

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10648	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER SANDSTONE SPRING VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 5650 SOUTH RAINBOW BLVD, LAS VEGAS, NEVADA ,89118		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a State licensure survey conducted in conjunction with a Medicare annual re-certification survey at your facility on 09/23/2024 through 09/27/2024, in accordance with Nevada Revised Statutes, Chapter 449, Requirements for Long Term Care. The census at the beginning of the survey was 145. 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:			
342 SS= F	NAC 449.74511 - Personnel Records - Licenses, TB, Background - NAC 441A.375: "3. Before initial employment, a person employed in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter... 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless the employee develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for	342	Corrective Action: No specific residents were identified. The staff's identified have had a TB screening completed. Employee 8 on 10/22/24 Employee 15 on 10/9/24 Employee 19 on 10/17/24 Employee 20 is no longer employed at Sandstone. Last worked in August 2023 Employee 25 on 12/12/23 Employee 34 on 6/9/22 Employee 1 on 10/15/24 Employee 9 on 5/1/24 Employee 11 on 5/2/24 Employee 22 on 4/10/24 Employee 35 on 3/15/24	10/28/2024

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TRACY BRANTLEY Title: Administrator

Date: 11/08/2024

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	<p>active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis."</p> <p>Inspector Comments: Based on employee record review, the facility failed to ensure 1) an initial TB screening was completed for 6 of 35 sampled employees (Employee #8, #15, #19, #20, #25, and #34), and 2) an annual Tuberculosis (TB) screening was completed for 5 of 35 sampled employees (Employee #1, #9, #11, #22, and #35), and 3) pre-employment physical examinations were completed for 21 of 35 sampled employees (Employee #2, #3, #5, #6, #8, #9, #10, #13, #14, #15, #16, #17, #18, #19, #20, #21, #28, #29, #30, #31, and #33), in accordance with Nevada Administrative Code (NAC) 441A.375. Findings Include: Initial TB screening The following employee records lacked documented evidence an initial TB screening had been completed upon hire: -Employee #8 with a title of Certified Nursing Assistant and a hire date of 10/17/2023. -Employee #15 with a title of Licensed Practical Nurse and a hire date of 09/04/2024. -Employee #19 with a title of Dietary Aide and a hire date of 08/07/2024. -Employee #20 with a title of Housekeeping Aide and a hire date of 10/24/2023. - Employee #25 with a title of Certified Nursing Assistant and a hire date of 12/13/2023. -Employee #34 with a title of Respiratory Therapist and a hire date of 01/23/2020. On 09/25/2024 at 1:24 PM, the Director of Human Resources confirmed</p>		<p>The staff identified will have a physical examination completed.</p> <p>Employee 2 Emp on maternity leave - will be completed on return Employee 3 10/12/2020 Employee 5 10/28/24 Employee 6 10/28/2024 Employee 8 10/28/2024 Employee 9 8/12/2016 Employee 10 3/18/2021 Employee 13 Emp terminated Employee 14 Emp terminated Employee 15 Emp terminated Employee 16 Emp terminated Employee 17 10/28/2024 Employee 18 Emp terminated Employee 19 10/28/2024 Employee 20 Emp terminated Employee 21 9/1/2021 Employee 28 4/12/2023 Employee 29 7/13/2024 Employee 30 10/28/2024 Employee 31 10/28/2024 Employee 33 Emp has been out of country; will complete upon return</p> <p>Identification of Others:</p> <p>All residents have the potential to be affected.</p> <p>An audit was completed to ensure the following:</p> <ol style="list-style-type: none"> 1. New hires in the past 30days have completed a TB screening; 2. Current staff have a current annual TB screening; 3. New hires in the past 30 days have a pre-employment physical examination. <p>Systemic Changes:</p> <p>Human Resource staff will be educated on ensuring staff have a TB screen upon hire and annually thereafter and new hires have pre-employment physical examination. Education was completed on 10/16/24</p> <p>Monitoring:</p>	

