

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a grading resurvey State Licensure survey in your facility on 01/27/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 112 Residential Facility for Group beds with 80 beds which provide assisted living services for elderly or disabled persons, Category II residents and 32 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 91. Twelve resident files and eight employee files were reviewed. The facility received a grade of A. 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:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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	0074	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7NG212.	10/14/2024

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

Name: PAULA ALLEC

Title: Administrator

Date: 02/04/2025

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(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
	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 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			

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(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
	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.			
0450 SS= D	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.	0450	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7NG212.	10/21/2024
0874 SS= D	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the	0874	Effective 1/28/25 The Administrator will review all attachments from the Pharmacy Review audits and will sign and date ALL documents within the required timeline. A second review will take place by the wellness team who will verify that all documents have been acknowledged with the necessary signature and date, prior to	01/28/2025

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(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
	resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on clinical document review, record review, and interview, the Administrator failed to ensure a medication profile review, performed by a physician, pharmacist, or registered nurse at least once every six months, was reviewed and initialed by the Administrator within 72 hours for 2 of 12 residents residing in the facility for longer than six months (Resident #9 and #11). Findings include: The Plan of Correction (POC) submitted 12/05/2024, documented the Executive Director had communicated with the reviewing pharmacy to have a signature and date lines for Executive Director to be included on all review forms including any bulk lists. The POC documented the correction date as 02/16/2024. Resident #9 Resident #9 was admitted to the facility on 04/26/2023, with diagnoses including dementia, anxiety and hypertension. Resident #9's medication profile review dated 01/12/2025, lacked the Administrator's initials and date of the review and could not be verified as reviewed within the required 72 hours. Resident #11 Resident #11 was admitted to the facility on 12/29/2023, with diagnoses including atrial fibrillation, hypertension and urinary incontinence. Resident #11's medication profile review dated 01/12/2025, lacked the Administrator's initials and date of the review and could not be verified as reviewed within the required 72 hours. On 01/27/2025 at 11:15 AM, the Administrator verbalized the medication reviews for Resident #9 and Resident #11 lacked the signature and date of the Administrator's review. This is a repeat deficiency from the grading resurvey dated 09/23/2024. Severity: 2 Scope: 1		sending notifications to physicians.	
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-	0878	Effective 1/28/25 If a medication is not received from hospice within 24 hours, a hold, discontinue or alternative	01/28/2025

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(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
	counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.		medication order will be requested. Med Techs will communicate during daily shift pass of all attempts to procure the medication and keep the Wellness Director and Administrator. If a certain hospice continues to not provide meds on time, this will result in Wellness Director and or Administrator contacting Hospice Leadership for immediate resolution. During daily cart audits as well as monthly reviews the Administrator will be aware any issues to remedy with hospice providers.	

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(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 observation, clinical record review, and interview, the facility failed to ensure medications were on-site to administer as prescribed for 1 of 12 residents (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 04/26/2023, with diagnoses including hypertension, dementia and anxiety. A physician's order dated 03/08/2024, documented PDR Cream, apply one pump to skin every six hours as needed for nausea or vomiting. Resident #9's January 2025 Medication Administration Record (MAR) documented PDR Cream, apply one pump to skin every six hours as needed for nausea or vomiting. There was no documentation the medication had been administered. On 01/27/2025 at 12:15 PM, Resident #9's PDR Cream was not on-site and available to administer to the resident. On 01/27/2025 at 1:20 PM, the Wellness Director confirmed Resident #9's PDR Cream was not on-site and available to administer to the resident. Severity: 2 Scope: 1			

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(X4) ID PREFIX TAG 0885 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, clinical record review, interview and document review, the facility failed to ensure a discontinued medication was destroyed for 1 of 12 sampled residents (Resident #11). Findings include: Resident #11 Resident #11 was admitted to the facility on 12/29/2023, with diagnoses including atrial fibrillation, hypertension and urinary incontinence Resident #11's medications contained a bubble pack of Methocarbamol tablets 750 milligram (mg), take one tablet by mouth every eight hours as needed for muscle spasms. Resident #11's January Medication Administration Record (MAR) lacked an entry for Methocarbamol 750 mg tablets. A Physician's Order dated 12/19/2024, documented Methocarbamol 750 mg tablets, take one tablet by mouth every eight hours as needed for muscle spasms. On 01/27/2025 at 12:50 PM, the Wellness Director verbalized the medication should have been removed from Resident #11's medications and destroyed as Resident #11 had been out of the facility for more then 30 days and did not have a new order for the Methocarbamol 750 mg tablets when Resident #11 returned to the facility. Severity: 2 Scope:1	ID PREFIX TAG 0885	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Effective 1/28/25. All medications will be removed from cart if resident has been out of community for 30 days. Wellness nurse and med techs will ensure that medication is remove through routine med cart audits, as well as daily shift pass reviews. Wellness Director and Administrator will monitoring days a resident has been out the community. Administrator will review residents out of the community and if they are out for 30 days will audit med cart to assure all medications have been removed. In addition, this will also be monitored monthly at QAPI meetings.	(X5) COMPLETION DATE 01/28/2025
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	0895	Effective 1/28/2025 we will no longer accept split orders. If a split order comes from pharmacy/PCP, the med tech, nurse or wellness director will request 2 separate orders	01/28/2025

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(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
	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 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 medical record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 12 sampled residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 09/06/2023, with a diagnosis of constipation. A physician's order dated 02/28/2024, documented Quetiapine 25 milligram (mg). Give by mouth every six hours as needed. On 01/27/025 at 12:00 PM, during medication review, Resident #12 had a bubble pack of Quetiapine Fumarate 25 mg. Take one tablet (=25 mg) by mouth every six hours as needed for agitation. Resident #7's January 2025 MAR lacked documented evidence of Quetiapine 25 mg, as needed. On 01/27/2025 at 12:21 PM, the Medication Technician confirmed the as needed Quetiapine was not on the MAR and could not locate an order to discontinue the medication. On 01/27/2025 at 1:28 PM, the Wellness Director confirmed the as needed Quetiapine was not on the MAR and verbalized the physician's order was a split order. When the medication dosage changed, all Quetiapine orders in the		from pharmacy/PCP. Routine audits will be done to ensure all medication in carts have current & correct orders. Administrator will participate in routine monthly QAIP audit.	

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER MORNINGSTAR OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436		
(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
	system were discontinued and taken off of the resident's MAR. The existing order for as needed Quetiapine should have been placed back on the MAR and somehow was missed by staff. Severity : 2 Scope : 1			
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.	0905	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7NG212.	10/02/2024
1050 SS= F	Vital Signs-Glucose - Training/Competency - NAC 449.1985 (1)(a) 1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver: (a) Before performing the task, annually thereafter and when any device used for performing the task is changed: (1) Has received training concerning the task that meets the requirements of subsections 5 and 6; and (2) Has demonstrated an understanding of the manner in which the task must be performed;	1050	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7NG212.	12/13/2024
1100 SS= F	Weights - Training/Consent - NAC 449.1985 (4) 4. A caregiver may weigh a resident of a residential facility only if: (a) The caregiver has received training on the manner in which to weigh a person that meets the requirements of subsections 5 and 6; and (b) The resident has consented to being weighed by the caregiver.	1100	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7NG212.	12/31/2024