STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5192	A. BUILDING _____ B. WING _____	01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR OF SPARKS	**2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436**

(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 a result of an annual, State Licensure survey conducted at your facility on 01/24/22. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 112 Residential Facility for Group with 80 beds which provide assisted living services for elderly and disabled persons and/or persons with chronic illnesses and 32 beds for person's with Alzheimer's disease, Category II residents. The census at the time of the survey was 62. Fifteen resident files were reviewed and ten employee files were reviewed. Your facility has recieved a D grade for this inspection. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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 for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		

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0065 SS= E	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 10 sampled employees completed annual caregiver training (Employee #4, #6 and #9). Findings include: Employee #4 Employee #4 was hired at the facility on 02/05/20, as a Medication Technician. Employee #4's record lacked documented evidence annual caregiver training had been completed in 2021. Employee #6 Employee #6 was hired at the facility on 03/18/19, as a Care Manager. Employee #6's record lacked documented evidence annual caregiver training had been completed in 2021. Employee #9 Employee #9 was hired at the facility on 11/08/11, as a Medication Technician. Employee #9's record lacked documented evidence annual caregiver training had been completed in 2021. On 01/24/22 at 1:43 PM, the Administrator confirmed Employee #4, #6 and #9 had not completed the required 8 hours of annual caregiver training in 2021. Severity: 2 Scope: 2	0065	Business office manager or designee will ensure team members receiveappropriate amount of training through combination of revised e-learning portal and supporting in-person training. ED or designee to monitor throughmonthly QA process to ensure team members are on track.	02/15/2022

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure wooden window frames on the exterior of the facility were not cracked and crumbling, wooden siding was secured to the exterior of the facility and insulation was not exposed, and the ground underneath a dryer vent was not blanketed in lint. Findings include: On 01/24/22 between 9:40 AM and 9:54 AM, during a tour of the exterior of the facility with the Director of Maintenance, the following was observed: - Two windows on the bottom floor and one window on the second floor of the D building had a window frame with cracked and crumbling wood on the bottom of the frame. - The wood siding under an assisted living resident's window was sliding down and insulation was visible. - A dryer vent had lint accumulated inside and was hanging down from the vent. Lint was covering the ground underneath the vent. On 01/24/22 at 9:54 AM, the Director of Maintenance confirmed the window frames were cracked and crumbling, the wood siding was not secured to the side of the building, and lint had accumulated under the dryer vent on the outside of the building. Severity: 2 Scope: 3	0178	Maintenance Director or designee to ensure building is in good repair.Issues identified in survey will be addressed by outside vendor forsiding/window frame issues and lint issues will be addressed by daily propertywalks. ED or designee to monitor throughmonthly QA process.	02/14/2022

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0532 SS= C	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1 month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires. Inspector Comments: Based on observation, interview, and document review, the facility failed to post a monthly activities calendar for 62 of 62 residents. Findings include: On 01/24/21 at 9:00 AM, the facility had activities posted for the current day on the bulletin boards. On 01/24/21 at 9:05 AM, the Life Enrichment Assistant verbalized the facility did not post a monthly activities calendar anywhere in the facility and only the daily activities were posted on the bulletin boards. Severity: 1 Scope: 3	0532	Life EnrichmentDirector or designee to ensure monthlycalendar is posted, in accordance with stateregulations, in common area of both assisted living and memory careunits, in addition to smaller dailypostings. ED to monitor through monthly QA process.	01/27/2022

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure an annual physical examination with a review of systems was completed for 2 of 15 sampled residents (Resident #12 and #7). Findings include: Resident #12 Resident #12 was admitted to the facility on 04/11/16, with diagnoses including hypertension, depression, and chronic pain. Resident #12's record lacked documented evidence of an annual physical examination with a review of systems. On 01/24/22 at 1:56 PM, the Executive Director (ED) confirmed an annual physical examination with a review of systems was not completed for Resident #12. The ED explained a physical must be completed annually for the resident. Resident #7 Resident #7 was admitted to the facility on 11/07/19, with diagnoses including essential hypertension, hyperthyroidism and shortness of breath. Resident #7's record documented an annual physical examination was completed on 09/20/20. Resident #7's record lacked documented evidence an annual physical examination was completed in 2021. On 01/24/22 at 1:49 PM, the ED confirmed Resident #7's record lacked documented evidence of a completed annual physical in 2021. The ED verbalized the facility did not have a policy related to resident physical examinations. Severity: 2 Scope: 1	0859	WellnessDirector or designee to ensure provider progress notes and/or history &physical exams are collected on an annual basis ormore frequently if needed. ED or designee tomonitor through monthly QA process. WellnessDirector to monitor through quarterly care plan review.	02/14/2022
0870 SS= C	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential	0870	Executive Director or designeewill ensure pharmacy reviews occur on a scheduled basis and will ensure thatpharmacy review forms are signed and guidance contained in	01/25/2022

