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
	8726	A. BUILDING _____ B. WING _____	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOUSE OF CENTENNIAL HILLS	**6310 N. DURANGO DRIVE, LAS VEGAS, NEVADA ,89149**

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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 07/18/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 136 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease which provide assisted living services, Category II residents. The census at the time of survey was 133. Twenty five resident files and ten employee files were reviewed. The facility received a grade of D. 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 deficiencies were identified:	0000		

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and record review, the facility failed to ensure Medication Management training was completed annually for 1 of 10 employees (Employee #5). Findings include: Employee #5 (E5) E5 was hired in February 2020 as an Assisted Living Manager. Review of E5's record revealed E5 last completed Medication Management training on 07/01/23. On 07/18/24 during the survey, E5 was observed training a Medication Technician to pass medications. On 07/18/24 in the afternoon, an Administrative Assistant confirmed E5 did not complete Medication Management training in the past 12 months. Severity: 2 Scope: 1	0072	Employee E-5 is scheduled to take the 16 hour med-tech class on August 7, 2024 and August 8, 2024. The Admin Assistant has developed a check sheet to ensure that all med-techs are in compliance with training. See Attachment #1. The Admin Assistant is responsible for ensuring that all training is up to date. The Administrator or designee is responsible for compliance.	08/08/2024
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	0074	E-1 completed her Elder Abuse training on 7/18/24. See Attachment #3. E-4 completed her Elder Abuse training on 7/18/24. See Attachment #4. The Admin Assistant has developed a check sheet to ensure that all	07/18/2024

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	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 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		staff are in compliance with Elder Abuse Training. See Attachment #30. The Administrator or designee is responsible for ensuring compliance.	

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	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 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.			

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	Inspector Comments: Based on interview and record review, the facility failed to ensure Elder Abuse training was completed, upon hire, and annually for 2 of 10 employees (Employee #1 and Employee #4). Findings include: Employee #1 (E1) E1 was hired on 11/04/23 as a Medication Technician. Review of E1's record revealed E1 did not complete Elder Abuse training upon hire. Employee #4 (E4) E4 was hired on 08/18/18 as a Memory Care Manager. Review of E4's record revealed E4 last completed Elder Abuse training on 06/30/23. There was no documentation E4 completed Elder Abuse training annually. On 07/18/24 in the afternoon, an Administrative Assistant confirmed E1 did not completed Elder Abuse training upon hire, and E4 did not complete Elder Abuse training annually. Severity: 2 Scope: 1			
0102 SS= D	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 a two-step tuberculosis (TB) screening, was completed upon hire, for 1 of 10 employees (Employee #6). Findings include: Employee #6 (E6) E6 was hired on 03/18/24 as the Wellness Director. Review of E6's record, did not document completion of a TB screening for E6, per the requirement. On 07/18/24 in the afternoon, an Administrative Assistant confirmed E6 did not complete a two-step TB test upon hire. Severity: 2 Scope: 1	0102	Employee #6 Had a Quantiferon TB Gold Plus on July 30, 2024. I received a positive result on August 2, 2024. See Attachment #6. The Admin Assistant had developed a check sheet to ensure that all staff in compliance with their TB test. See Attachment #30. The Administrator or designee will ensure compliance.	08/05/2024

