STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6013	A. BUILDING _____ B. WING _____	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER SKY AT DEER SPRINGS ASSISTED LIVING	6741 N DECATUR BLVD BLDG #3, LAS VEGAS, NEVADA ,89130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 10/29/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 98 Residential Facility for Group beds (84 Category I and 14 Category II) to provide care for elderly or disabled persons and/or Assisted Living Services. The census at the time of the survey was 82. Twenty resident files and eight employee files were reviewed. The facility received a grade of B. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims of relief that may be available to any part under applicable federal, state, or local law. The following regulatory deficiencies were identified.	0000		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually	0074	1) How you will correct the specific finding(s) stated in the Statement of Deficiencies; Upon Discovery that E8 had not completed an updated Elder Abuse Training, E-8 completed the required Elder Abuse Training on 10-29-2024. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur; Developed Training Schedule to enter training dates of completion and monitor expiration / due dates of required trainings 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur; Training Due Schedule to be monitored by Administrator, Asst Administrator and the Director of Wellness for all employees.	11/15/2024

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	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 services in the home, facility for the care of		4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); Administrator will be responsible for ensuring the Plan of Correction is implemented 5) The date the corrective action will be completed (MUST INCLUDE); 12-01-2024 6) You must attach all supporting documents into the system. Attached is the Certificate of completion for Elder Abuse Training for E8 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Trainings will be assigned in Homeroom through Nevada Hand Training Modules for All Employees. Develop Training Schedule to enter training dates of completion and monitor expiration / due dates of required training	

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	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. Inspector Comments: Based on interview and record review, the facility failed to ensure Elder Abuse training was completed annually for 1 of 8 employees (Employee #8). Findings include: Employee #8 (E8) E8 was hired on 11/16/20 as the Assistant Administrator. Record review revealed E8's last completed Elder Abuse training was on 11/16/2020. There was no documentation of annual Elder Abuse training for E8 in the past year. On 10/29/24 in the morning, the Assistant Administrator confirmed E8 had not completed Elder Abuse training in over a year. Severity: 2 Scope: 1			
0102 SS= E	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	0102	1) How you will correct the specific finding(s) stated in the Statement of Deficiencies. E1 had an existing TB test that was expired.	11/15/2024

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	for the employee; Inspector Comments: Based on interview and record review, the facility failed to ensure a physical exam was completed for 1 of 8 employees (Employee #4), a two step tuberculosis (TB) testing was completed upon hire, for 1 of 8 employees (Employee #5) and annually for 1 of 8 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired in February 2020 as the Administrator. Record review revealed E1 last completed a TB screening on 04/14/23. There was no documentation a TB screening was completed in the past year. Employee #4 (E4) E4 was hired on 03/21/23 as a Caregiver. Record review of E4's record, did not document completion of a physical exam. Employee #5 (E5) E5 was hired on 03/09/19 as a Medication Technician. Record review did not document completion of a two-step or annual TB screening for E5. On 10/29/24 in the morning, the Administrator confirmed there was no physical exam on file for E4, no current TB screening on file for E1 and no documentation a two-step or annual TB screening was completed for E5. Severity: 2 Scope: 2		E1 subsequently had an update TB Test completed on 11/02/2024. See attached. E4 record of physical exam was not in her employee file. E4's physical was located and a copy of which is attached. The Physical was competed on 03/17/2023 as a part of her New Employee onboarding documents. E5 was missing a current TB Test. Her original TB Read on 02/21/24 was positive and has subsequently had a Chest X-Ray which is documented in the attachments 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur; Develop Training Schedule to enter training dates of completion and monitor expiration / due dates of required trainings 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur; Training Due Schedule to be monitored by Administrator, Asst Administrator and the Director of Wellness for all employees. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); Administrator will be responsible for ensuring the Plan of Correction is implemented 5) The date the corrective action will be completed (MUST INCLUDE); 12-01-2024 6) You must attach all supporting documents into the system.	

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			Attached are the supporting documents for E1, E4 and E5 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Trainings will be assigned in Homeroom through Nevada Hand Training Modules for All Employees. Develop Training Schedule to enter training dates of completion and monitor expiration / due dates of required training	
0255 SS= D	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 10/29/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. The following non-food contact surfaces were soiled with grease or dust build-up: the sides of the deep fat fryer, the side of the griddle, the back of the oven, and the back of the evaporator fans in the walk-in cooler. Severity: 2 Scope: 1	0255	1) How you will correct the specific finding(s) stated in the Statement of Deficiencies; Based on the inspection report for the kitchen, a proper cleaning was conducted on the Deep Fryer, Griddle, Ovens and Evaporator Fans in the walk-in cooler on 11-01-2024 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur; The Chef has set up a regular cleaning schedule of kitchen equipment for the 1st of each month to prevent the future grease and dust buildup. 3) How the corrective action(s) will	11/15/2024

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			be monitored to ensure the deficient practice will not recur; The Chef has set up a regular cleaning schedule with, sign off sheet, of kitchen equipment for the 1st of each month to prevent the future grease and dust buildup. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); Director of Food and Dining will ensure this plan of correction is implemented 5) The date the corrective action will be completed; 11-01-2024 6) You must attach all supporting documents into the system. Attached are all the pictures and the sign off sheet showing the Kitchen Cleaning was completed. 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Director of Food and Dining has set up a regular schedule for a Deep Clean of all Kitchen Equipment to occur the 1st of every month	

