

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10890	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2023
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NAME OF PROVIDER OR SUPPLIER HENDERSON HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1180 EAST LAKE MEAD PARKWAY, HENDERSON, NEVADA ,89015-5561
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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a state licensure survey conducted in conjunction with a Federal Recertification survey in your facility from 08/15/2023 through 08/17/2023, in accordance with Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities. The census at the time of the survey was 238. The sample size was 38. Eleven employee files were reviewed. 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 maybe available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	0000		
342 SS= D	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	342	<p><u>Corrective action accomplished for residents found to have been affected by this deficient practice.</u></p> <p>No specific residents were affected by this deficient practice.</p> <p><u>Corrective action for potential residents that may be affected by the same deficient practice.</u></p> <p>All residents have the potential to be affected by this deficient hiring practice.</p> <p><u>Measures that will be put into place to ensure that this deficient practice does not recur:</u></p> <p>Employees 1, 2, 4, and 10 have been terminated.</p>	10/18/2023

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: SETH ANDERSON Title: Executive Director Date: 09/29/2023

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	<p>chest radiograph and medical evaluation for 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 interview and document review, the facility failed to ensure personnel records contained evidence of 1) employee screening reference checks for 2 of 11 employees (Employees 4 and 7) per facility policy, 2) a physical examination was completed for 7 of 11 employees (Employees 3, 4, 7, 8, 9, 10 and 11) per Nevada Administrative Code (NAC) 441A.200 and 3) a Nevada Automated Background System (NABS) clearance for 4 of 11 employees (Employees 2, 6, 7 and 10) per Nevada Revised Statutes (NRS) 449.124. The deficient practice placed residents at risk for receiving inappropriate care. Findings include: Employee Reference Checks The Personnel Record Checklist dated 08/16/2023, revealed Employees 4 and 7 had no record of employee reference checks. Employee 4 Employee 4 was hired on 09/02/2022 as Assistant Director of Nursing (ADON). A review of Employee 4's file revealed the ADON had no record of employee reference checks. On 08/17/23 at 11:01 AM, the Assistant Administrator confirmed the facility did not maintain the ADON's file who was from a consulting firm. The Assistant Administrator indicated the facility must maintain an employee file for contracted and part time employees.</p>		<p>Employee 7's employee file has been updated and verified that employee screening reference checks were completed.</p> <p>Employees 4 and 10 were terminated.</p> <p>Employees 3, 7, 8, 9, and 11 personnel files were updated with physical examinations.</p> <p>Employees 2 and 10 were terminated.</p> <p>Employees 6 and 7 personnel files were updated with NABS.</p> <p>The DSD has reeducated the Director of Human Resources and the assistant human resource employee on both the facility policy and procedures of <i>Personnel Files and Record Maintenance</i> as well as the Nevada state specific required training.</p> <p>The Director of Human Resources or designee has completed a full facility personnel file audit to ensure that no other employee files are deficient or out of regulation compliance.</p> <p>The Assistant Administrator will validate the audit process and verify that all new hires have</p>	

