DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/15/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADES OF THE SIERRA	**275 NEIGHBORHOOD WAY, SPARKS, NEVADA ,89441**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Re-licensure survey conducted in your facility on 09/15/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 150 beds; 120 Residential Facility for Group beds, assisted living services for elderly and disabled persons, and 30 Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 57. Nine resident records and nine employee records were reviewed. The facility received a grade of C. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. There were two complaints investigated. Complaint# NV00069014 with the following allegations could not be substantiated due to lack of evidence: Allegation #1: No director nor manager in the memory care unit. Allegation #2: The Executive Director lacked appropriate credentials to be the Executive Director. Allegation #3: No facility oversight. The investigation into the allegations included: Observations of residents and staff in common areas and lobby. Interviews were conducted with the Administrator/Executive Director, a Med Tech, and a Caregiver. Reviewed Manager duty schedule, Administrator license and	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS GARDNER Title: Executive Director Date: 12/01/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	training and facility schedules. Complaint #NV00069198 with the following allegations could not be substantiated due to lack of evidence: Allegation #1 : There was a COVID outbreak at the facility and the facility did not provide equipment and supplies needed to care for residents. Allegation #2: Residents' briefs were not being changed during the day and the briefs appeared heavily soiled and brownish in color. Allegation #3: Short staffing in the memory care unit. Allegation #4: The memory care unit was not cleaned. Allegation #5: Residents were not being cared for in the facility. The investigation into the allegations included: Observations of residents and staff in common areas, and lobby. Interviews were conducted with the Administrator/Executive Director, Maintenance Director, a Med Tech, and a caregiver. Reviewed COVID policies, Personal Protective Equipment Supplier and storage, schedules for memory care, and cleaning schedule for memory care. Allegation #6: The facility was hiring unqualified staff was substatiated (see tags Y0065, Y0074, Y1001, Y1035, Y1036 and Y1037). 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:			

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0065 SS= D	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 record review and interview, the facility failed to ensure 1 of 1 sampled employees working at the facility one year or greater completed at least eight hours of annual Caregiver training (Employee #7). Findings include: Employee #7 Employee #7 was hired by the facility as a Care Associate with a start date of 04/20/18. Employee #7's personnel file lacked documented evidence of eight hours of annual training for the care of elderly/disabled. On 09/15/23 at 12:15 PM, the Administrator and Assistant Executive Director confired Employee #7 lacked documented evidence of eight hours of annual training for the care of elderly/disabled. Severity: 2 Scope: 1	0065	1. Employee #7 will complete 8 hours of annualtraining for the care of elderly/disabled by 11/30/2023. 2. Employee has been added to the ticklerfile maintained and monitored by the Business Office Manager. 3. On 10/16/23 Business Office Manager and/ordesignee to review tickler file weekly x 4 weeks and monthly thereafter, anytrainings due in the next 30 days to be shared with Executive Director and/ordesignee. 4. Business Office Manager and/ordesignee will update, maintain, and monitor tickler system at least monthly toensure compliance. 5. 11/30/2023	11/30/2023
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 operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility	0074	1. Employee #7 will complete Elder AbuseTraining by 11/30/2023. 2. Employee has been added to the ticklerfile maintained	11/30/2023

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	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 monitored by the Business Office Manager. All new employeeswill be added to the ticker file to monitor and track compliance. 3. On 10/16/23 Business Office Manager ordesignee to review tickler file weekly x 4 weeks and monthly thereafter, anytrainings due in the next 30 days to be shared with Executive Director and/ordesignee. 4. Business Office Manager and/ordesignee will update, maintain, and monitor tickler system at least monthly toensure compliance. 5. 11/30/2023	

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	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 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			

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	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 personnel file review and interview, the Administrator failed to ensure 1 of 9 employees received annual elder abuse training (Employee #7). Findings include: Employee #7 Employee #7 was hired by the facility as a Care Associate with a start date of 04/20/18. Employee #7's personnel file contained an elder abuse training certificate dated 05/2021, however lacked elder abuse training for 2022 and 2023. On 09/15/23 at 12:15 PM, the Administrator and Assistant Executive Director confirmed Employee #7 lacked documented evidence of annual elder abuse training. Severity: 2 Scope: 1			
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.	0255	This standard was found to be incompliance on the day of the survey. Dining Services Director or designee conductsweekly rounds of all Dining Services areas to ensure compliance with NAC449.217 and NRS 449.0302.	11/30/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication	0878	1. Resident #9 has latanoprost solution0.005% onsite as of 9/16/2023. 2. All Medication Technicians and nurses willbe in-serviced on this topic by 11/30/2023.	11/30/2023