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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 interview and record review, the facility failed to ensure background check was completed for 1 of 10 employees (Employee #10). Findings include: Employee #10 (E10) was hired on 05/07/24 as a Caregiver. Review of E10's record revealed no documentation of a background clearance letter. Nevada Automated Background Check system did not list a completed background check for E10. On 07/18/24 in the afternoon, an Administrative Assistant confirmed E10 had not yet completed a background check. Severity: 2 Scope: 1	0104	Employee E-10 Background Clearance was obtained on July 25, 2024. See Attachment #8 The Admin Assistant has developed a check sheet to ensure that all employees are current with their background checks. See Attachment # 30 The Administrator or designee is responsible for ensuring compliance.	07/25/2024
0255 SS= E	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 07/18/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In a reach-in refrigerator in the main kitchen, a pan of chicken salad and a pan of egg salad were prepared on 07/08/24, and held longer than seven days past the date of preparation. 2. Major Violations: a. Employees were not in hair nets or hair restraints while performing food service operations in the kitchen. b. There was grime build-up on the interior plastic shield of the ice machine. Severity: 2 Scope: 2	0255	On 7/18/24 the chicken salad and the egg salad were immediately removed from the walkin refrigerator. The staff will check the walkin daily to ensure food is removed after 72 hours. See attachment #10 . The FSD is responsible for compliance. The Administrator or designee is responsible for ensuring compliance. On 7/18/24 Staff immediately began wearing hairnets while performing serving operation in the kitchen. A hairnet station was installed outside of the kitchen on 7/18/24. See attachment #11 . The FSD is responsible for compliance. The Administrator or designee is responsible for the ensuring compliance. On 7/18/24 the grime build up on the interior plastic shield of the ice machine was cleaned. See attachment #12 . The ice machine was included on the cleaning schedule for the kitchen. See attachment # . The FSD is responsible for compliance. The Administrator or designee is responsible to ensuring compliance is met.	07/18/2024
0393 SS= F	Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and	0393	A new pull cord device was ordered on 8/6/24. It will be installed on 8/12/24 in C-39. All resident's in Memory Care were issued pendants on 8/7/24. See Attachment	08/12/2024

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	bedrooms; access by vehicles. (NRS 449.0302) 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure an auditory notification system was in working order in the Alzheimer's unit. Findings include: On 07/18/24 in the morning, a tour of the facility's Alzheimer's unit was conducted. The rooms in the Alzheimer's unit had wall mounted pull cord/call button accessories in the bedroom and bathroom to initiate the notification system. A test of the auditory notification system was initiated in room C31 which revealed no auditory notification nor staff response. Additionally, none of the residents in the Alzheimer's unit were observed wearing alert system pendants. A document review of a facility policy entitled CARE 21 - Call System dated 07/13/22 revealed facility residents will be given a pendant and educated on proper use and the community call system will alert staff when the system has been activated. Community staff will respond to alerts in a timely manner. On 07/18/24 in the morning, the Director of Maintenance confirmed there was no functioning auditory notification from the Alzheimer's unit to the staff pagers. On 07/18/24 in the afternoon, the Wellness Director confirmed the Alzheimer's unit notification system was not programmed to staff pagers and Alzheimer's residents were not provided pendants. On 07/18/24 in the afternoon, the Administrator acknowledged		5. The Maintenance Director implemented an Alert System Monthly Checklist sheet to ensure all pull cord devices are in working order. See Attachment #19. The Administrator or designee is responsible for ensuring compliance.	

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	the notification system in the Alzheimer's unit had not been in working order for years and the Alzheimer's residents were not provided pendants. Severity: 2 Scope: 3			
0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure six month pharmacy reviews, were reviewed and signed off by the Administrator, for 11 of 25 residents (Resident #2, #3, #5, #7, #8, #13, #14, #15, #17, #21 and #23). Findings include: Resident #2 (R2) R2 was admitted on 11/02/23 with diagnosis including dementia and cystic fibrosis. Review of R2's medical record documented R2 last had a pharmacy review on 02/19/24. There was no documentation the pharmacy review for R2 was reviewed, or signed off by the Administrator. Resident #3 (R3) R3 was admitted on 04/30/24 with diagnosis including hypertension and chronic kidney disease. Review of R3's medical record documented R3 last had a pharmacy review on 05/03/24. There was no documentation	0870	The signed pharmacy review was located on 7/19/24. See Attachment #50. The Administrator is responsible for ensuring that the pharmacy reviews are signed by her. The Administrator will use a check off sheet to monitor pharmacy reviews. See Attachment #51. The Administrator will monitor for compliance.	07/19/2024