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	<p>Employees #8, #15, #19, #20, #25, and #34 had not completed the required initial TB screening upon hire. Annual TB screening The following employee records lacked documented evidence an annual TB screening had been completed: -Employee #1 with a title of Administrator and a hire date of 01/23/2023. -Employee #9 with a title of Registered Nurse and a hire date of 08/23/2016. -Employee #11 with a title of Registered Nurse and a hire date of 05/02/2022. -Employee #22 with a title of Wound Care Nurse/Licensed Practical Nurse and a hire date of 02/21/2022. - Employee #35 with a title of Respiratory Therapist and a hire date of 03/13/2023. On 09/25/2024 at 1:27 PM, the Director of Human Resources confirmed Employees #1, #9, #11, #22, and #35 had not completed the required annual TB screening. Pre-Employment Physical Examinations The following employee records lacked documented evidence a pre-employment physical examination had been completed prior to employment: -Employee #2 with a title of Director of Nursing and a hire date of 04/03/2023. -Employee #3 with a title of Director of Activities and a hire date of 01/02/2024 -Employee #5 with a title of Social Services Director and a hire date of 06/28/2023. -Employee #6 with a title of Dietary Manager and a hire date of 07/28/2024. -Employee #8 with a title of Certified Nursing Assistant and a hire date of 10/17/2023. -Employee #9 with a title of Registered Nurse and a hire date of 08/23/2016. -Employee #10 with a title of Registered Nurse and a hire date of 09/08/2021. -Employee #13 with a title of Registered Nurse and a hire date of 04/17/2024. -Employee #14 with a title of Licensed Practical Nurse and a hire date of 06/12/2024. -Employee #15 with a title of Licensed Practical Nurse and a hire date of 09/04/2024. -Employee #16 with a title of Certified Nursing Assistant and a hire date of 05/29/2024. -Employee #17 with a title of Certified Nursing Assistant and a hire date of 05/15/2024. -Employee #18 with a title of Cook and a hire date of 08/07/2024. - Employee #19 with a title of Dietary Aide and a hire date of 08/07/2024. -Employee #20 with a title of Housekeeping Aide and a</p>		<p>The Administrator/designee will audit 5 employee files weekly x4 weeks and then monthly thereafter times 3 months to ensure there is a TB screen on new hires and then annually thereafter and new hires have a pre-employment physical examination.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction and for sustained compliance thereafter.</p> <p>Date of Compliance: 10/28/2024</p>	

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	hire date of 10/24/2023. -Employee #21 with a title of Assistant Director of Nursing and a hire date of 09/08/2021. -Employee #28 with a title of Physical Therapist and a hire date of 06/01/2024. -Employee #29 with a title of Occupational Therapist and a hire date of 06/01/2024. -Employee #30 with a title of Speech Therapist and a hire date of 06/01/2024. -Employee #31 with a title of Certified Occupational Therapy Assistant and a hire date of 07/05/2024. -Employee #33 with a title of Respiratory Therapist and a hire date of 01/02/2023. On 09/25/2024 at 1:28 PM, the Director of Human Resources confirmed Employees #2, #3, #5, #6, #8, #9, #10, #13, #14, #15, #16, #17, #18, #19, #20, #21, #28, #29, #30, #31, and #33 had not completed the required pre-employment physical examination prior to the start of employment. On 09/25/2024, the Administrator verbalized the facility had stopped obtaining pre-employment physical examination of all new hire employees since 2023. The Administrator verbalized not having been aware of the Nevada State requirement for pre-employment physical examinations as they were not a requirement in the State of Utah.			

