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
	9911	A. BUILDING _____ B. WING _____	11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE QUAIL HOUSE	**3695 E QUAIL AVE, LAS VEGAS, NEVADA ,89120**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and an infection control State Licensure survey completed at your facility on 11/01/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, assisted living services, and/or persons with chronic illness, and/or persons with Mental Illness and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files and eleven 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 investigations, 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		

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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 record review and interview, the facility failed to ensure 8 hours of annual Medication Management training was completed for 1 of 11 employees. (Employee #6). Findings include: Employee #6 (E6) E6 was hired on 01/19/22 as a House Manager. E6's file documented 16 hour initial Medication Management training on 05/06/21. E6's file lacked documented evidence of 8 hours of annual Medication Management training. On 11/01/22 at 2:30 PM, the House Manager acknowledged the lack of annual Medication Management training for E6. Severity 2 Scope 1	0072	Medication Management recertification for #E6 was done on November 10, 2022, attached here is a copy for your review. #E3 and #E5 will review employees file quarterly for compliance.	12/14/2022
0074 SS= F	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	0074	#E1 was terminated on November 23, 2022. #E3 Abuse and Neglect was taken on 12/8/2022. #E5 has taken it on 11/24/2022. #E6 has taken it on 12/8/2022. #E7 has taken it on 11/5/2022. #E8 has taken it on 12/9/2022. #E9 has taken it on 11/8/2022. #E10 has taken it on 11/8/2022. #E11 has	12/14/2022

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	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 training required by this section must include, without limitation: (a) Recognizing		resigned effective 12/7/2022. Copies of all certificates are attached here for your review. #E3 and #E5 will review employee file quarterly for compliance.	

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	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. Inspector Comments: Based on record review and interview, the facility failed to			

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	ensure elder abuse training was completed for 9 of 11 employees (Employee #1, #3, #5, #6, #7, #8, #9, #10, and #11). Findings include: Employee #1 (E1) E1 was hired on 10/21/21, as a Caregiver. E1's file lacked documented evidence of initial and annual elder abuse training. Employee #3 (E3) E3 was hired on 01/19/22 as a Caregiver. E3's file lacked documented evidence of initial elder abuse training. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence of initial elder abuse training. Employee #6 (E6) E6 was hired on 01/19/22 as a House Manager/Caregiver. E6's file documented initial elder abuse training was completed on 08/17/21. E6's file lacked documented evidence of annual elder abuse training. Employee #7 (E7) E7 was hired on 06/09/22 as a Caregiver. E7's file lacked documented evidence of initial elder abuse training. Employee #8 (E8) E8 was hired on 09/11/22 as a Caregiver. E8's file lacked documented evidence of initial elder abuse training. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence of initial elder abuse training. Employee #10 (E10) E10 was hired on 08/25/22 as a Caregiver. E10's file lacked documented evidence of initial elder abuse training. Employee #11 (E11) E11 was hired on 04/20/22 as a Caregiver. E11's file lacked documented evidence of initial elder abuse training. On 11/01/22 at 2:30 PM, the House Manager acknowledged the lack of elder abuse training for Employees #1, #3, #5, #6, #7, #8, #9, #10, and #11. Severity 2 Scope 3			
0102 SS= F	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 record review and interview, the facility failed to ensure an initial two-step tuberculosis (TB) test was completed for 5 of 11 employees (Employee #5, #8, #9, #10, and #11), an	0102	#E2 has resigned and last day was 12/8/2022. #E5 2-step TB Test was done 1/30/2013 and having 1-step every year. #E5 have a doctor's appointment for Physical Exam on January 5, 2023 and will provide you a copy of the Physical exam after the doctor's visit. #E8 pre employment physical exam was done on 11/9/2022. #E8 TB quantiferon test was done. #E9 has a quantiferon done on 11/8/2022 with a negative result. #E10 has TB quantiferon test done. #E10 pre-employment physical was done on 11/9/2022. #E11 resigned and last day of work was 12/7/2022. All	12/14/2022