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	the pharmacy review for R3 was reviewed, or signed off by the Administrator. Resident #5 (R5) R5 was admitted on 02/03/22 with diagnosis including dementia and chronic obstructive pulmonary disorder. Review of R5's medical record documented R5 last had a pharmacy review on 02/19/24. There was no documentation the pharmacy review for R5 was reviewed, or signed off by the Administrator. Resident #7 (R7) R7 was admitted on 08/01/23 with diagnosis including dementia and hypertension. Review of R7's medical record documented R7 last had a pharmacy review on 06/20/24. There was no documentation the pharmacy review for R7 was reviewed, or signed off by the Administrator. Resident #8 (R8) R8 was admitted on 05/13/22 with diagnosis including dementia and cystic fibrosis. Review of R8's medical record documented R8 last had a pharmacy review on 02/19/24. There was no documentation the pharmacy review for R8 was reviewed, or signed off by the Administrator. Resident #13 (R13) R13 was admitted on 01/07/23 with diagnosis including Alzheimer's disease. Review of R13's medical record documented R13 last had a pharmacy review on 02/19/24. There was no documentation the pharmacy review for R13 was reviewed, or signed off by the Administrator. Resident #14 (R14) R14 was admitted on 05/29/23 with diagnosis including dementia and type 2 diabetes. Review of R14's medical record documented R14 last had a pharmacy review on 02/19/24. There was no documentation the pharmacy review for R14 was reviewed, or signed off by the Administrator. Resident #15 (R15) R15 was admitted on 04/16/22 with diagnosis including chronic kidney disease and atrial fibrillation. Review of R15's medical record documented R15 last had a pharmacy review on 02/19/24. There was no documentation the pharmacy review for R15 was reviewed, or signed off by the Administrator. Resident #17 (R17) R17 was admitted on 10/16/23 with diagnosis including dementia and hypertension. Review of R17's medical record documented R17 last had a pharmacy review on 02/19/24. There was no			

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	documentation the pharmacy review for R17 was reviewed, or signed off by the Administrator. Resident #21 (R21) R21 was admitted on 08/08/22 with diagnosis including dementia and hypertension. Review of R21's medical record documented R21 last had a pharmacy review on 02/19/24. There was no documentation the pharmacy review for R21 was reviewed, or signed off by the Administrator. Resident #23 (R23) R23 was admitted on 07/10/17 with diagnosis including dementia and hypertension. Review of R23's medical record documented R23 last had a pharmacy review on 02/19/24. There was no documentation the pharmacy review for R23 was reviewed, or signed off by the Administrator. On 07/18/24 in the afternoon. the Administrator confirmed they had not reviewed, or signed off the most recent pharmacy reviews for R2, R3, R5, R7, R8, R13, R14, R15, R17, R21 and R23. Severity: 2 Scope: 3			
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician	0878	On 7/18/24 Naproxen 500mg was delivered to the community for resident #23. See attachment #14 and #15. Resident #2 Uribel 118mg was delivered to the community on 7/23/24. See Attachment #16. On 8/5/24 Senna was discontinued for Resident #15 See attachment #17 The Med-tech Manager or designee will conduct a med-tech audit monthly. See Attachment # 18 The Wellness Director is responsible for compliance. The Administrator or designee is responsible for ensuring compliance.	08/05/2024

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	assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on interview, observation and record review, the facility failed to ensure medications were onsite for 3 of 25 sampled residents' medications. (Resident #2, Resident #15, and Resident #23) Findings include: Resident #23 (R23) R23 was admitted on 07/10/17, with diagnoses including dementia and hypertension. The July 2024 MAR documented Naproxen 500 milligrams (mg), take one tablet daily as needed for pain. A physician's order dated 06/12/24 documented Naproxen 500 mg tablets, take one tablet by mouth daily as needed. R23's file lacked documented evidence of a discontinue order for Naproxen 500 mg tablets. On 07/18/24 in the afternoon, the medication was not onsite. On 07/18/24 in the afternoon, R23 reported no concerns with their medications and verbalized no pain. On 07/18/24 in the afternoon, the Memory Care Manager verbalized the medication had not been discontinued and			

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	8726	A. BUILDING _____ B. WING _____	07/18/2024