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	or dietary supplement must be administered in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician 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 (Previously Y 0879) (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 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, the 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 observation, interview, and clinical record review, the facility failed to have a medication onsite and administer a medication per the physician's orders for 1 of 9 sampled residents (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 10/04/21, and readmitted on 01/11/23, with diagnoses including Alzheimer's disease with late onset, dementia in other diseases classified elsewhere and pain in right knee. Resident #9's Medication Administration Record		3. On 10/16/23 Wellness Director and/ordesignee to perform medication carts audits weekly x 4 weeks and monthlythereafter to ensure all ordered prescriptions are on site per physician’sorders. 4. Wellness Director and/or designee. 5. 11/30/2023	

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	(MAR) dated September 2023, documented latanoprost solution 0.005%, instill one drop in both eyes at bedtime for borderline glaucoma. A physician's order dated 07/19/23, documented latanoprost solution 0.005%. Instill one drop in both eyes at bedtime for borderline glaucoma. On 09/15/23 at 12:13 PM, latanoprost solution 0.005% was not onsite and available to administer to Resident #9. On 09/15/23 at 12:13 PM, the Medication Technician confirmed latanoprost solution was not onsite and available to administer to Resident #9. Severity: 2 Scope: 1			
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, interview, and clinical record review, the facility failed to ensure a discontinued medication was destroyed for 1 of 9 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 12/28/21 and readmitted on 08/22/23, with diagnoses including cerebral atherosclerosis, sciatica, unspecified and dysphasia unspecified. On 09/15/23 at 12:17 PM, located on the medication cart was furosemide 20 milligram (mg) tablets. Take one tablet by mouth every morning for seven days. There were seven tablets located in the bottle. The facility could not provide a current physician's order for furosemide 20 mg for Resident #3. Resident #3's Medication	0885	1. The physician order was entered to eMAR on 9/15/2023. 2. All Medication Technicians and Nurses willbe in-serviced on this topic by 11/30/2023. 3. On 10/16/23 Wellness Director and/ordesignee to perform medication cart audits weekly x 4 weeks and monthlythereafter to ensure all discontinued prescriptions removed from medicationcarts and are destroyed timely. 4. Wellness Director and/or designee. 5. 11/30/2023	11/30/2023

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	Administration Record (MAR) for September 2023, documented a discontinued order for furosemide 20 mg tablets. Take one tablet by mouth every morning for three days (elevate legs). On 09/15/23 at 12:17 PM, the Medication Technician confirmed seven furosemide 20 mg tablets were located on the medication cart for Resident #3. The Medication Technician explained a current physician's order could not be located for the administration of furosemide for Resident #3 and the medication needed to be destroyed to avoid administering and unnecessary medication. Severity: 2 Scope: 1			
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.	0895	This standard was found to be incompliance on the day of the survey. Associate Executive Director and WellnessDirector or designee perform frequent audits to ensure compliance with NAC449.2744.	11/30/2023
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has	0905	1. The physician’s prescription forResident #3 calazime skin paste protect PRN order will be updated by 10/20/2023to include specific symptoms required for use. eMar system and medication labelwill be updated at that time.	11/30/2023

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	received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, interview, and clinical record review, the facility failed to ensure an as needed medication had a specific symptom for use for 1 of 9 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 12/28/21 and readmitted on 08/22/23, with diagnoses including cerebral atherosclerosis, sciatica, unspecified and dysphasia, unspecified. On 09/15/23, during medication review, located on the medication cart was calazime skin paste protect. Certified Nurses Assistants, Caregivers, facility staff and nurse may apply cream topical to peri area and buttocks, as needed. The Medication Administration Record (MAR) dated September 2023, documented calazime skin paste protect. Certified Nurse's Assistants, Caregivers, facility staff and nurse may apply cream topical to peri area and buttocks, as needed. A physician's order dated 07/10/23, documented calazime skin paste protect. Certified Nurse's Assistants, Caregivers, facility staff and nurse may apply cream topical to peri area and buttocks, as needed. On 09/15/23 at 12:17 PM, the Medication Technician confirmed there was no specific symptom documented for the use of calazime cream and verbalized staff would not know when to apply the medication because of the lack of the specific symptom. Severity: 2 Scope: 1		2. All Medication Technicians and nurses willbe in-serviced on this topic by 11/30/2023. 3. On 10/16/23 Wellness director and/ordesignee to perform audits of physician orders and medication carts weekly x 4weeks and monthly thereafter to ensure all PRN physician's orders containspecific symptoms required for use. If a physician's order does not contain specificsymptoms required for use, an updated physician order will be requested. 4. Wellness Director and/or designee. 5. 11/30/2023	