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	<p>Employee 7 Employee 7 was hired on 07/01/2022, as the Administrator. A review of Employee 7's file revealed there was no record of employee reference checks. On 08/17/23 at 11:18 AM, the Assistant Administrator indicated the purpose of the employee screening reference check was to ensure the employee did not have poor work history and was capable of performing job duties. The Assistant Administrator indicated having requested the Administrator's employee reference checks from the consulting office who confirmed the Administrator did not have reference checks. The Employee Reference Check policy revised January 2022, documented the company conducted reference checks on all new hires prior to employment in accordance with state and federal guidelines to ensure qualified individuals were hired. Physical Examination NAC 441A.200 documented before an employee commences work in a medical facility, a physical examination or certification from a health care provider which indicates the employee is in a state of good health and free from active disease. The Personnel Record Checklist dated 08/16/2023, revealed Employees 3, 4, 7, 8, 9, 10 and 11 had no record of a physical examination. Employee 3 was hired on 07/01/2022 as the Director of Nursing. Employee 3's personnel file had no record of a physical examination. Employee 4 was hired on 09/02/2022 as the Assistant Director of Nursing. Employee 4's personnel file had no record of a physical examination. Employee 7 was hired on 07/01/2022 as the Administrator. Employee 7's personnel file had no record of a physical examination. Employee 8 was hired on 08/19/2022 as the Social Services Director. Employee 8's personnel file had no record of a physical examination. Employee 9 was hired on 07/01/2022 as a Certified Nursing Assistant (CNA). Employee 9's personnel file had no record of a physical examination. Employee 10 was hired on 09/19/2022 as a CNA. Employee 10's personnel file had no record of a physical examination. Employee 11 was hired on 08/03/2023 as a Nurse Aide in Training. Employee 11's personnel file had no record of a physical examination. The</p>		<p>compliant employee files. Weekly x4 then Biweekly x2 then monthly x1.</p> <p>Any issue or concern not readily resolved will be brought to Executive Director's attention for resolution.</p> <p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficient practice has been corrected and will not recur:</u></p> <p>The Director of Human Resources will report any hiring trends or opportunities to QAPI committee x 3 months.</p> <p><u>Individual Responsible:</u></p> <p>Director of Human Resources</p> <p><u>Date of Completion:</u></p> <p>10/18/2023</p>	

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	<p>Pre-Employment Physical Examination policy revised November 2012 documented the company shall abide by federal and state regulations concerning medical exams for current employees and applicants to whom a conditional offer has been made. The purpose for the exam was to ensure employees were physically capable of performing the required tasks of a particular job. Nevada Automated Background System (NABS) Clearance: NRS 449.123 documented the Administrator, or the person licensed to operate a facility shall ensure information concerning the background and personal history of each employee, or contractor who worked at the facility was completed as soon as practicable and at least once every five years after the date of the initial investigation. NRS 449.124 documented each facility shall maintain records of the information concerning its employees which included, 1) a copy of the fingerprints submitted to the Central Repository for Nevada Records of Criminal History or proof of electronic fingerprint submission and a copy of the written authorizations provided by the employee, 2) proof the employees' fingerprints were submitted to the Central Repository, and 3) any other documentation of the information collected pursuant to NRS 449.123. The Personnel Record Checklist dated 08/16/2023, revealed a fingerprint based background check had been initiated and completed during the required date set by the Nevada Background Checks System (NABS) for Employees 2, 6, 7 and 10. -Employee 2 was hired on 10/24/2022 as a Certified Nursing Assistant (CNA) -Employee 6 was hired on 07/01/2022 as Activities Director. - Employee 7 was hired on 07/01/2022 as the Administrator. -Employee 10 was hired on 09/19/2022 as a CNA. On 08/17/23 at 11:27 AM, the Assistant Administrator and Human Resources (HR) Director confirmed Employees 2, 6, 7 and 10 did not have a NABS clearance. The Assistant Administrator explained the company underwent a transition mid-2022 and lost access to NABS. The facility regained access to NABS in December 2022. The Assistant Administrator indicated</p>			

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	<p>fingerprints should have been obtained and the process initiated to obtain NABS clearance for Employees 2, 6, 7 and 10 when the facility recovered access to NABS. The Assistant Administrator stated it was an oversight on the facility's part. On 08/17/23 at 1:49 PM, the Administrator reviewed the personnel records checklist and acknowledged missing information such as required training, background checks, physical exams, and employee reference checks. The Administrator verbalized the facility was expected to abide by federal, state, and local laws. On 08/17/23 at 2:10 PM, the Administrator indicated background checks were required for all employees. The Administrator acknowledged not having own NABS clearance. The Pre-Employment Investigations policy revised January 2022, documented pre-employment investigations, including criminal background checks were conducted to ensure applicants for employment had not been convicted of an offense or any other government finding which precludes employment by a provider to a federal or state healthcare program working with elderly or vulnerable individuals. Post-employment offers procedure indicated an applicant may commence employment while the results of the Nevada Department of Public Safety (NDPS) fingerprint-based criminal background check using the Nevada Automated Background Check (NABS) are still pending. The applicant must complete and sign a Disclosure and Authorization form either on paper or electronically which was required to initiate the accurate background check and complete the Criminal History Self-Disclosure form. Severity 2 Scope 1</p>			
393 SS= D	<p>Personnel Training in Dementia - NAC 449.74522 Employees of facility which 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</p>	393	<p>393 <u>Corrective action accomplished for residents found to have been affected by this deficient</u></p>	10/18/2023

