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
	8592	A. BUILDING _____ B. WING _____	12/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMERLIN RETIREMENT LIVING, LLC	10128 SNOW CREST PLACE, LAS VEGAS, NEVADA ,89134

(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 12/06/22, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The facility is licensed for seven Residential Facility for group beds for elderly and disabled person and/or person with Alzheimer disease, Category II residents. The census at the time of the survey was three. Three resident files and six employee files were reviewed. The facility received a grade of A. The finding and conclusion 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 deficiencies were identified:	0000		
1540 SS= F	Cultural Competency Training Inspector Comments: Based on interview and record review, the facility failed to: submit an application for a cultural competency training program in compliance with R016-20; and ensure 5 of 6 employees (Employee #1, #2, #4, #5 and #6) were in compliance with Nevada Revised Statues (NRS) 449.103, regarding annual cultural competency training. Documented Cultural Competency training was conducted by a non-approved training program. A caregiver confirmed the Cultural Competency training provided was from an unapproved program and had not been submitted for approval by the Bureau. Severity: 2 Scope: 3	1540	1. The State Surveyor gave us training, and we will not make the same mistakes in the future. 2. We will use an approved third-party contract for training. 3. We will add the Cultural Competency training to our employee file checklist to remind us that the training must be completed annually by an approved third party. 4. The Administrative is the person responsible for employee training.	12/09/2022

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: PATRICIA THERESA BRUSHFIELD	Title: Consultant	Date: 12/20/2022