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	facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the Administrator failed to ensure six-month pharmacy reviews completed in 2021 and 2022 had been reviewed for 51 of 62 residents with medications managed by the facility. Findings include: Two completed pharmacist medication reviews dated 02/04/21 and 07/12/21, lacked documented evidence the Administrator had reviewed either medication review. On 01/24/22 at 1:47 PM, the Administrator confirmed the completed pharmacist medication reviews dated 02/04/21 and 07/12/21, lacked documented evidence of an administrative review. The Administrator verbalized the reviews should have been reviewed by the previous Administrator. Resident #10 Resident #10 was admitted to the facility on 04/09/21 with diagnoses to include cardiomyopathy and hypertension. Resident #10's file contained a medication review dated 01/10/22. The resident's file lacked documented evidence the Administrator reviewed and initialed the medication profile. On 01/24/22 at 11:59 AM, the Administrator confirmed the medication review dated 01/10/22, lacked documented evidence of an administrative review. The Administrator verbalized being out of the		review forms isfollowed.	

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	office and had been able to complete an administrative review. Severity: 1 Scope: 3			
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and document review, the facility failed to 1) ensure a change label was affixed to a medication for	0878	Wellness Director or designee to audit, minimally, one medicationcart and MARs on a weekly basis to ensure accuracy. EDor designee to monitor through monthly QA process.	01/31/2022

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	2 of 15 sampled residents (Resident #6 and #8) and 2) ensure as-needed (PRN) medications were onsite to be administered per physician's order for 1 of 15 sampled residents (Resident #8) . Findings include: Resident #6 Resident #6 was admitted to the facility on 11/23/21 with diagnoses including Alzheimer's, psoriasis, atherosclerotic heart disease, and movement disorder. On 01/24/22 at 11:42 AM, Resident #6's physician order, dated 01/03/22, and the medication label documented Quetiapine Fumarate 25 milligram tablet. Take one tablet by mouth every six hours as needed for anxiety or agitation. The January 2022 MAR documented Quetiapine Fumarate 25 milligram tablet. Take one tablet by mouth every four hours as needed for anxiety or agitation. On 01/24/22 at 11:42 AM, the Administrator confirmed the medication discrepancy. The Administrator verbalized there should be a change label on the medication or a new order from the physician. Resident #8 Resident #8 was admitted to the facility on 01/05/22 with diagnoses including cognitive impairment and hypertension. On 01/24/22 at 10:17 AM, Resident #8's physician order dated 01/10/22 and January 2022 MAR documented Levothyroxine 100 microgram tablet. Take one tablet by mouth every morning on an empty stomach 30 minutes before a meal. The Levothyroxine container label documented Levothyroxine 50 microgram. Take one tablet by mouth every morning on an empty stomach 30 minutes before a meal. On 01/24/22 at 10:17 AM, the Administrator verbalized the medication label should have a change label affixed. On 01/24/22 at 10:25 AM, Resident #8's physician order, dated 12/23/21, and January 2022 medication administration report (MAR) documented Hydrocodone-Acetaminophen 5-325 milligrams. Take one tablet by mouth every four hours as needed for pain. Resident #8's Hydrocodone-Acetaminophen was not with the resident's other medications. On 01/24/22 at 10:25 AM, the Administrator verbalized a new order for the medication had not been sent to the pharmacy by the physician. On 01/24/22 at 11:57 AM, the Administrator			

