	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care.	Y 1840	**Employee #3** completed infection control training through the **Centers for Disease Control and Prevention (CDC)** on **January 21, 2026**, which is a nationally recognized infection control organization. At the time of the inspection, the certificate of completion was not located in the employee's personnel file, which led to the assumption that the training had not been completed. The facility has since located the certificate and it has now been **placed in Employee #3's personnel file**. A copy of the certificate is **attached for verification**. To prevent future documentation issues, the Administrator has implemented the following measures: • All training certificates will be **immediately filed in the employee personnel file upon completion**. • A **training verification checklist** has been added to employee files to ensure all required documentation is present.	03/12/2026

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	Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees acquired the required infection control training from an approved nationally recognized infection control organization (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 10/11/26 as a Caregiver. E3's employee file lacked documented evidence of training concerning the control and prevention of infections from an approved nationally recognized infection control organization. On 03/04/26 in the afternoon, a Caregiver acknowledged E3 did not complete the required infection control training from an approved nationally recognized infection control organization. Severity: 2 Scope: 1		• The Administrator will conduct **quarterly audits of employee training records** to ensure continued compliance with requirements set forth by the **Nevada Division of Public and Behavioral Health / Health Care Quality and Compliance**. The facility respectfully submits the attached certificate as proof that the infection control training requirement for Employee #3 was completed.	