

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 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2024
NAME OF PROVIDER OR SUPPLIER KILEY RANCH ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 6300 DAVID ALLEN PARKWAY, SPARKS, NEVADA ,89436	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a grading re-survey State Licensure survey conducted in your facility on 01/25/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 104 beds; 80 Residential Facility for Group beds, assisted living services for elderly and disabled persons, and 24 Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 70. Nine resident records and seven employee records were reviewed. The facility received a grade of B. 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		
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 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	0074	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11	01/25/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: STACEY TAYLOR

Title: Administrator/Executive Director

Date: 04/04/2024

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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	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 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						

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	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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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;	0102	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11	01/25/2024			
0106 SS= D	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;	0106	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11	01/25/2024			
0250 SS= F	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.	0250	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11	01/25/2024			
0593 SS= D	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (d) The facility is a safe and comfortable environment;	0593	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11	01/25/2024			
0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2)	0690	0690 1. To ensure oxygen is stored and maintained in metal racks when empty or not in use we will continue to follow the steps outlined in our original POC from November 2023 to include: a. the Manager on Duty will check 3 apartments daily for compliance (see exhibit #1) b. caregivers, med techs, housekeeping, and maintenance have been trained (see exhibit #2) to observe and ensure oxygen tanks are stored in metal racks due to their	01/31/2024			

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	<p>Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secured. Findings include: On 01/25/24 at 10:15 AM, Room 221 contained one small oxygen cylinder sitting on the floor, not in a storage rack. On 01/25/24 at 10:20 AM, Room 309 contained four small oxygen cylinders sitting on the floor, not in a storage rack. The facility policy, "Assistance with Oxygen," documented, "Oxygen tanks must be secured at all times." On 01/25/24 at 10:30 AM through 11:30 AM, the Building Services Director confirmed the oxygen tanks were not secured and verbalized oxygen tanks should be kept secured. Severity: 2 Scope: 1</p>		<p>frequent visits to resident apartments. In addition to the above steps we added the following after the 1-25-24 survey: c. a director accompanies the oxygen company when they make a delivery to ensure the tanks are properly placed from the beginning in metal racks d. The ED spoke with residents and families in apartments #221 and #309 about proper and safe storage of oxygen at all times. 2. This will be measured daily at standup, weekly at department head meeting, and monthly at both the All Staff and Safety meetings. Any oxygen tanks found not stored properly will immediately be placed in a metal rack for compliance. The community has purchased some racks to have on hand in the event one is needed. 3. Monitoring will be done on a daily basis based on procedures #1a, b, c, and d. 4. ED, department heads, caregivers, housekeeping, maintenance and med techs. 5. 1-31-24 and ongoing</p>				

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0874 SS= B	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.	0874	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11		01/25/2024		
0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met.	0876	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11		01/25/2024		
0878 SS= E	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,	0878	0878 1. Resident #2's missing medications were ordered and delivered on the day of our survey (see exhibit #3). Resident #3's label was also corrected to reflect the resident's name, administration instructions, and the physician name (see exhibit #4). 2. Monthly cart audits will continue to be conducted to ensure proper ordering/refills of medications and proper labeling (see exhibit #5). Monthly med tech meetings will be held with the Resident Care Director, Generation Program Director, and ED to continually train and communicate compliance and proper procedures. 3. Resident Care Director (RCD), Generations Program Director (GPD), pharmacy liaison, and pharmacy (six-month reviews) will		04/21/2024		

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	<p>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 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.</p> <p>Inspector Comments: Based on record review, observation and interview, the facility failed to ensure medications were on-site to administer as prescribed and failed to have a pharmacy label affixed to a medication with instructions for administration for 2 of 9 sampled residents</p>		<p>conduct weekly/monthly med cart audits and report any findings to the ED for training and correction. 4. ED, RCD, GPD, pharmacy liaison, and pharmacist. 5. Completion 4-21-24.</p>				

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	(Resident #2, and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 10/21/23, with diagnoses including diabetes, hypertension and hyperlipidemia. On 01/25/24 at 11:00 AM, during a review of the resident's medications the following medications were not located; - olopatadine solution 0.2%, instill one drop in both eyes once daily as needed for itching - epipen 2-pak injection 0.3 milligrams (mg), inject one syringe 0.3 mg intramuscular one for anaphylaxis. A physician's order dated 10/27/23, documented olopatadine solution 0.2%, instill one drop in both eyes once daily as needed for itching. A physician's order dated 11/16/23, documented epipen 2-pak injection 0.3 milligrams (mg), inject one syringe 0.3 mg intramuscular one for anaphylaxis. On 01/25/24 at 11:05 AM, the Medication Technician confirmed olopatadine solution 0.2% and epipen 2-pak injection 0.3 mg were not on-site and available to administer to Resident #2. Resident #3 Resident #3 was admitted to the facility on 11/20/23, with diagnoses including macular degeneration, type 2 diabetes, and mild cognitive impairment. A physician's order dated 11/13/23, documented timolol 0.5%, one drop in left eye daily. The January 2024 MAR documented timolol solution 0.5%, instill one drop in left eye once daily. The medication onsite lacked a label with the residents name, instruction on administering the medication and lacked the physician name. On 01/25/24 at 11:07 AM, the Medication Technician confirmed the medication lacked a label with the residents name, administration instructions and the physician name. Severity: 2 Scope: 1						

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0920 SS= F	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	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11		01/25/202 4		
0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered.	0923	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11		01/25/202 4		