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0920 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.	0920	This standard was found to be incompliance on the day of the survey. Associate Executive Director and WellnessDirector or designee perform frequent audits to ensure compliance with NAC449.2748.	11/30/2023

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CASCADES OF THE SIERRA	**275 NEIGHBORHOOD WAY, SPARKS, NEVADA ,89441**

(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
0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.	0938	This standard was found to be incompliance on the day of the survey. Associate Executive Director and WellnessDirector or designee perform frequent audits to ensure compliance with NAC449.2749.	11/30/2023
0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.	0994	This standard was found to be incompliance on the day of the survey. Associate Executive Director and WellnessDirector or designee perform frequent audits to ensure compliance with NAC449.2756.	11/30/2023

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0999 SS= D	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 residing in the memory care unit for 1 of 10 occupied rooms. Findings include: On 09/15/23 the following rooms in the memory care unit contained toxic items: - Room 180 - at 9:21 AM, a 13-ounce container of Finesse shampoo was in the shower. On 09/15/23 at 9:21 AM, the Director of Plant Operations confirmed the presence of the unsecured toxic substance. The facility policy, "Environmental Safety," documented, all chemicals and cleaning supplies were kept locked away from residents when not directly being used. Severity: 2 Scope: 1	0999	1. The 13-ounce container of Finesseshampoo that was found in Room #180 was immediately removed the day of survey. Additionally,locks were installed on bathroom cabinets in all memory care resident rooms to alloweasier method for care associates to properly store toxic substances used inADLs. 2. All Care Associates and Med Techniciansworking in memory care neighborhood will be in-serviced on proper storage oftoxic substances by 11/30/2023. 3. On 10/16/23 Memory Care Directorand/or designee to spot check resident rooms and common areas weekly x 4 weeksand at least monthly thereafter to ensure that all toxic substances are secureand not accessible by residents. 4. Memory Care Director and/or designee. 5. 11/30/2023	11/30/2023
1001	Elderly Care Training for Caregivers - NAC	1001		11/30/202

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SS= D	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 2 of 9 sampled employees working at the facility less than one year received four hours of initial training to care for elderly and disabled residents within 60 days of hire (Employee #2 and #3). Findings include: Employee #2 Employee #2 was hired by the facility as Care Associate with a hire date of 06/26/23. Employee #2's personnel file lacked documented evidence of four hours of initial caregiver training. Employee #3 Employee #3 was hired by the facility as a Medication Technician with a start date of 07/16/23. Employee #3's personnel file lacked documented evidence of four hours of initial caregiver training. On 09/15/23 at 12:15 PM, the Administrator and Assistant Executive Director confirmed Employee #2 and #3 lacked documented evidence of initial four hours of caregiver training. Severity: 2 Scope: 1		1. Employee #2 will complete 4 hours ofcaregiver training required within the first 60 days by 11/30/2023. Employee #3is no longer employed. 2. Employees have been added to thetickler file maintained and monitored by the Business Office Manager. All newemployees will be added to the ticker file to monitor and track compliance forthe 4 hours of caregiver training required within first 60 days. 3. On 10/16/23 Business Office Managerand/or designee to review tickler file weekly x 4 weeks and monthly thereafter,any trainings due in the next 30 days to be shared with Executive Directorand/or designee. 4. Business Office Manager and/or designeewill update, maintain, and monitor tickler system at least monthly to ensurecompliance. 5. 11/30/2023	3