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	produced the Hydrocodone-Acetaminophen, brought to the facility by the resident's family after the review of medications. Severity: 2 Scope: 1			
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure discontinued medications were destroyed for 2 of 15 residents (Resident #2 and #15). Findings include: Resident #2 Resident #2 was admitted to the facility on 08/30/19, with diagnoses including hypertension, atrial fibrillation, osteoarthritis, and gastroesophageal reflux disease. On 01/24/22 at 11:26 AM, Resident #2's January 2022 Medication Administration Record (MAR) and medication label documented digoxin 125 microgram tablet. Give one tablet by mouth every other day. The MAR documented a stop date of 01/13/22 and documented the medication had been discontinued; however, the medication was with the resident's current medications. On 01/24/22 at 11:26 AM, the Administrator verbalized the medication had been discontinued and should have been destroyed at the time it was discontinued. Resident #15 Resident #15 was admitted to the facility on 11/01/19 with diagnoses including nontraumatic intracerebral hemorrhage. On 01/24/22 at 10:42 AM, Resident #15's January 2022 MAR and physician order dated 12/20/21 documented Diphenhydramine 25 milligram tablet. Take one tablet by mouth twice daily for 14 days for itching. The Diphenhydramine was with	0885	Wellness Director or designee to audit medication carts on a weeklybasis to ensure discontinued and/or expired medications are removed frommedication cart in a timely manner. ED or designeeto monitor through monthly QA process.	01/31/2022

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	the resident's current medications during medication review. On 01/24/22 at 10:42 AM, the Administrator verbalized the medication should have been destroyed after the resident had taken the medication for 14 days. Severity: 2 Scope: 1			
0895 SS= A	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 15 residents (Resident #5 and #15). Findings include: Resident #5 Resident #5 was admitted to the facility on 09/30/21 with diagnoses including dementia and high blood pressure. On 01/24/22 at 11:20 AM, Resident #5's January 2022 MAR, physician order, dated 01/12/22, and medication label documented vitamin D2 (50000 units). Take one capsule by mouth every seven days for 180 days. For six months then discontinue. The resident's MAR documentation indicated the medication had not been administered. The medication bubble pack contained two capsules and broken bubble. On 01/24/22 at 11:20 AM, the Administrator verbalized there was no way to know definitively if the medication had been administered. Resident #15 Resident #15 was admitted to the facility on 11/01/19 with diagnoses including nontraumatic intracerebral hemorrhage. On 01/24/22 at 10:48 AM, Resident #5's January 2022 MAR, physician order dated 12/20/21, and	0895	Wellness Director or designee to audit, minimally, one medicationcart and MARs on a weekly basis to ensure accuracy. EDor designee to monitor through monthly QA process.	01/31/2022

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	medication label documented Citalopram HBR 40 milligram (mg) tablet. Take one tablet by mouth daily. The resident's MAR also documented Citalopram HBR 20 mg tablet. Give one tablet by mouth twice daily. The resident's MAR documented both the 20 mg and 40 mg Citalopram were administered each day. On 01/24/22 at 10:48 AM, the Medication Technician verbalized only the 40 mg tablet had been administered. The Medication Technician verbalized only the 40 mg Citalopram should have been marked as administered. The Administrator verbalized the Citalopram 20 mg should have been documented on the MAR as discontinued. Severity: 1 Scope: 1			
0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 2 of 15 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441a (Resident #6 and #4). Findings include: Resident #6 Resident #6 was admitted to the facility on 11/23/21, with diagnoses including Alzheimer's Disease, dementia, and heart disease. Resident #6's clinical record documented an admission 2-step TB test with the first step administered on 11/02/21 and was read as negative on 11/04/21. The second step was administered 11/17/21. The read date and results for the second step was not recorded. On 01/24/22 at	0936	Wellness Director or designee to ensure annualresident TB tests are completed on time anddocumented in the resident record. ED ordesignee to monitor through monthly QA process.	02/11/2022

