STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10675	A. BUILDING _____ B. WING _____	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPINE SKILLED NURSING AND REHABILITATION CENTER	3101 PLUMAS STREET, RENO, NEVADA ,89509

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as the result of a State Licensure Survey completed in conjunction with a Federal Recertification survey at your facility from January 5, 2025, through January 13, 2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Skilled Nursing Facilities. The census was 140. The sample size was 22 employees. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims from relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
342 SS= E	NAC 449.74511 - Personnel Records - Licenses, TB, Background - 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: (a) Evidence that the employee has obtained any license, certificate or registration and possesses the experience and qualifications, required for the position held by the employee; (b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and (c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174. Inspector Comments: Based on personnel record review, document review, and interview, the facility failed to ensure, in accordance with Nevada Administrative Code (NAC) 441A.375, 1) fingerprinting for a Nevada Automated Background System (NABS) clearance was completed within 10 days of hire for 5 of 22 sampled employees (Employee #1, #10, #17, #21 and #22), and 2) an initial tuberculosis (TB) screening was completed for 1 of 22 sampled employees prior to the start of work with residents	342	**Personnel Records - Licenses, TB, Background (#1, #10, #17, #21, #22 and #13)** 1) How you will correct the specific finding(s) stated in the Statement of Deficiencies: Employees #1, #10, #17, #21, and #22 were all re-fingerprinted and submitted to NABS. Employee #13 already had a TB Screening, however, it was late. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur:	02/03/2025

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	(Employee #13). The deficient practice placed residents at risk from employees not completing all eligibility requirements prior to working with residents. Findings include: Fingerprinting The following employees' personnel record lacked documented evidence fingerprints were obtained for a NABS background clearance for this facility. -Employee #1 was hired by the facility as the Administrator with a start date of 01/19/2023. -Employee #10 was hired by the facility as a Licensed Social Worker with a start date of 12/13/2023. -Employee #17 was hired by the facility as a Licensed Practical Nurse, Unit Manager with a start date of 09/20/2022. -Employee #21 was hired by the facility as a Registered Nurse (RN), Regional Minimum Data Set Nurse with a start date of 02/01/2022. -Employee #22 was hired by the facility as an RN, Vice President of Clinical Services with a start date 0f 10/01/2023. On 01/08/2025 at 3:28 PM, the Human Resources Manager confirmed Employee #1, #10, #17, #21 and #22 lacked fingerprinting for a NABS clearance for the facility. The facility policy titled "Background Screening Investigations," written 08/2010, documented the Human Resources Director, or designee would conduct an employment background check including fingerprinting within 10 days of the employee's start date. TB testing Employee #13 Employee #13 was hired by the facility as an RN with a start date of 06/19/2024. Employee #13's personnel file documented a two step TB test with the first TB test completed 06/17/2024 and the second step TB test completed 06/27/2024, two days after working with residents. On 01/08/2025 at 12:20 PM, the Human Resources Manager confirmed Employee #13 started work with residents in the facility prior to the employee's TB testing clearance. The facility policy titled Employee Screening for Tuberculosis," written 08/2010, documented all employees shall be screened for tuberculosis infection and disease prior to beginning employment. Severity: 2 Scope: 2		An inservice will be given to the Human Resources Department on the importance of ensuring NABS clearance is completed within 10 days of hire for all new employees and on the importance of TB Screening being completed timely. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur: The Human Resources Manager or designee will complete a weekly audit to ensure employees have completed their NABS background check timely and that employees have completed TB Screening prior to working with Residents. Results of the audit will be brought to QAPI monthly for three months. At the end of the three month period, the QAPI Committee will determine if additional interventions are necessary. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented: Human Resources Manager	

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			5) The date the corrective action will be completed: February 3, 2025 6) You must attach all supporting documents into the system: NABS and TB Screening attached.	
820 SS= D	Cultural Competency Training - NRS 449.103 Regulations requiring training relating specifically to cultural competency for certain agents or employees of facility; maintenance and distribution of list of approved courses and programs; request to provide unapproved course or program; reports. 1. Except as otherwise provided in subsection 3, to enable an agent or employee of 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 who is described in subsection 2 to more effectively treat patients or care for residents, as applicable, the Board shall, by regulation, require such a facility to conduct training relating specifically to cultural competency for any agent or employee of the facility who is described in subsection 2 so that such an agent or employee may better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who are: (a) From various racial	820	CULTURAL COMPETENCY (#14) 1) How you will correct the specific finding(s) stated in the Statement of Deficiencies: An audit will be done to ensure that all employees have completed the Cultural Competency training within the first 90 days of employment, which complies with new updates to NRS 449.103.	02/03/2025

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	and ethnic backgrounds; (b) From various religious backgrounds; (c) Persons with various sexual orientations and gender identities or expressions; (d) Children and senior citizens; (e) Persons with a mental or physical disability; and (f) Part of any other population that such an agent or employee may need to better understand, as determined by the Board. The Board shall set forth by regulation the frequency with which a medical facility, facility for the dependent or other facility is required to provide such training relating to cultural competency. 2. Except as otherwise provided in subsection 3, the requirements of subsection 1 apply to any agent or employee of 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 who: (a) Provides clinical, administrative or support services and has direct patient contact at least once each week on average as a part of his or her regular job duties; or (b) Oversees an agent or employee described in paragraph (a). 3. A medical facility, facility for the dependent or other facility is not required to provide training relating specifically to cultural competency to an agent or employee who is described in subsection 2 and who has successfully completed a course or program in cultural competency as part of the continuing education requirements for the agent or employee to renew his or her professional license, registration or certificate, as applicable. 4. Except as otherwise provided in subsection 6, the training relating specifically to cultural competency conducted by 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 pursuant to subsection 1 must be provided through a course or program that is approved by the Department of Health and Human Services. Inspector Comments: Based on personnel record review, interview and document review, the facility failed to ensure cultural competency training was completed using a Division of Public and Behavior Health		Employee #14 has already completed the DPBH approved Cultural Competency training; it was completed 6 months after the date of hire. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur: An inservice will be given to the Human Resources Department on the importance of completing Cultural Competency training timely. Newly hired employees will be enrolled into a Cultural Competency training course within the first 90 days of hire. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur: The Human Resources Manager or designee will complete a weekly audit to see which employees have not completed the Cultural Competency training as they are	

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	(DPBH) approved training program for 1 of 22 sampled employees within 30 days of hire based on the employees hire date (Employee #14). Findings include: Employee #14 Employee #14 was hired as a Licensed Practical Nurse with a start date of 05/12/2024. Employees #14's personnel records documented evidence a cultural competency training dated 11/22/2024, six months after the employee's hire date. On 01/08/2025 at 12:24 PM, the Human Resources (HR) Manager verbalized all staff were expected to complete cultural competency training. The HR Manager confirmed Employee #14 did not complete the cultural competency training within the required timeframe. Severity: 2 Scope: 1		approaching day 60 of employment. Results of the audit will be brought to QAPI monthly for three months. At the end of the three month period, the QAPI Committee will determine if additional interventions are necessary. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented: Human Resources Manager 5) The date the corrective action will be completed: February 3, 2025 6) You must attach all supporting documents into the system: Proof of the employee’s completion and in-service to the HR Department. 7) How will you identify and correct	

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			other areas having potential to be affected by the same deficient practice (if applicable). The Human Resources Department will complete an audit of all employees regarding their timely completion of Cultural Competency training. For any employees, out of compliance, they will be signed up for the next available Cultural Competency class.	