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
	5432	A. BUILDING _____ B. WING _____	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW CONNECTIONS GROUP CARE HOME	**820 ANTIGUA ST, LAS VEGAS, NEVADA ,89145**

(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 in your facility on 07/17/24. This State Licensure survey was conducted in accordance with NAC 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and five employee files were reviewed. The facility received a grade of C. 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 deficiencies were identified:	0000		

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0102 SS= F	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 interview and record review, the facility failed to ensure annual tuberculosis (TB) tests were completed for 4 of 5 employees (Employees #1, #2, #3 and, #4). Findings include: Employee #1 (E1) E1 was hired on 11/10/08 as the Administrator. On 07/17/24 in the morning, the facility manager contacted the Administrator via telephone call. The Administrator indicated E1's recent QuantiFERON TB test was positive on 07/05/24 and a pending chest x-ray appointment was scheduled for 07/30/24. The facility did not have any supportive documentation for the recent QuantiFERON TB testing nor for the scheduled x-ray appointment. Employee #2 (E2) E2 was hired on 10/04/18 as a Caregiver. E2's file documented a two step on 08/14/18. E2's file lacked documented evidence of annual TB testing for 2023 and 2024. Employee #3 (E3) E3 was hired on 03/13/23 as a Caregiver. E3's file documented a QuantiFERON TB test completed on 02/27/23. E3's file lacked documented evidence of annual TB testing for 2024. Employee #4 (E4) E4 was hired on 02/12/21 as a Caregiver. E4's file documented an annual TB test on 01/04/23. E4's file lacked documented evidence of annual TB testing for 2024. On 07/17/24 in the afternoon, the facility manager confirmed the employee files was missing the required annual TB testing. Severity: 2 Scope: 3	0102	1. The TB test was done and filed in the employee files. 2. The facility will monitor and check the files periodically to make sure the TB test results were filed in the employee files. 3. The facility will check and review the employee files regularly. 4. Administrator and/or facility manager 5. July 18,2024 6. Proof of documents was uploaded.	07/18/2024

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a background check was completed through the Nevada Automated Background Check System (NABS) for the current facility for 1 of 5 employees (Employees #2). Findings include: Employee #2 (E2) E2 was hired as a Caregiver on 10/04/2018. E2's employee file lacked documented evidence a background check was completed through NABS for the current facility. E2's record contained a background check clearance letter dated 04/19/2019. On 07/17/2024 in the afternoon, the Manager confirmed they were unaware that E2 was due for the 5-year fingerprinting for Nevada Automated Background Check System. Severity: 2 Scope:1	0104	1. Our facility registered the caregiver in NABS and sent her to do her 5 yrs renewal fingerprint backgrounds check. 2.We will put a 4 yrs. and 10 mos. reminders in our digital calendar for alerts. Aside from relying on emails from the NABS to notify us for upcoming renewal. (Which we did not received this time) 3. We will continue to review the caregiver files in a regular interval. 4. The Administrator and Facility Manager 5. 7/22/2024 Fingerprints was submitted, and results came out 8/26/24 6. Proof of background check is attached	07/22/2024
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 caregivers were trained in First Aid. (Employee #5). Findings include: Employee #5 (E5) E5 was hired as a Caregiver on 06/01/15. E5's file contained Cardiopulmonary Resuscitation (CPR) completed on 08/13/22 good thru 08/13/24, however, E5's file lacked documented evidence of current First Aid training. On 07/09/24 in the afternoon, the manager indicated the facility was unable to provide documented evidence of current First Aid training for E5. Severity: 2 Scope: 1	0106	1. Our Facility instructed the caregiver to finish her First Aid training on the same day of the survey 7/17/2024 Which the caregiver complied and finished the training 2. Our facility will review the CPR and First Aid Card to make certain it includes the first aid training. An honest mistake was made assuming that because the caregiver is a licensed CNA automatically, she has the First Aid training. 3. Our Facility will review the CPR & First Aid card thoroughly and not assume that because they are CNA the first Aid is automatically included in the certificate. 4. The Administrator OR Facility manager 5. The correction was done the same day of the survey 7/17/2024 6.The proof of First aid certificate was emailed the surveyor on the day of the survey and will be attached here as well.	07/17/2024

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior and interior of the building was clean and free of hazards. Findings include: On 07/17/24 in the morning, there were over grown weeds located in the front and back yard of the facility's exterior. On 07/17/24 in the morning, the bathrooms located in resident room #1 and #4 had vent covers with an unknown gray substance. On 07/17/24 in the afternoon, the manager acknowledged the bathroom vent covers in resident room #1 and #4 had an unknown gray substance on them. Severity: 2 Scope: 3	0178	1. The exhaust vent with dust in Bathrooms #1 and #4 was cleaned right away after the surveyor took pictures of it. 7/17/2024. The weeds were removed. 2. The facility will check the exhaust vents for dust and the yard for weeds on a regular basis. 3. The facility will do a visual review of the yards and the vents in the house. 4. The Administrator or The Facility manager 5.July 18,2024 6. Photos of the correction was attached.	07/18/2024