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(X4) ID PREFIX TAG 371 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NAC449.74517 - Nursing Staff - 2. A facility for skilled nursing shall employ a full-time registered nurse to act as the chief administrative nurse. The chief administrative nurse must have: (a) At least 3 years of experience providing nursing care in a hospital or facility for long-term care; and (b) Experience supervising other employees. Inspector Comments: Based on employee record review and interview, the facility failed to ensure a Registered Nurse met the minimum qualifications for employment as the facility's Director of Nursing (Employee #2). Findings Include: Employee #2 Employee #2 with a title of Director of Nursing (DON) and a hire date of 04/03/2023. Employee #2's resume documented several years' experience supervising employees but lacked documented evidence of three years of nursing experience in a hospital or long- term care facility. On 09/26/2024 at 1:26 PM, the Administrator verbalized the DON was hired by the previous DON and the Administrator had not been aware of the minimum qualifications for the position or of the employment experience of the current DON. On 09/26/2024 at 1:29 PM, the DON verbalized not having completed an application for employment for this facility and confirmed not having the required minimum qualifications for the DON position.	ID PREFIX TAG 371	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Corrective Action: No specific residents were identified. The DON will be an Assistant ADON until she has 3 years' experience in hospital or facility for long term care. Identification of Others: All residents have the potential to be affected. An interim DON was hired and starts on 10/21/2024. It has been verified that she has 3 years' experience in hospital or facility for long-term care. Systemic Changes: Human Resource staff will be educated on ensuring any DONs hired at the facility have 3 years' experience in hospital or facility for long-term care. Education was provided on 10/16/24. Monitoring: The Administrator/designee will audit the DON employee file to ensure they have 3 years' experience in a hospital or facility for long-term care. Monitoring took place on 10/16/24 (see attachments) and will occur with any newly hired DON. The results will be presented to the QAA committee for review and consideration of further corrective actions. The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction and for sustained compliance thereafter. Date of Compliance: 10/28/2024	(X5) COMPLETION DATE 10/28/2024
393 SS= D	Personnel Training in Dementia - NAC 449.74522 Employees of facility which	393	Corrective Action:	10/28/2024

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	<p>provides care to persons with dementia. 1. Except as otherwise provided in subsection 4, each person who is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, who has direct contact with and provides care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia: (a) In his first year of employment with a facility for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and (b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment. 2. The hours of continuing education required to be completed pursuant to this section: (a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and (b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education. 3. Each facility for skilled nursing shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section. 4. A person employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, is not required to complete the hours of continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months. 5. As used in this section, " continuing education specifically related to dementia " includes, without limitation, instruction regarding: (a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, which includes instruction on the</p>		<p>No specific residents were identified.</p> <p>The employees identified have completed their required Dementia training.</p> <p>Identification of Others:</p> <p>All residents have the potential to be affected.</p> <p>An audit was completed on employees who provide direct resident care to ensure they have completed Dementia training within their first year of employment and annually thereafter.</p> <p>Systemic Changes:</p> <p>Human Resource staff will be educated on ensuring employees who provide direct resident care have received Dementia training within their first year of employment and annually thereafter. Education was completed on 10/16/24 (attached)</p> <p>Monitoring:</p> <p>The Administrator/designee will audit 5 employee files weekly x4 weeks and then monthly thereafter times 3 months to ensure employee who provide direct resident care have received Dementia training within their first year of employment and annually thereafter.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction and for</p>	

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	<p>symptoms, prognosis and treatment of the disease; (b) Communicating with a person with dementia; (c) Providing personal care to a person with dementia; (d) Recreational and social activities for a person with dementia; (e) Aggressive and other difficult behaviors of a person with dementia; and (f) Advising family members of a person with dementia concerning interaction with the person with dementia.</p> <p>Inspector Comments: Based on employee record review and interview, the facility failed to ensure 1 of 35 sampled employees completed annual dementia training (Employee #4), and 1 of 35 sampled employees completed initial dementia training (Employee #8). Findings Include: Employee #4 Employee #4's employee record, with a title of Registered Dietitian and a hire date of 02/10/2023, documented dementia training had been completed on 04/18/2023. Employee #4's record lacked documented evidence dementia training had been completed in 2024. Employee #8 Employee #8's employee record, with a title of Certified Nursing Assistant and a hire date of 10/17/2023, lacked documented evidence dementia training had been completed since hire. On 09/25/2024 at 1:22 PM, the Director of Human Resources confirmed Employee #4 had not completed annual dementia training for 2024, and Employee #8 had not completed dementia training since being hired.</p>		<p>sustained compliance thereafter.</p> <p>Date of Compliance: 10/28/2024</p>	
705 SS= D	<p>Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on</p>	705	<p>Corrective Action:</p> <p>No specific residents were identified.</p> <p>The statement of non-discrimination was posted predominately in the facility and posted to the facility's Internet website.</p> <p>The non-discrimination policy was reviewed and updated.</p> <p>The employees identified will complete their required cultural competency training</p> <p>Employee #3 completed 10/23/24</p>	10/28/2024