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0910 SS= D	Administration of Medication Restrictions - NAC 449.2746 and R043-22 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) 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. Inspector Comments: Based on record review and interview, the facility failed to ensure as needed medications that were administered were documented on the Medication Administration Record (MAR) for 1 of 20 residents. (Resident #20) Findings include: Resident #20 (R20) R20 was admitted on 05/03/24 with primary diagnoses including major depressive disorder, gastroesophageal reflux disease, generalized anxiety disorder, diabetes-II, and hypertension. Physician's orders documented Acetaminophen 325miligrams (mg), take 2 tablets by mouth every 6 hours as needed (PRN) for mild pain or fever. The MAR for October 2024 listed Acetaminophen 325miligrams (mg), take 2 tablets by mouth every 6 hours as needed (PRN) for mild pain or fever. The October 2024 MAR listed reason and result of the Acetaminophen administration on 10/09/24 but lacked documented evidence of the medication technician's initials for this date. The October 2024 MAR documented a medication technician initials for administration of Acetaminophen on 10/26/24 but lacked documented evidence of the reason and result of the medication administration. On 10/29/24 in the afternoon, the Medication Technician	0910	1) How you will correct the specific finding(s) stated in the Statement of Deficiencies. Medication administration technicians were retrained on the importance of thorough and accurate documentation of medication administration including the six rights of medication administration 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur; The facility will implement routine audits of the MAR to ensure that all medications are properly documented. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur; Any staff found to have repeated issues with documentation will receive additional corrective action, including further education, retraining, or performance improvement plans. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION);	11/15/2024

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	acknowledged the 10/26/24 administration of the PRN Acetaminophen did not list the reason and result and confirmed administering the Acetaminophen on 10/09/24 but failed to initial the MAR. Severity: 2 Scope: 1		The Director of Wellness or the Administrator will ensure the plan of correction is implemented. 5) The date the corrective action will be completed (MUST INCLUDE); The retraining will be completed by 11/29/2024 to capture all shifts and ongoing monitoring will continue as part of our quality improvement process. 6) You must attach all supporting documents into the system. The Training Documents are Attached Resource used for Training: CQES (Center for Quality Eldercare Services) Medication Management Manual Pages 60, 61, 71, 77 7) How you will identify and correct other areas having potential to be affected by the same deficient practice(if applicable) - N/A	
1540 SS= D	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	1540	1) How you will correct the specific finding(s) stated in the Statement of Deficiencies;	11/15/2024

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	regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application		Upon Discovery that E4 had not completed the Cultural Competency Training, E4 completed the required Cultural Competency Training on 10-31-2024. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur; Developed Training Schedule to enter training dates of completion and monitor expiration / due dates of required trainings 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); Training Due Schedule to be monitored by Administrator, Asst Administrator and the Director of Wellness for all employees. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION); Administrator will be responsible for ensuring the Plan of Correction is implemented 5) The date the corrective action will be completed; 12-01-2024 6) You must attach all supporting documents into the system. Attached is the Certificate of completion for Elder Abuse Training for E8 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable)	

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

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

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	6013	A. BUILDING _____ B. WING _____	10/29/2024

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

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	Inspector Comments: Based on interview and record review, the facility failed to ensure Cultural Competency training was completed for 1 of 8 employees (Employee #4). Findings include: E4 was hired on 03/21/23 as a Caregiver. Record review of E4's record, did not document completion of Cultural Competency training. On 10/29/24 in the morning, the Administrator was unable to provide documentation that E4 completed Cultural Competency training. Severity: 2 Scope: 1			
1840 SS= D	UNL Caregiver Training - R063-21 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. Inspector Comments: Based on interview and record review, the facility failed to ensure Infection Control training, for unlicensed staff, was completed for 1 of 8 employees (Employee #8). Findings include: Employee #8 (E8) Employee #8 (E8) was hired on 11/16/20 as the Assistant Administrator. There was no documented Infection Control training found in the record of E8. On 10/29/24 in the morning, the Administrator was unable to provide documentation of completed Infection Control training for E8. Severity: 2 Scope: 1	1840	1) How you will correct the specific finding(s) stated in the Statement of Deficiencies; Upon Discovery that E8 was required to and had not completed Infection Control Training, E8 completed the required Infection Control Training on 10-29-2024. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur; Developed Training Schedule to enter training dates of completion and monitor expiration / due dates of required trainings 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur; Training Due Schedule to be monitored by Administrator, Asst Administrator and the Director of Wellness for all employees. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION); Administrator will be responsible for ensuring the Plan of Correction is implemented	11/15/2024

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			5) The date the corrective action will be completed; 12-01-2024 6) You must attach all supporting documents into the system. Attached is the Certificate of completion for Infection Control for E8 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Trainings will be assigned in Homeroom through Nevada Hand Training Modules for All Employees. Develop Training Schedule to enter training dates of completion and monitor expiration / due dates of required training	