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	annual TB test was completed for 2 of 11 employees (Employee #1 and #6), and a chest x-ray was completed following a positive TB test was completed for 2 of 11 employees (Employee #4 and #7). In addition, the facility failed to ensure a pre-employment physical exam was completed for 6 of 11 employees (Employee #2, #5, #8, #9, #10, and #11). Findings include: Employee #1 (E1) E1 was hired on 10/21/21 as a Caregiver. E1's file documented an initial two-step TB test on 05/20/21. E1's file lacked evidence of an annual TB test for 2022. Employee #2 (E2) E2 was hired on 04/27/22 as a Caregiver. E2's file lacked documented evidence of a pre-employment physical exam. Employee #4 (E4) E4 was hired on 01/26/22 as a Medication Technician/Caregiver. E4's file documented a positive TB test on 01/31/22. E4's file lacked documented evidence of a negative chest x-ray. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence of an initial two-step TB test and a pre-employment physical exam. Employee #6 (E6) E6 was hired on 01/19/22 as a House Manager/Caregiver. E6's file documented an initial two-step TB test on 03/30/21. E6's file lacked documented evidence of an annual TB test for 2022. Employee #7 (E7) E7 was hired on 06/09/22 as a Caregiver. E7's file documented a positive TB test on 08/23/21. E7's file lacked documented evidence of a negative chest x-ray. Employee #8 (E8) E8 was hired on 09/11/22 as a Caregiver. E8's file lacked documented evidence of an initial two-step TB test and a pre-employment physical exam. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence of an initial two-step TB test and a pre-employment physical exam. Employee #10 (E10) E10 was hired on 08/25/22 as a Caregiver. E10's file lacked documented evidence of an initial two-step TB test and a pre-employment physical exam. Employee #11 (E11) E11 was hired on 04/20/22 as a Caregiver. E11's file documented an initial TB skin test on 06/20/22 but lacked a documented second step TB test and a pre-employment physical exam. On 11/01/22 at 2:30 PM, the House		documents are attached here for your review. #E3, #E5 and #E6 will review quarterly for compliance.	

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	Manager acknowledged 9 of 11 employee did not complete TB testing; Five employees had not completed initial two-step TB testing, two employees had not completed an annual TB test, and two employees did not complete an x-ray following a positive TB test. In addition, the House Manager acknowledged 6 of 11 employee did not complete a pre-employment physical exam. Severity 2 Scope 3			
0104 SS= E	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 record review and interview, the facility failed to ensure background checks were initiated and/or completed through the Nevada Automated Background Check System (NABS) and followed up on the status of the background checks for 5 of 11 employees (Employee #2, #5,#9, #10, and #11) Findings include: Employee #2 (E2) E2 was hired on 04/27/22 as a Caregiver. E2's file lacked documented evidence of a completed background check through NABS. A search of NABS revealed E2's determination status was in process and did not document E2 had their fingerprints taken. E2's file lacked documented evidence the facility followed up on the background check. E2's file lacked a NABS clearance letter. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence of a completed background check. A search of NABS revealed E5's fingerprints were taken on 1/27/22 and rejected on 2/2/22, the facility failed to follow up with NABS. E5's file lacked documented evidence of a NABS Clearance Letter. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence of a background check being initiated and completed through the NABS. Employee #10 (E10) E10 was hired on 08/25/22 as a	0104	Background check was submitted accordingly, however, NABS have a backlog of 90 days that made the Notice of Clearance delayed. Proof of delay, and the available Notice of Clearance is attached here for your review. #E3, #E5 and #E6 will review quarterly for compliance.	12/23/2022

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	Caregiver. E10's file lacked documented evidence of a completed background check. A search of NABS revealed E10 had fingerprints taken on 9/20/22 showing the determinate status as in process. This was not within 10 days of hire. E10's file lacked documented evidenvce of a NABS clearance letter and lacked evidence the facility followed up on the status of the background check. Employee #11 (E11) E11 was hired on 04/20/22 as a Caregiver. E11's file lacked documented evidence of a completed background check. A search of NABS revealed E11 had fingerprints taken on 9/19/22 showing the determination status as in process. This was not within the 10 days of hire. E11's file lacked documented evidence of a NABS Clearance Letter and lacked evidence the facility had followed up on the background check. On 11/01/22 at 2:30 PM, the House Manger acknowledged all employees must complete a background check through NABS and have a Clearance Letter in an employee's file. The House Manager acknowledged background checks were not completed for Employee #2, #5, #9 #10, and #11. Severity 2 Scope 2			

