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
	8455	A. BUILDING _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA OLIVA	**3209 CEDAR STREET, LAS VEGAS, NEVADA ,89104**

(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 at your facility on 10/18/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or chronic illness and/or mental illness and/or individuals with intellectual disabilities, five Category-I and four Category-II residents. The census at the time of the survey was eight. Eight resident files and fourteen 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. There following regulatory deficiencies were identified:	0000		
0065 SS= F	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on interview and record review, the facility failed to ensure 10 of 14 employees had completed 8 hours of annual Caregiver training	0065	1. All new hire staff participate in an 8-hour endorsement training called Caregiver 101 - Providing Cares to the elderly. This is a ONE TIME course and it is not repeated annually. All staff are required to participate in 8 individual hours of in-services over the course a year to fulfill the requirement of "training related to providing the needs of the residents of a residential facility." These training records are NOT maintained with the records of the Endorsement Trainings. They are in a separate section of the staff binder. All staff at the program are in compliance with the 8-hour in-service training regulation. 2. Service Specialist and Site Supervisor complete training logs and review to assure compliance with training guidelines. 3. Site Supervisor and Administrator will continue to complete site audits to assure compliance with training guidelines. 4. Site Supervisor completes training logs. Administrator audits for compliance. 5. Site is in compliance and was in compliance at time of survey.	11/06/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8455	A. BUILDING _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA OLIVA	**3209 CEDAR STREET, LAS VEGAS, NEVADA ,89104**

(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
	(Employee #2, #3, #4, #6, #8, #9, #10, #11, #13 and #14). Findings include: Employee #2 (E2) E2 was hired on 09/08/14 as a Program Service Specialist. E2's personnel record documented E2 had completed 8 hours of annual Caregiver training on 07/19/19. E2's personnel record lacked documented evidence E2 completed 8 hours of annual Caregiver training for 2020, 2021, 2022 and 2023. Employee #3 (E3) E3 was hired on 07/23/12 as a Service Supervisor. E3's personnel record documented E3 had completed 8 hours of annual Caregiver training on 04/23/18. E3's personnel record lacked documented evidence E3 completed 8 hours of annual Caregiver training for 2019, 2020, 2021, 2022 and 2023. Employee #4 (E4) E4 was hired on 03/11/21 as a Behavior Technician. E4's personnel record documented E4 had completed 8 hours of initial Caregiver training on 03/11/21. E4's personnel record lacked documented evidence E4 completed 8 hours of annual Caregiver training for 2022 and 2023. Employee #6 (E6) E6 was hired on 08/29/22 as a Behavior Technician. E6's personnel record documented E6 had completed 8 hours of initial Caregiver training on 08/29/22. E6's personnel record lacked documented evidence E6 completed 8 hours of annual Caregiver training for 2023. Employee #8 (E8) E8 was hired on 11/16/20 as a Behavior Technician. E8's personnel record documented E8 had completed 8 hours of initial Caregiver training on 11/16/20. E8's personnel record lacked documented evidence E8 completed 8 hours of annual Caregiver training for 2021, 2022 and 2023. Employee #9 (E9) E9 was hired on 09/24/19 as a Behavior Technician. E9's personnel record documented E9 had completed 8 hours of initial Caregiver training on 09/24/19. E9's personnel record lacked documented evidence E9 completed 8 hours of annual Caregiver training for 2020, 2021, 2022 and 2023. Employee #10 (E10) E10 was hired on 06/02/21 as a Behavior Technician. E10's personnel record documented E10 had completed 8 hours of initial Caregiver training on 06/02/21. E10's personnel record lacked documented evidence E10 completed 8 hours of annual Caregiver			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8455	A. BUILDING _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA OLIVA	**3209 CEDAR STREET, LAS VEGAS, NEVADA ,89104**

(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
	training for 2022 and 2023. Employee #11 (E11) E11 was hired on 08/09/19 as a Behavior Technician. E11's personnel record documented E11 had completed 8 hours of initial Caregiver training on 08/09/19. E11's personnel record lacked documented evidence E11 completed 8 hours of annual Caregiver training for 2020, 2021, 2022 and 2023. Employee #13 (E13) E13 was hired on 06/02/21 as a Behavior Technician. E13's personnel record documented E13 had completed 8 hours of initial Caregiver training on 06/02/21. E13's personnel record lacked documented evidence E13 completed 8 hours of annual Caregiver training for 2022 and 2023. Employee #14 (E14) E14 was hired on 02/18/19 as a Behavior Technician. E14's personnel record documented E14 had completed 8 hours of initial Caregiver training on 07/19/19. E14's personnel record lacked documented evidence E14 completed 8 hours of annual Caregiver training for 2020, 2021, 2022 and 2023. On 10/18/23 in the afternoon, the Administrator and the Program Service Specialist indicated the training certificates for E2, E3, E4, E6, E8, E9, E10, E11, E13 and E14 were the most current annual Caregiver training completed. The Administrator and the Program Service Specialist acknowledged E2, E3, E4, E6, E8, E9, E10, E11, E13 and E14 had not completed 8 hours of annual Caregiver training and were unaware of the required 8 hour annual training for Caregivers. Severity: 2 Scope: 3			