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
	6324	A. BUILDING _____ B. WING _____	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEVADA MEMORY CARE	2299 MONTESSOURI ST, LAS VEGAS, NEVADA ,89117

(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 and infection control survey conducted at your facility on 08/09/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files and seven 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified:	0000		

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: NICHOLE SCHMAL Title: Manager Date: 10/07/2022

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1540 SS= E	Cultural Competency Training Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 7 employees were in compliance with Nevada Revised Statues (NRS) 449.103, regarding initial and/or annual cultural competency training. (Employee #3, #4, #5, #6 and #7). Findings include: Employee #3 (E3) E3 was hired on 07/08/13 as a caregiver. E3's record lacked documented evidence of initial and annual cultural competency training. Employee #4 (E4) E4 was hired on 03/28/19 as a caregiver. E4's employee record lacked documented evidence of initial and annual cultural competency training. Employee #5 (E5) E5 was hired on 02/25/22 as a caregiver. E5's employee record lacked documented evidence of initial and annual cultural competency training. Employee #6 (E6) E6 was hired on 04/19/22 as a caregiver. E6's employee record lacked documented evidence of initial and annual cultural competency training. Employee #7 (E7) E7 was hired on 04/22/22 as a caregiver. E7's employee record lacked documented evidence of initial and annual cultural competency training. On 08/09/22 in the afternoon, the facility Administrator and Manager confirmed the employees did not receive the cultural competency training. Severity: 2 Scope: 2	1540	1. All employees will attend Cultural Competency training online at Flexed.com 2. Going forward, all new employees will attend Cultural Competency training on first day of employment or prior. Yearly renewals will be checked monthly. 3. New hires and monthly checks will be monitored for compliance. 4. Administrator 5. 10/07/2022 6. employee certificates attached, approval for third party training and submission	10/07/2022