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0930 SS= D	<p>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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure resident records were secured causing the potential for unauthorized access to the records. Findings include: On 01/25/24 at 10:30 AM, a medication cart computer was left unattended displaying resident medication information. On 01/25/24 at 10:34 AM, a Medication Technician (Med Tech) confirmed the the medication cart computer was left unattended displaying resident medication information and should have been locked by the Med Tech when leaving the medication cart unattended. The facility policy titled "Confidentiality," dated 12/01/23, documented resident records and information were kept inaccessible to visitors and any individual not involved in the direct care of the resident. Severity: 2 Scope: 1</p>	0930	<p>0930 1. All staff were reminded/counseled on the importance of resident privacy and that all computers should be locked to ensure information is not exposed. They were instructed hit Ctrl7 whenever they walk away from a computer they have been working on. 2. We discussed confidentiality at our March 12, 2024, All Staff Meeting and went over the Associate Non-Disclosure, Non-Use and Confidentiality Agreement (see exhibit #6). Directors have been instructed to take the time to ensure computers have been locked when walking around the community. 3. Directors are recording when they find confidential information that is visual to the public and their respective directors are counseling and using performance management methods to discipline non-compliance. 4. ED, all department heads, and all staff. 5. 3-12-24 and ongoing.</p>	03/12/2024

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0994 SS= D	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 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	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11		01/24/202 5		

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NAME OF PROVIDER OR SUPPLIER KILEY RANCH ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 6300 DAVID ALLEN PARKWAY, SPARKS, NEVADA ,89436			
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0999 SS= D	<p>Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents housed in the memory care unit. Findings include: On 01/25/24 the following rooms in the memory care unit contained toxic items: Room 11B - at 09:11 AM, the resident bathroom contained the following: - a large container of Pantene shampoo - a large container of Pantene conditioner On 01/25/25 at 09:15 AM through 10:45 AM, Resident Care Director confirmed the above-mentioned items were toxic and dangerous to residents in the memory care unit and should be secured. The facility policy, "Environmental Safety," documented, "The Generations neighborhood will be assessed for items which could be misperceived by resident as something to eat or drink and will be safely stored in an inaccessible location to residents." The policy also documented, "Any personal items that may represent a weapon such as guns, knives, or other items perceived as potentially hazardous shall not be stored or maintained at the Community site." Severity: 2 Scope: 1</p>	0999	<p>0999 1. The shampoo and conditioner found unlocked in apartment #410 was immediately locked up in the locked cabinet which are located in all Memory Care bathrooms. Staff was immediately counseled on environmental safety in Memory Care. 2. Following our initial survey in September of 2023, we tasked the med techs both am (6a-2p) and pm (2p-10p) to go through apartments and inspect their wardrobes, under the bed, nightstands, and any other storage provided by the family for unsafe objects. They are also tasked with ensuring that all toiletries are locked in the bathroom cabinets and document on the daily checklist (see exhibit #7). 3. The daily checklist will be monitored on a daily basis by the Generations Program Director (GPD) or the Manager on Duty for any findings. Any findings will be communicated to the ED. 4. GPD, ED, and all other department heads. 5. Completed 4-3-24 and ongoing.</p>			04/03/2024	

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1035 SS= D	Care to Persons with Dementia - NAC 449.2768 and R043-22 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 holds an endorsement as a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia pursuant to NAC 449.2754 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 in addition to the training required by NAC 449.196: (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 tier 2 training .	1035	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11		01/25/2024		

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1036 SS= E	<p>Care to Persons with Dementia - NAC 449.2768 and R043-22 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 tier 2 training.</p> <p>Inspector Comments: Based on personnel file review and interview, the Administrator failed to ensure 2 of 7 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 #3 and #4). Findings include: Employee #3 Employee #3 was hired by the facility as Caregiver with a hire date of 09/21/23. Employee #3's personnel file lacked documented evidence of eight hours of dementia training within 90 days of employment. Employee #4 Employee #4 was hired by the facility as a Caregiver with a start date of 09/23/23. Employee #4's personnel file lacked documented evidence of eight hours of dementia training within 90 days of employment. On 01/25/24 at 10:57 AM, the Business Office Manager confirmed Employee #3 and #4 lacked documented evidence of eight hours of dementia training within 90 days of employment. Severity: 2 Scope: 2</p>	1036	<p>1036 1. Both employee #3 and #4 will be given the new dementia training (see exhibit #8). 2. The surveyors requested that "dementia" be included in the title of all Memory Care caregivers/med techs training to count toward the required 8 hours of dementia training in the first 90 days. We are having all caregivers and med techs take the specified training for those times that they might need to cover in Memory Care. The Business Office Director (BOD) worked with our company's Human Resources department to put a list of dementia classes totaling 11.25 hours to meet the criteria described by the surveyors (see exhibit #8). The Human Resources Department was concerned because the company's Las Vegas community uses the original set of classes and are found compliant. We have adjusted our classes to meet the criteria set forth by the surveyors. 3. New hires are monitored by the BOD and their respective directors to ensure classes are completed and compliant. 4. ED, BOD, and all department heads. 5. 4-30-24 and ongoing.</p>			04/30/2024	

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1825 SS= D	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times.	1825	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11		01/25/2024		
1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.	1830	Please refer to the original Statement of Deficiencies/Plan of Correction - Event ID UJSH11		01/25/2024		