

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11474	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2025	
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE		STREET ADDRESS, CITY, STATE, ZIP CODE 1950 BARING BOULEVARD, SPARKS, NEVADA ,89434-6735		
(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 the result of a State Licensure Survey completed in conjunction with a Federal Recertification survey, at your facility from February 24, 2025, through March 03, 2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Skilled Nursing Facilities. The census was 108 residents. The sample size was 18 employees. The findings and conclusions of any investigation by the Health Division 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 deficiencies were identified:	0000		
342 SS= D	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, interview and document review, the facility failed to complete Tuberculosis (TB) testing for 4 of 18 sampled employees (Employees #8, #12, #16, and #18). Findings include: Employee #8 Employee #8 was hired as a Certified Nursing Assistant with a start date of 01/01/2024. The employee's personnel record documented a negative X-ray, and annual signs and symptoms questionnaire completed on 09/15/2024. The employee's	342	1. Employees #8, #12, #16, and #18 have had TB tests completed. 2. Upon hire, new employees will receive a TB test and will only have chest x ray and questionnaire completed if Tb result is positive. 3. New Hire files will be audited for TB results monthly for three months. 4. Human Resources manager/designee 5. 4-5-25 6. See Attached	04/01/2025

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: SUSAN MAGLUILO Title: Executive Director Date: 04/01/2025

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	<p>personnel record lacked documented evidence of a positive TB test, and initial signs and symptoms questionnaire completed upon hire. Employee #12 Employee #12 was hired as a Licensed Practical Nurse with a start date of 11/12/2024. The employee's personnel record documented a negative X-ray, and annual signs and symptoms questionnaire completed on 09/15/2022. The employee's personnel record lacked documented evidence of a positive TB test and an annual signs and symptoms questionnaire completed in 2024 or a TB testing prior to the employee's start. Employee #16 Employee #16 was hired as a Cook with a start date of 10/18/2023. The employee's personnel record documented a negative X-ray, and annual signs and symptoms questionnaire completed on 10/15/2024. The employee's personnel record lacked documented evidence of a positive TB test. Employee #18 Employee #18 was hired as a Housekeeper with a start date of 02/12/2025. The employee's personnel record documented a negative X-ray, and signs and symptoms questionnaire completed on 02/05/2025. The employee's personnel record lacked documented evidence of a positive TB test. On 02/25/2025 at 12:56 PM the Human Resources Manager confirmed Employees #8, #12, #16, and #18 personnel record lacked documented evidence of a positive TB screening and the TB signs and symptoms questionnaire was completed late. The facility policy titled, "Infection Control Policy/Procedure - TB Screening," dated 05/2016, documented all employees would be tested within three days of hire, and annually. Severity: 2 Scope: 1</p>			
820	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	820	<ol style="list-style-type: none"> 1. Employee #12 has received Cultural Competency training. 2. New hires will complete Cultural Competency within 30 days of hire. 3. Employee files will be audited monthly for three months for compliance. 4. Human Resources/designee 5. 4-5-25 	04/01/2025

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	<p>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 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</p>			

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	<p>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.</p> <p>Inspector Comments: Based on personnel record review, interview and document review, the facility failed to ensure cultural competency training was completed timely for 1 of 18 sampled employees (Employee #12). Findings include: Employee #12 Employee #12 was hired as an Licensed Practical Nurse on 11/12/2024. Employee #12's personnel record lacked documented evidence the initial cultural competency training was completed within 90 days of hire. On 02/25/2025 at 12:56 PM, the Human Resources Manager verbalized Cultural Competency training was required to be completed within the first 30 days of hire and confirmed Employees #12 did not complete Cultural Competency training timely. On 02/25/2024 at 1:19 PM, the Administrator explained the facility did not have a policy to support the facility's requirements for Cultural Competency training for employees and verbalized the facility followed State regulation to support the requirement for cultural competency training. Severity: 2 Scope: 1</p>			