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0106 SS= F	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview and record review, the facility failed to ensure employees had current or initial first aid and cardiopulmonary resuscitation (CPR) training for 7 of 11 employees (Employee #1, #3, #4, #5, #6, #8, and #10). Findings include: Employee #1 (E1) E1 was hired on 10/21/21, as a Caregiver. E1's file lacked documented evidence of a current CPR certification. E1's CPR certification expired 10/2022. Employee #3 (E3) E3 was hired on 01/19/22, as a Caregiver. E3's file lacked documented evidence of a current CPR certification. E3's CPR certification expired 10/2022. Employee #4 (E4) E4 was hired on 01/26/22, as a Caregiver. E4's file lacked documented evidence of a current CPR certification. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence of a current CPR certification. Employee #6 (E6) E6 was hired on 01/19/22, as a Caregiver. E6's file lacked documented evidence of a current CPR certification. E1's CPR certification expired 06/2022. Employee #8 (E8) E8 was hired on 09/11/22, as a Caregiver. E8's file lacked documented evidence of a current CPR certification. Employee #10 (E10) E10 was hired on 08/25/22, as a Caregiver. E10's file lacked documented evidence of a current CPR certification. On 11/01/22 at 2:30 PM, the House Manager acknowledged two Employees' CPR certification had expired and five Employees files lacked documented evidence of CPR training. Severity 2 Scope 3	0106	#E4 had her First Aid and CPR Training on December 8, 2022. All employees have their First Aid and CPR updated and copies are attached for your review. #E3, #E5 and #E6 will review quarterly for compliance.	01/13/2023

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0859 SS= E	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual physical examination was completed for 3 of 9 residents. (Resident #5, #6, and #8). Findings include: Resident #5 (R5) R5 was admitted to the facility on 06/28/21 with diagnoses including bipolar disorder, hypertension, and tardive dyskinesia. R5's file documented a physical examination was completed on 06/11/21. R5's file lacked documented evidence of an annual physical examination for 2022. Resident #6 (R6) R6 was admitted to the facility on 06/20/21 with diagnoses including diabetes mellitus and neuropathy. R6's file documented a physical examination was completed on 04/02/21. R6's file lacked documented evidence of an annual physical examination for 2022. Resident #8 (R8) R8 was admitted to the facility on 06/11/21 with diagnoses including Alzheimer's disease and presyncope. R8's file documented a physical examination was completed on 07/13/21. R8's file lacked documented evidence of an annual physical examination for 2022. On 11/01/22 at 2:30 PM, the House Manager acknowledged Resident #5, #6, and #8's files lacked a current physical examination. Severity 2 Scope 2	0859	#R5 and #R6 had their physical done on 11/12/2022 and #R8 has his physical exam done on 12/6/2022. Copies of their physical exam is attached here for your review. #E3, #E5 and #E6 will review monthly for compliance.	12/23/2022
0936 SS= F	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.	0936	Six residents needing the TB tests were all done and copies of results are attached here for your review. #E3, #E5 and #E6 will review monthly for compliance.	12/23/2022

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	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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure 6 of 9 sampled residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4, #5, #6, #7, #8, and #9). Findings include: Resident #4 (R4) R4 was admitted to the facility on 01/09/20 with diagnoses including dementia and acute kidney failure. R4's file documented an initial QuantiFERON TB test was completed on 12/16/20. R4's file lacked documented evidence of an annual TB test. Resident #5 (R5) R5 was admitted to the facility on 06/28/21 with diagnoses including bipolar disorder, hypertension, and tardive dyskinesia. R5's file documented an initial QuantiFERON TB test was completed on 02/21/21. R5's file lacked documented evidence of an annual TB test. Resident #6 (R6) R6 was admitted to the facility on 06/20/21 with diagnoses including diabetes mellitus and neuropathy. R6's file documented an initial two-step TB test was completed on 07/07/21. R6's file lacked documented evidence of an annual TB test. Resident #7 (R7) R7 was admitted to the facility on 02/05/22 with diagnoses including diabetes mellitus and heart disease. R7's file documented the first step of an initial two-step TB test was completed on 02/01/22. R7's file lacked documented evidence of a completed two-step TB test. Resident #8 (R8) R8 was admitted to the facility on 06/11/21 with diagnoses including Alzheimer's disease and presyncope. R8's file documented an initial QuantiFERON TB Test was completed on 06/10/21. R8's file lacked documented evidence of an annual TB test. Resident #9 (R9) R9 was admitted to the facility on 10/11/21 with diagnoses including Alzheimer's disease and Parkinson's disease. R9's file documented			