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	<p>any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status. 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status.</p> <p>Inspector Comments: Based on observation, document review and interview, the facility failed to ensure 1) a statement of non-discrimination was posted predominately in the facility and on the facility's Internet website, and a non-discrimination policy was developed, and 2) initial cultural competency training was completed for 7 of 35 sampled employees</p>		<p>Employee #4 completed on 10/23/24</p> <p>Employee #5 completed on 10/23/24</p> <p>Employee #13 is terminated</p> <p>Employee #17 enrolled for 11/20/24 training with NVHCA but completed a facility training on 10/28/24 (see attached enrollment email and certificate)</p> <p>Employee # 25 enrolled for 11/20/24 training with NVHCA but completed a facility training on 10/28/24 (see attached enrollment email and certificate)</p> <p>Employee #26 enrolled for 11/20/24 training with NVHCA but completed a facility training on 10/28/24 (see attached enrollment email and certificate)</p> <p>Identification of Others:</p> <p>All residents have the potential to be affected.</p> <p>An audit was completed to ensure the statement of non-discrimination was posted predominately in the facility and posted to the facility's Internet website.</p> <p>An audit was completed on employees to ensure they have completed their cultural competency training. Facility will participate in the Nevada Health Care Associations monthly Cultural Competency training until all employees have completed.</p> <p>Systemic Changes:</p> <p>Human Resource staff and Administrator will be educated on the statement of non-discrimination posted predominately in the facility and posted to the facility's Internet website and ensuring all employee received cultural competency training. Education was completed on 10/16/24 Facility will participate in the Nevada Health Care Associations monthly Cultural Competency training until all employees</p>	

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	(Employee #3, #4, #5, #13, #17, #25, and #26). Findings Include: Statement of non-discrimination posting: On 09/26/2024 at 11:51 AM, the Administrator confirmed the lack of a non-discrimination posting at the main entrance of the facility. On 09/26/2024 at 12:21 PM, the Administrator confirmed a non-discrimination posting had not been posted in the facility or on the facility's Internet website. On 09/27/2024 at 8:48 AM, the Administrator confirmed the facility had not developed a non-discrimination policy. The facility policy titled, "Administrative, Postings," adopted 05/01/2024, documented the facility would comply with State regulations in regard to postings of information for residents. Initial cultural competency training: The following employee records lacked documented evidence initial cultural competency training had been completed: - Employee #3 with a title of Director of Activities and a hire date of 01/02/2024. - Employee #4 with a title of Registered Dietitian and a hire date of 02/10/2023. - Employee #5 with a title of Social Services Director and a hire date of 06/28/2023. - Employee #13 with a title of Registered Nurse and a hire date of 04/17/2024. - Employee #17 with a title of Certified Nursing Assistant and a hire date of 05/15/2024. - Employee #25 with a title of Certified Nursing Assistant and a hire date of 12/13/2023. - Employee #26 with a title of Certified Nursing Assistant and a hire date of 09/26/2023. On 09/25/2024 at 1:24 PM, the Director of Human Resources confirmed Employees #3, #4, #5, #13, #17, #25, and #26 had not completed the required initial cultural competency training.		<p>have completed.</p> <p>Monitoring:</p> <p>The Administrator/designee will audit the posting of the statement of non-discrimination predominately in the facility and the facility's internet website monthly times3 months.</p> <p>The Administrator/designee will audit 5 employee files weekly x4 weeks and then monthly thereafter times 3 months to ensure employees have received cultural competency training.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Administrator will be responsible for assuring substantial compliance is attained through this plan of correction and for sustained compliance thereafter.</p> <p>Date of Compliance: 10/28/2024</p>	