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0966 SS= F	Alzheimer's Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 3. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake; Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure that a sufficient number of caregivers were present at the facility during waking hours. Findings include: On 07/17/24 in the morning, eight residents were in the facility with only one caregiver on site. The employee attendance roster dated 07/17/2024 revealed: Day shift was listed as 7:00 AM to 10:00 PM; with only one employee listed on duty. The shift included an hour lunch and two breaks. The attendance roster was reviewed with the facility Manager which revealed that between the hours of 7:00 AM to 10:00 PM, the ratio of employees to residents was eight residents to one caregiver on duty from the time the residents were out of bed in the morning till the time they went to bed at night. On 07/17/24 in the afternoon, the manager acknowledged there were not enough Caregivers on the facility premises during the resident's waking hours to dispense the evening medications, conduct activities, provide adequate care and proper protective supervision for residents who resided in an Alzheimer's endorsed facility. Severity: 2 Scope: 3	0966	1. The facility made the required schedule. 2.The facility will review and monitor the staffing schedule on a regular basis. 3.The facility will post the schedule on the board. 4.The Administrator and or facility manager. 5. Oct 28, 2024 6. Sample staffing schedule was attached.	07/17/2024
1540 SS= C	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 hired, whichever is later, and at least once	1540	1. The Cultural competency training was done by all caregivers. 2. The facility will review and set up reminders for the CCT for all caregivers. 3. The facility will review the employee files regularly. 4. The Administrator and Facility Manager are responsible for	07/17/2024

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	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 recommendation for the instructor,		keeping training certificates on file and up to date. 5. July 21, 2024 6. Proof was attached.	

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	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 course or program in which the participant			

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	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 competency; (b) An overview of implicit bias			

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	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 review and interview, the facility failed to			

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	ensure 5 of 5 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #1, #2, #3, #4 and #5) Findings include: Employee #1 (E1) E1 had a start date of 11/10/08 as the Administrator. E1's record lacked documented evidence of cultural competency training provided by a nationally recognized organization, as determined by the Director of the Department; or an approved or accredited third party to operate the ongoing in-service training based on state regulations.. Employee #2 (E2) E2 had a start date of 10/04/18 as a Caregiver. E2's record lacked documented evidence of cultural competency training provided by a nationally recognized organization, as determined by the Director of the Department; or an approved or accredited third party to operate the ongoing in-service training based on state regulations. Employee #3 (E3) E3 had a start date of 03/13/23 as a Caregiver. E3's record lacked documented evidence of cultural competency training provided by a nationally recognized organization, as determined by the Director of the Department; or an approved or accredited third party to operate the ongoing in-service training based on state regulations. Employee #4 (E4) E4 had a start date of 02/12/21 as a Caregiver. E4's record lacked documented evidence of cultural competency training provided by a nationally recognized organization, as determined by the Director of the Department; or an approved or accredited third party to operate the ongoing in-service training based on state regulations. Employee #5 (E5) E5 had a start date of 06/01/15 as a Caregiver. E5's record lacked documented evidence of cultural competency training provided by a nationally recognized organization, as determined by the Director of the Department; or an approved or accredited third party to operate the ongoing in-service training based on state regulations. On 07/17/24 in the afternoon, the manager confirmed there was no documented cultural competency training for E1, E2, E3			

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	E4 and E5 from a nationally recognized organization, an approved or accredited training agency for cultural competency. Severity: 1 Scope: 3			
1600 SS= C	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22,	1600	1. The facility revised the form to show the information required. 2. The facility will review the forms periodically for accuracy. 3. The facility will constantly monitor it by using the form during admission process. 4.The Administrator or Facility manager. 5. Completed 7/18/2024 6. Proof was attached.	07/18/2024

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(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
	inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1. Inspector Comments: Based on record review and interview, the facility lacked updated policies and procedures addressing the resident's preferred pronoun, gender expression and sexual orientation for 5 of 8 residents. (Residents #4, #5, #6, #7 and #8) Findings include: A review of the resident records revealed the facility lacked updated forms which included a process and procedure to document the resident's gender identification or expression in their medical/resident/patient records. There were 5 out of 8 residents files that did not include documentation of preferred pronoun, gender expression and sexual orientation. On 07/17/24 in the afternoon, the Manager confirmed they did not ask nor document R4, R5, R6, R7 and R8's preferred pronoun, gender expression and sexual orientation and had not added this information to their admission documents. Severity: 1 Scope: 3			
1830 SS= C	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	1830	1. The Infection Control Training was done on time. 2.The facility will review the files regularly. 3. The facility will monitor review the employee files and set reminders to do the	07/17/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5432	A. BUILDING _____ B. WING _____	07/17/2024

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	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 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 record review and interview, the facility failed to ensure 3 of 5 staff members completed 15 hours of approved infection control training (Employees #2, #3 and #4). Findings include: Employee #2 (E2) E2 was hired as a Caregiver on 10/04/18. E2's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #3 (E3) E3 was hired as a Caregiver on 03/13/23. E3's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #4 (E4) E4 was hired as a Caregiver on 02/12/21. E4's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 07/17/24 in the afternoon, the Manager acknowledged E2, E3 nor E4 had completed the required 15 hours of infection control and prevention training from an approved organization. Severity: 1 Scope: 3		trainings. 4. Administrator/facility manager. 5. July 17, 2024 6. Proof was attached.	