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	10:04 AM, the Executive Director (ED) confirmed the second step of the TB test did not have a read date or result. The ED verbalized the 2-step TB test was not valid. The facility policy titled "Vaccination Tuberculosis - Resident Protocol: Arizona and Nevada," dated 07/2021, documented a resident must provide evidence of freedom from infectious tuberculosis before the resident's date of occupancy and annually thereafter. Resident #4 Resident #4 was admitted to the facility on 09/30/19, with diagnoses including memory deficit, major depressive disorder, and hypertension. Resident 4's clinical record documented an annual 1-step TB test administered on 08/17/20 and read as negative on 08/19/20. However, the resident's record lacked documented evidence an annual one-step was completed by 08/31/21. On 01/24/22 at 10:04 AM, the Administrator verbalized an annual TB test should have been performed in 2021. Severity: 2 Scope: 1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5192	A. BUILDING _____ B. WING _____	01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0999 SS= D	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure residents were safe from toxic substances for 1 of 17 residents residing in the memory care unit. Findings include: On 01/24/22 at 9:19 AM, the following toxic substances were observed in a resident's bathroom in Room #24. -Nail polish -Elmers Glue -Hand sanitizer -Head and Shoulders shampoo -Dry Idea deodorant -Soft soap On 01/24/22 at 9:22 AM, the Regional Vice President of Operations verbalized the resident had recently moved to the memory care unit from the assisted living unit. The Regional Vice President of Operations confirmed the items should have been in a locked cabinet. The facility's Safety Reflections Protocol dated July 2021, documented under resident suites, toiletries must be kept in a locked drawer or cabinet and resident suites must be free of chemicals, items labeled "keep out of reach of children", items known to be potentially hazardous. Severity: 2 Scope: 1	0999	ReflectionsCoordinator will ensure high-risk items in memory care unit are properlysecured in a locked drawer or cabinet. ED ordesignee to monitor through monthly QA process and Wellness Director toperform routine audits.	01/25/2022
1037 SS= F	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a	1037	Businessoffice manager or designee to ensure team members receive the required hoursdementia/Alzheimer's-specific trainingthrough combination of revised elearning portal and supporting in-persontraining. ED or designee to monitor throughmonthly QA process to ensure team members are on track.	02/15/2022

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	resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on employee record review and interview, the Administrator failed to ensure employees had completed the required annual three hours of continuing education in providing care to residents with dementia for 7 of 10 sampled employees (Employee #2, #4, #5, #6, #8, #9 and #10). Findings include: The following employees record lacked documented evidence of the required annual three hours of continuing education in providing care to residents with dementia: Employee #2 Employee #2 was hired at the facility on 10/05/17, as a Caregiver in the Reflections unit. Employee #2's personnel file lacked documented evidence of dementia care training in 2021. Employee #4 Employee #4 was hired at the facility on 02/05/20, as the Reflections unit Care Manager. Employee #4's personnel file lacked documented evidence of dementia care training in 2021. Employee #5 Employee #5 was hired at the facility on 01/12/17, as a Medication Technician in the Reflections unit. Employee #5's personnel file lacked documented evidence of dementia care training in 2021. Employee #6 Employee #6 was hired at the facility on 03/18/19, as a Care Manager. Employee #6's personnel file lacked documented			

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	evidence of dementia care training in 2021. Employee #8 Employee #8 was hired at the facility on 01/20/20, as a Medication Technician in the Reflections unit. Employee #8's personnel file lacked documented evidence of dementia care training in 2021. Employee #9 Employee #9 was hired at the facility on 11/08/11, as a Medication Technician. Employee #9's personnel file lacked documented evidence of dementia care training in 2021. Employee #10 Employee #10 was hired at the facility on 10/13/20, as a Medication Technician in the Reflections unit. Employee #10's personnel file lacked documented evidence of dementia care training in 2021. On 01/24/22 at 1:43 PM, the Administrator confirmed Employees #2, #4, #5, #6, #8, #9 and #10 did not complete dementia training in 2021 The Administrator explained at least 3 hours of dementia training was required to be completed annually. Severity: 2 Scope: 3			
1700 SS= D	Annual Assessment of History of Each Resident Inspector Comments: Based on interview and record review, the Administrator failed to ensure a resident on the assisted living side with a diagnosis of dementia had a standard placement determination completed by a provider prior to admission to the facility to ensure the facility would have been able to provide the appropriate level of care in 1 of 15 sampled residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/28/21, with a diagnosis of Alzheimer's Disease. The clinical record for Resident #1 revealed the standard placement determination lacked a date. On 01/24/22 at 10:10 AM, the Executive Director confirmed Resident #1 had a diagnosis of Alzheimer's Disease and the standard placement determination was not dated. Severity: 2 Scope: 1	1700	Standard placementform has been revised to include the date. Wellness Director or designee will obtain acompleted revised standard placement form for all applicable residents.Wellness Director ordesignee to ensure usage of revised standard placement form duringmove-in process.	01/25/2022