

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2045 SILVERADA BLVD, RENO, NEVADA ,89512</b>
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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 on February 2, 2022, in accordance with Nevada Administrative Code (NAC) Chapter 449, Skilled Nursing Facilities. The sample size was 20 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 - 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 active tuberculosis. 6. Counseling and preventive treatment must be offered to a	342	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Rosewood Rehabilitation Center does not admit that the deficiencies listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.</p> <p><b>342</b></p> <p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></b></p> <p>All employees missing a pre-employment physical have had a</p>	03/15/2022 2

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: DOUGLAS HOPKINS Title: Administrator Date: 03/02/2022

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	<p>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 personnel record review and interview, the facility failed to complete annual tuberculosis (TB) screenings for 3 of 20 sampled employees (Employee #8, #12, and #14), and failed to ensure a pre-employment physical was completed for 5 of 20 sampled employees (Employee #5, #12, #14, #16 and #18). Findings include: The following employee records documented a late TB tests and late signs and symptoms questionnaires: - Employee #8, with a title of Registered Nurse and a start date of 08/07/13, documented a positive TB screening completed on 08/22/13 and a chest x-ray completed on 08/22/13. The last signs and symptoms TB questionnaire was completed on 07/22/20. Employee #8's record lacked documented evidence of a signs and symptoms questionnaire completed for 2021. -Employee #12, with a title of Certified Nursing Assistant and a start date of 07/01/21, documented a positive TB screening and x-ray completed on 01/13/19. Employee #12's record lacked completed signs and symptoms questionnaires since the date of hire. -Employee #14, with a title of Licensed Practical Nurse and a start date of 05/19/21, documented a positive TB screening and x-ray completed on 04/21/15. The last signs and symptoms questionnaire was completed on 01/12/21. Employee #14's record lacked documented evidence of a signs and symptoms questionnaire</p>		<p>physical completed. All employees found to be missing annual signs and symptoms of TB after a Positive TB test have completed the appropriate questionnaire to rule out signs and symptoms of TB without indication of TB.</p> <p><b><i>How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken?</i></b></p> <p>No other residents were affected by the practice.</p> <p><b><i>Measure that will be put into place to ensure that this deficiency does not reoccur.</i></b></p> <p>The facility will switch to having all employees receive a pre-employment physical completed at an external Occupational Health Clinic prior to employment. The facility has also identified a questionnaire to rule out TB as general practice and will continue to use that questionnaire for all employees that test positive for TB with an accompanying negative X-ray test.</p> <p><b><i>How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?</i></b></p>	

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	<p>completed for 2022. On 02/02/22 at 1:18 PM, the Human Resources Manager confirmed Employee #8, #12 and #14 all had positive TB tests with no current signs and symptoms questionnaires completed. The Human Resources Manager verbalized employees who had previously tested positive for TB were required to completed signs and symptoms questionnaires annually to rule out active cases of TB. The following employee record lacked documented evidence of a pre-employment physical: -Employee #5, with the title of Social Services Director and a start date of 07/10/21, documented a pre-employment physical completed on 07/13/21; three days late. -Employee #12, with the title of Certified Nursing Assistant and a start date of 07/01/21, documented a pre-employment physical completed on 07/08/21; seven days late. -Employee #14, with the title of Licensed Practical Nurse and a start date of 05/19/21, lacked documented evidence of a pre-employment physical. -Employee #16, with the title of Certified Nursing Assistant and a start date of 05/06/20, documented a pre-employment physical completed on 05/12/20; seven days late. -Employee #18, with the title of Registered Nurse and a start date of 11/04/19, lacked documented evidence of a pre-employment physical. On 02/02/22 at 1:18 PM, the Human Resources Manager confirmed Employee #5, #12, and #16 had completed the pre-employment physicals after the date of hire and confirmed Employee #14 and #18 lacked documented evidence of a pre-employment physical. The Human Resources Manager verbalized pre-employment physicals were required for all employees to complete prior to the date of hire. The facility policy titled, "Pre-Employment Physical Examination," revised November 2012, documented each employee was required to complete a pre-employment physical prior to start date to ensure employees were physically fit to perform the essential functions of the job and to determine all employees were free from communicable diseases. In addition, all employees were required to complete a TB test prior to employment and tested annually thereafter. Severity: 2 Scope: 1</p>		<p>The Human Resources Manager or designee will audit files once a month for three months to ensure all pre-employment physicals and TB questionnaires are completed in a timely basis. Audit findings will be shared with QA committee for review of the effectiveness of corrective actions.</p> <p><b>Individual Responsible:</b> Administrator</p> <p><b>Date of Completion:</b> 3/15/22</p>	

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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 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</p>	393	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Rosewood Rehabilitation Center does not admit that the deficiencies listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.</p> <p><b>393</b></p> <p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></b></p> <p>The employee who had not received the 8 Hour Dementia training has completed the training and certificate of completion has been added to their file.</p> <p><b><i>How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken?</i></b></p> <p>No other residents were affected by the practice.</p> <p><b><i>Measure that will be put into place to ensure that this deficiency does</i></b></p>	03/15/2022

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	<p>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) Advising family members of a person with dementia concerning interaction with the person with dementia.</p> <p>Inspector Comments: Based on personnel record review, interview and document review, the facility failed to ensure 1 of 20 sampled employees were provided eight hours of training on dementia management within the first 30 days of hire (Employee #14). Findings include: Employee #14 Employee #14's record, with the title of Licensed Practical Nurse and a start date of 05/19/21, lacked documented evidence of eight hours of training on dementia management within the first 30 days of hire. On 02/02/22 at 1:18 PM, the Human Resources Manager confirmed Employee #14's record lacked documented evidence of eight hours of dementia training within the first 30 days of hire. The facility policy titled, "Compliance Training," revised May 2019, documented all employee trainings were to be completed within the federal and state regulated timeframes. On 02/02/22 at 2:33 PM, the Administrator provided the policy for "Compliance Training" and verbalized there was not a specific policy for dementia training and explained the facility followed all federal and state regulations to provide dementia training within the first 30 days of employment. Severity: 2 Scope: 1</p>		<p><b>not reoccur.</b></p> <p>The facility will audit allfiles to ensure all applicable employees have completed the 8-hour dementiatraining.</p> <p><b>How will the facility monitor itscorrective actions to ensure that the deficient practice is being corrected andwill not recur?</b></p> <p>The Human Resources Manageror designee will audit files once a month for three months to ensure alldementia trainings are completed within 30 days of the employee's start date.Audit findings will be shared with QA committee for review of effectiveness ofcorrective actions.</p> <p><b>Individual Responsible:</b> Administrator</p> <p><b>Date of Completion:</b> 3/15/22</p>	