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	9911	A. BUILDING _____ B. WING _____	11/01/2022

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	an initial QuantiFERON TB Test was completed on 10/02/21. R9's file lacked documented evidence of an annual TB test. On 11/01/22 at 2:30 PM, the House Manager acknowledged Resident #4, #5, #6, #7, #8, and #9's files lacked documented evidence the residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC). Severity 2 Scope 3			
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents. Findings include: On 11/01/22 in the morning, a cabinet door under the sink in the kitchen was observed unlocked with several bottles of cleaning supplies stored inside. On 11/01/22 in the afternoon, the House Manager acknowledged the cleaning supplies should have been secured and stored inaccessible to residents. Severity 2 Scope 3 This is a repeat deficiency from the 11/10/21 inspection.	0999	The cabinet door lock was fixed immediately after the survey. Video is attached here for your review. #E3, #E5 and #E6 will review quarterly for compliance.	12/23/2022

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1001 SS= E	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 11 employees received four hours of initial caregiver training within 60 days of hire (Employee #3, #4, #5, #6, #9, #10). Findings include: Employee #3 (E3) E3 was hired on 01/19/22 as a Caregiver. E3's file lacked documented evidence of four hours of initial caregiver training within 60 days of hire. Employee #4 (E4) E4 was hired on 01/26/22. E4's file lacked documented evidence of four hours of initial caregiver training within 60 days of hire. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence of four hours of initial caregiver training within 60 days of hire. Employee #6 (E6) E6 was hired on 01/19/22 as a House Manager/Caregiver. E6's file lacked documented evidence of four hours of initial caregiver training within 60 days of hire. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence of four hours of initial caregiver training within 60 days of hire. Employee #10 (E10) E10 was hired on 08/25/22 as a Caregiver. E10's file lacked documented evidence of four hours of initial caregiver training within 60 days of hire. On 11/01/22 at 2:30 PM, the House Manager acknowledged Employee #3, #4, #5, #6, #9, and #10's file lacked documented evidence initial caregiver training was completed within 60 days after being hired. Severity 2 Scope 2 This is a repeat deficiency from the 11/10/21 inspection.	1001	4 hours initial caregiver training was done on 11/5/2022. Copies of the certificates are attached here for your review. #E3, #E5 and #E6 will review quarterly for compliance.	12/23/2022
1011 SS= F	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS	1011	Mental Health training was done on 11/19/2022 for #E4, #E7, #E9 and #E10. #E1 was terminated on 11/23/2022. #E2 has resigned and her last day was 12/8/2022. #E11 was terminated on	12/23/2022