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	acknowledged the medication was not onsite. Resident #2 (R2) R2 was admitted on 11/02/23, with diagnoses including dementia, cystic fibrosis, and hypothyroidism. The July 2024 MAR documented Uribel 118 milligrams (mg) capsules, take one capsule by mouth twice daily as needed for bladder spasms. A physician's order dated 05/05/24 documented Uribel 118 mg capsules, take one capsule by mouth twice daily as needed for bladder spasms. R2's file lacked documented evidence of a discontinue order for Uribel 118 mg capsules. On 07/18/24 in the afternoon, the medication was not onsite. On 07/18/24 in the afternoon, R2 reported no concerns with their medications. On 07/18/24 in the afternoon, the Medication Technician acknowledged the medication was not onsite. Resident #15 (R15) R15 was admitted on 04/16/22 with diagnoses including chronic kidney disease, gout, hyperlipidemia, and atrial fibrillation. The July 2024 MAR documented Senna 8.6 milligrams (mg) tablets (tab), take one tab by mouth every two to three days as needed for constipation. A physician's order dated 07/01/24 documented Senna 8.6 mg tabs, take one tab by mouth every two to three days as needed for constipation. R15's file lacked documented evidence of a discontinue order for Senna 8.6 mg tabs. On 07/18/24 in the afternoon, the medication was not onsite. On 07/18/24 in the afternoon, R15 reported no concerns with their medications. On 07/18/24 in the afternoon, the Medication Technician acknowledged the medication was not onsite and was unsure if there was a discontinue order. Severity: 2 Scope: 1			

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0933 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (d) A statement from the resident ' s physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. Inspector Comments: Based on record review and interview, the facility failed to obtain a Physician Placement Determination upon admission for 1 of 25 residents (Residents #16). Findings include: Resident #16 (R16) R16 was admitted to the facility on 04/04/2023 with diagnoses including chronic kidney disease and dementia. R16's file lacked an annual physician placement determination form. R16's file revealed a physician placement form dated 03/31/2023. R16 resided on the assisted living section of the facility. On 07/18/2024 in the afternoon, the Administrator acknowledged a Physician Placement Determination was not obtained for R16. The Administrator acknowledged R16 is residing on the assisted living section of the facility with a diagnosis of dementia and a physician placement determination was needed to ensure this is still an appropriate placement. Severity: 2 Scope: 1	0933	Resident #16 has an appointment scheduled with her physician on 8/14/24 to get the physician's report and standard placement filled out. A check off log will be used to ensure that all residents are in compliance. See attachment #40 The Wellness Director is responsible for compliance. The Administrator or designee is responsible for ensuring compliance.	08/14/2024
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	1600	A new facesheet was developed on 8/7/24 to include pronoun preference. See attachment #20 . 25 out of 25 residents filled out and chose a pronoun that they	08/07/2024

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	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, 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		preferred. See Attachment # 21 The Administrator is responsible for ensuring new regulations are followed by the community.	

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	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 interview and record review, the facility failed to ensure 25 of 25 residents files included documentation of preferred pronoun, gender expression and sexual orientation. Findings include: Review of 25 of 25 resident files revealed the facility did not document, residents preferred pronoun, gender expression and sexual orientation. On 07/18/24 in the morning, the Administrator confirmed they did not ask and document 25 of 25 residents preferred pronoun, gender expression and sexual orientation and had not added this information to their admission documents. Severity: 1 Scope: 3			
1840 SS= E	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	1840	Employee #2 completed the Infection Control and Diseases course on 7/29/24. See Attachment #25 Employee #4 completed the Infection Control and Diseases course on 7/30/24. See Attachment #26 Employee #5 completed the Infection Control and Diseases course on 7/29/24. See Attachment #27 Employee #7 completed the Infection Control and Diseases course on 7/29/24. See Attachment #28 The Admin Assistant has developed a check sheet to ensure that all employees are in compliance with training. See Attachment #30 The Administrator or designee is responsible to ensuring compliance.	07/30/2024

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	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 Caregivers was completed for 4 of 10 employees (Employee #2, Employee #4, Employee #5 and Employee #7). Findings include: Employee #2 (E2) E2 was hired on 03/02/23 as a Caregiver. Review of E2's record documented Infection Control training was last completed on 03/01/23. E2 had no documentation of Infection Control training in the past 12 months. Employee #4 (E4) E4 was hired on 08/18/18 as a Memory Care Manager. Review of E4's record revealed E4 had not completed Infection Control training. Employee #5 (E5) E5 was hired in February 2020 as a Assisted Living Manager. Review of E5's record revealed E5 had not completed Infection Control training. Employee #7 (E7) E7 was hired on 02/13/23 and a Medication Technician. Review of E7's record documented Infection Control training was last completed on 02/15/23. E7 had no documentation of Infection Control training in the past 12 months. On 07/18/24 in the afternoon, an Administrative Assistant confirmed Infection Control training had not been completed for E4 or E5 and E2 and E7 had not completed Infection Control training in the past 12 months. Severity: 2 Scope: 2			