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1035 SS= F	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 personnel file review and interview, the Administrator failed to ensure 5 of 9 sampled employees working at a facility who provide direct care to residents with dementia, received two hours of dementia training within 40 hours of the employees' start date (Employee #4, #5, #6, #8 and #9). Findings include: Employee #4 Employee #4 was hired by the facility as a Care Associate with a hire date of 07/21/23. Employee #4's personnel file lacked documented evidence of two hours of dementia training. Employee #5 Employee #5 was hired by the facility as a Care Associate with a hire date of 08/02/23. Employee #5's personnel file lacked documented evidence of two hours of dementia training. Employee #6 Employee #6 was hired by the facility as a Care Associate with a hire date of 08/02/23. Employee #6's personnel file lacked documented evidence of two hours of dementia training. Employee #8 Employee #8 was hired by the facility as a Medication Technician with a hire date of 08/10/23.	1035	1. Employees #5, #8 and #9 will complete 2hours of training in providing care to residents due within 40 hours of work by11/30/2023. Employees #4 and #6 are no longer employed. 2. Employees have been added to thetickler file maintained and monitored by the Business Office Manager. All newemployees will be added to the ticker file to monitor and track compliance. 3. On 10/16/23 Business Office Managerand/or designee to review tickler file weekly x 4 weeks and monthly thereafter,any trainings due in the next 30 days to be shared with Executive Directorand/or designee. 4. Business Office Manager and/ordesignee will update, maintain, and monitor tickler system at least monthly toensure compliance. 5. 11/30/2023	11/30/2023

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	Employee #8's personnel file lacked documented evidence of two hours of dementia training. Employee #9 Employee #9 was hired by the facility as a Care Associate with a hire date of 08/16/23. Employee #9's personnel file lacked documented evidence of two hours of dementia training. On 09/15/23 at 12:15 PM, the Administrator and Assistant Executive Director confirmed Employee #4, #5, #6, #8 and #9 lacked documented evidence of two hours of dementia training within 40 hours of employment. Severity: 2 Scope: 3			

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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 personnel file review and interview, the Administrator failed to ensure 2 of 3 sampled employees working at the facility providing direct care to residents with dementia and required dementia training received eight hours of dementia training within 90 days of the employees' start date (Employee #2 and #3). Findings include: Employee #2 Employee #2 was hired by the facility as Care Associate with a hire date of 06/26/23. Employee #2's personnel file lacked documented evidence of dementia training within 90 days of employment. Employee #3 Employee #3 was hired by the facility as a Medication Technician with a start date of 07/16/23. Employee #3's personnel file lacked documented evidence of dementia training within 90 days of employment. On 09/15/23 at 12:15 PM, the Administrator and Assistant Executive Director confirmed Employee #2 and #3 lacked documented evidence of dementia training within 90 days of employment. Severity: 2 Scope: 2	1036	1. Employee #2 and will complete 8 hoursof dementia training within 90 days as of hire by 11/30/2023. Employee #3 islonger employed. 2. Employees have been added to thetickler file maintained and monitored by the Business Office Manager. All newemployees will be added to the ticker file to monitor and track compliance. 3. On 10/16/23 Business Office Managerand/or designee to review tickler file weekly x 4 weeks and monthly thereafter,any trainings due in the next 30 days to be shared with Executive Directorand/or designee. 4. Business Office Manager and/ordesignee will update, maintain, and monitor tickler system at least monthly toensure compliance. 5. 11/30/2023	11/30/2023
1037	Care to Persons with Dementia - NAC	1037		11/30/202

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SS= D	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: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 1 sampled employees working at the facility providing direct care to residents with dementia, completed the required minimum of additional three hours of training in providing care to a resident with dementia by the hire anniversary date (Employee #7). Findings include: Employee		1. Employee #7 will complete 3 hours ofdementia training in providing care to residents by 11/30/2023. 2. Employees have been added to thetickler file maintained and monitored by the Business Office Manager. All newemployees will be added to the ticker file to monitor and track compliance. 3. On 10/16/23 Business Office Managerand/or designee to review tickler file weekly x 4 weeks and monthly thereafter,any trainings due in the next 30 days to be shared with Executive Directorand/or designee. 4. Business Office Manager and/or designeewill update, maintain, and monitor tickler system at least monthly to ensurecompliance. 5. 11/30/2023	3

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	#7 Employee #7 was hired by the facility as a Care Associate with a start date of 04/20/18. Employee #7's personnel file lacked documented evidence of three hours of annual dementia training. On 09/15/23 at 12:15 PM, the Administrator and Assistant Executive Director confirmed Employee #7 lacked documented evidence of three hours of annual dementia training. Severity: 2 Scope: 1			
1540 SS= E	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.	1540	This standard was found to be incompliance on the day of the survey. Business Office Director or designee will performfrequent audits to ensure compliance with NAC 449.103.	11/30/2023
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an	1700	This standard was found to be incompliance on the day of the survey. Associate Executive Director and WellnessDirector or designee will perform frequent audits to ensure compliance with NAC449.1845.	11/30/2023

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	assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)			