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	449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. Inspector Comments: Based on record review and interview, the facility failed to ensure 8 hours of mental Illness training was completed within 60 days of hire for 8 of 11 employees. (Employee #1, #2, #4, #5, #7, #9, #10, and #11). Findings include: Employee #1 (E1) E1 was hired on 10/21/21 as a Caregiver. E1's file lacked documented evidence 8 hours of mental illness training was completed. Employee #2 (E2) E2 was hired on 04/27/22 as a Caregiver. E2's file lacked documented evidence 8 hours of mental illness training was completed. Employee #4 (E4) E4 was hired on 01/26/22 as a Caregiver. E4's file lacked documented evidence 8 hours of mental illness training was completed. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence 8 hours of mental illness training was completed. Employee #7 (E7) E7 was hired on 06/09/22 as a Caregiver. E7's file lacked documented evidence 8 hours of mental illness training was completed. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence 8 hours of mental illness training was completed. Employee #10 (E10) E10 was hired on 08/25/22 as a Caregiver. E10's file lacked documented evidence 8 hours of mental illness training was completed. Employee #11 (E11) E11 was hired on 04/20/22 as a Caregiver. E11's file lacked documented evidence 8 hours of mental illness training was completed. On 08/24/22 at 11:00 AM, the caregiver acknowledged 8 hours of mental illness training was not completed within 60 days of hire for Employee #1, #2, #4, #5, #7, #9, #10, and #11. Severity 2 Scope 3 This is a repeat deficiency from the 11/10/21 inspection.		12/7/2022. Copies of certificates are attached here for your review. #E3, #E5 and #E6 will review quarterly for compliance.	
1021 SS= F	Care for Persons with Chronic Illnesses - NAC 449.2766 Residential facility which	1021	#E5 Chronic Illness certificate was done on 9/21/2014. #E2 resigned on 12/8/2022,	12/23/2022

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	offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. (NRS 449.0302) 2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections. 3. Evidence of training received pursuant to subsection 2 must be included in the employee ' s personnel file. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 hours of chronic illness training was completed within 60 days of hire for 7 of 11 employees. (Employee #2, #4, #5, #7, #9, #10, #11). Findings include: Employee #2 (E2) E2 was hired on 04/27/22 as a Caregiver. E2's file lacked documented evidence 4 hours of chronic illness training was completed within 60 days of hire. Employee #4 (E4) E4 was hired on 01/26/22 as a Caregiver. E4's file lacked documented evidence 4 hours of chronic illness training was completed within 60 days of hire. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence 4 hours of chronic illness training was completed within 60 days of hire. Employee #7 (E7) E7 was hired on 06/09/22 as a Caregiver. E7's file lacked documented evidence 4 hours of chronic illness training was completed within 60 days of hire. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence 4 hours of chronic illness training was completed within 60 days of hire. Employee #10 (E10) E10 was hired on 08/25/22 as a Caregiver. E10's file lacked documented evidence 4 hours of chronic illness training was completed within 60 days of hire. Employee #11 (E11) E11 was hired on 04/20/22 as a Caregiver. E11's file lacked documented evidence 4 hours of chronic illness training was completed within 60 days of hire. On 11/01/22 at 2:30 PM, the House Manager acknowledged 4 hours of chronic illness training was not completed within 60 days of hire for Employee #2, #4, #5, #7, #9, #10,		#E11 was terminated on 12/7/2022. #E4, #E7. #E9 and #E10 had their Chronic Illness certificate done on 11/4/2022. Copies of the certificates are attached for your review. #E3, #E5 and #E6 will review quarterly for compliance.	

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	#11. Severity 2 Scope 3 This is a repeat deficiency from the 11/10/21 inspection.			
1035 SS= E	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease, and providing support for the members of the resident ' s family. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 11 employees completed 2 hours of Alzheimer's training within 40 hours of employment (Employee #5, #8, #9, and #10) Findings include: Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence 2 hours of Alzheimer's training was completed within 40 hours of employment. Employee #8 (E8) E8 was hired on 09/11/22 as a Caregiver. E8's file lacked documented evidence 2 hours of Alzheimer's training was completed within 40 hours of employment. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence 2 hours of Alzheimer's training was completed within 40 hours of employment. Employee #10 (E10) E10 was hired on 08/25/22 as a Caregiver. E10's file lacked documented evidence 2 hours of Alzheimer's training was completed within 40 hours of employment. On 11/01/22 at 2:30 PM, the House Manager acknowledged Employee #5, #8, #9, and #10's did not complete 2 hours of Alzheimer's training within 40 hours of	1035	#E5 has been a caregiver/administrator since 1995, we're unable to determine as to when she should take the 2-hours of Alzheimer's training. #E8, #E9 and #E10 has their 2 hours Alzheimer's Training on 11/5/2022. Copies of certificate are attached here for your review. #E3, #E5 and #E6 will review quarterly for compliance.	12/23/2022