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	<p>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 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)</p>		<p><u>practice.</u></p> <p>No specific residents were found to be affected by thisdeficient hiring practice.</p> <p><u>Corrective actionfor potential residents that may be affected by the same deficient practice.</u></p> <p>All residents have the potential tobe affected by this deficient hiring practice.</p> <p><u>Measures that willbe put into place to ensure that this deficient practice does not recur:</u></p> <p>Employees 1, 4, and 10 have beenterminated.</p> <p>Employees 3, 5, and 11 completed required initial or annualDementia training and personnel files has been updated.</p> <p>The DSD has reeducated the Directorof Human Resources and the Assistant Human Resource employee on required PersonnelTraining in Dementia with emphasis on both initial 8 hours upon 30d hire andannual 3 -hour refresher thereafter.</p> <p>The Director of Human Resources ordesignee has completed a full facility personnel</p>	

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	<p>Advising family members of a person with dementia concerning interaction with the person with dementia.</p> <p>Inspector Comments: Based on interview and document review, the facility failed to ensure dementia training was provided to 3 of 11 employees (Employee 3, 5 and 11) per the Nevada Revised Statutes (NRS) 449.094. The deficient practice placed residents with dementia at risk for receiving inappropriate care. Findings include: NRS 449.094 documented the Administrator shall ensure each employee of the facility was required to comply with continuing education requirements concerning care of persons with dementia for facilities for skilled nursing. The Personnel Records Checklist dated 08/16/2023, revealed Employees 3, 5 and 11 had not completed dementia training. Employee 3 Employee 3 was hired on 07/01/2022 as the Director of Nursing (DON). The DON completed the initial dementia training on 07/26/2022. A review of Employee 3's file revealed the DON was due to complete annual dementia training on or before 07/26/2023. On 08/17/23 at 11:14 AM, the Assistant Administrator confirmed the DON had no record of an annual dementia training which was due on or before 07/26/2023.</p> <p>Employee 5 Employee 5 was hired on 07/27/2023 as a Registered Nurse (RN). A review of Employee 5's file revealed there was no record dementia training had been completed. On 08/17/23 at 11:17 AM, the Assistant Administrator confirmed the RN had no dementia training on file. Employee 11 Employee 11 was hired on 08/03/2023 as a Nurse Aide in Training (NAT). A review of Employee 11's file revealed the NAT had no record of dementia training. On 08/17/23 at 11:33 AM, the Assistant Administrator confirmed the NAT had no record of dementia training and was required to do dementia training because the facility had dementia residents. The facility document (undated), documented training requirements for direct care staff at nursing facilities which provide care to residents with dementia shall complete eight hours of dementia training initially and must complete three hours of dementia training</p>		<p>file dementia audit to ensure that no other employee files are deficient or out of regulation compliance.</p> <p>The DSD will validate the audit process and verify that all new hires have compliant employee files. Weekly x4 then Biweekly x2 then monthly x1.</p> <p>Any issue or concern not readily resolved will be brought to Executive Director's attention for resolution.</p> <p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficient practice has been corrected and will not recur:</u></p> <p>The Director of Human Resources will report any trends or opportunities to QAPI committee x3 months.</p> <p><u>Individual Responsible:</u></p> <p>Director of Human Resources Director of Staff Development</p> <p><u>Date of Completion:</u></p> <p>10/18/2023</p>	

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	<p>annually thereafter. On 08/17/23 at 1:49 PM, the Administrator reviewed the personnel records checklist and acknowledged missing information such as required dementia training. The Administrator verbalized all employees were expected to complete dementia training. On 08/17/23 at 2:10 PM, the Administrator indicated background checks are required for all hires. The Administrator acknowledged not having own NABS clearance. Severity 2 Scope 1</p>			