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	employment. Severity 2 Scope 2 This is a repeat deficiency from the annual survey on 11/10/21.			
1036 SS= E	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 11 employees completed the required 8 hours of Alzheimer's training within 90 days of employment (Employee #3, #5, and #9) Findings include: Employee #3 (E3) E3 was hired on 01/19/22 as a Caregiver. E3's file lacked documented evidence 8 hours of Alzheimer's training was completed within 90 days of employment. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence 8 hours of Alzheimer's training was completed within 90 days of employment. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence 8 hours of Alzheimer's training was completed within 90 days of employment. On 11/01/22 at 2:30 PM, the House Manager acknowledged Employee #3, #5, and #9's did not complete 8 hours of Alzheimer's training within 90 days of employment. Severity 2 Scope 2 This is a repeat deficiency from the 11/10/21 inspection.	1036	#E5 certificate dated 01/05/2022. #E3, #E4 and #E9 had their 8 hour Alzheimer's certificated done on 11/12/2022. Copies of certificates are attached here for your review. #E3, #E5 and #E6 will review quarterly for compliance.	12/23/2022
1540 SS= F	Cultural Competency Training	1540	#E3, #E4, #E6, have taken their Cultural Competency Class with	01/13/2023

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	Inspector Comments: Based on record review and interview, the facility failed to: submit an application for a cultural competency training program, in compliance with R016-20; and ensure 10 of 11 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) Findings include: Employee #1 (E1) E1 was hired on 10/21/21, as a Caregiver. E1's file lacked documented evidence of initial cultural competency training. Employee #2 (E2) E2 was hired on 04/27/22 as a Caregiver. E2's file lacked documented evidence of initial cultural competency training. Employee #3 (E3) E3 was hired on 01/19/22 as a Caregiver. E3's file lacked documented evidence of initial cultural competency training. Employee #4 (E4) E4 was hired on 01/26/22 as a Caregiver. E4's file lacked documented evidence of initial cultural competency training. Employee #5 (E5) E5 was hired as an Administrator. E5's file lacked documented evidence of initial cultural competency training. Employee #6 (E6) E6 was hired on 01/19/22 as a House Manager/Caregiver. E6's file lacked documented evidence of initial cultural competency training. Employee #7 (E7) E7 was hired on 06/09/22 as a Caregiver. E7's file lacked documented evidence of initial cultural competency training. Employee #8 (E8) E8 was hired on 09/11/22 as a Caregiver. E8's file lacked documented evidence of initial cultural competency training. Employee #9 (E9) E9 was hired on 06/09/22 as a Caregiver. E9's file lacked documented evidence of initial cultural competency training. Employee #10 (E10) E10 was hired on 08/25/22 as a Caregiver. E10's file lacked documented evidence of initial cultural competency training. On 11/01/22 at 2:30 PM, the House Manager confirmed the facility had not submitted an application for a cultural competency training program and Employees #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10 had not completed initial cultural competency training. Severity 2 Scope 3		Nevada Health Care Association on June 23, 2022, however to date, certificates are still not issued.. Certificate will be forwarded to you for your review as soon as it is available. #E3, #E5 and #E6 will review quarterly for compliance.	

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1700 SS= E	Annual Assessment of History of Each Resident Inspector Comments: Based on record review and interview, the facility failed to obtain a Standard Physician Assessment and Placement Determination for 3 of 9 residents (Resident #6, #7, and #8). Findings include: Resident #6 (R6) R6 was admitted to the facility on 06/20/21 with diagnoses including diabetes mellitus and neuropathy. R6's file lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #7 (R7) R7 was admitted to the facility on 02/05/22 with diagnoses including diabetes mellitus and heart disease. R7's file lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #8 (R8) R8 was admitted to the facility on 06/11/21 with diagnoses including Alzheimer's disease and presyncope. R8's file lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. On 11/01/22 at 2:30 PM, the House Manager acknowledged Resident #6, #7, and #8's had not had a Standard Physician Assessment and Placement Determination completed. Severity 2 Scope 2	1700	#R6 and #R7 assessment was done on 1/10/23. #R8 was done on 1/12/23. All copies are attached here for your review. #E3, #E5 and #E6 willreview monthly, for compliance.	01/13/2023