

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5936	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2022
NAME OF PROVIDER OR SUPPLIER SAINT JEAN SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6924 ACOMA CRT, LAS VEGAS, NEVADA ,89145		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey initiated at your facility on 04/05/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for persons with Alzheimer Disease, and/or persons with chronic illness, Category II residents. The census at the time of the survey was 10. The facility received a grade of C. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting and 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:</p>			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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(X4) ID PREFIX TAG 0051 SS= C	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Administrator's Responsibilities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to designate in writing one or more employees to be in charge of the facility during the Administrator's absence. Findings include: On 04/05/22, there was no written posted designation of the employee in charge during the Administrator's absence. On 04/05/22 in the afternoon, the Administrator acknowledged there was no document posted identifying the designee to be contacted in the Administrator's absence. Severity: 1 Scope: 3	ID PREFIX TAG 0051	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 04/05/2022 After our survey, our Administrator instructed E#4 to put the name of employee in-charge and shall never left without employee in-charge at all time in the absence of our Administrator. E#4 is designated as Employee In-charge in the absence of our Administrator. E#4 will ensure to keep us in compliance. A picture is attached for your review.	(X5) COMPLETION DATE 04/28/2022

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(X4) ID PREFIX TAG 0065 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0065	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 04/28/2022
	<p>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.</p> <p>Inspector Comments: Based on interview and document review, the facility failed to ensure eight hours of annual Caregiver training was completed for 1 of 4 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 02/01/15 as an Administrator. E1's file lacked documented evidence eight hours of annual Caregiver training had been completed. E1's last training documents were dated as completed in 01/05/20 & 01/20/21. On 04/05/22 in the afternoon, the Administrator acknowledged E1's file lacked the required documentation for annual Caregiver training. Severity: 2 Scope: 1</p>		<p>Our Administrator took her Caregiving class on 1/20/2022. Unfortunately it was not filed correctly. After our survey, we checked every file and we were able to retrieve and file it in the correct employee file. Our Administrator will check all files monthly for compliance. A copy of the certificate is attached here for your review.</p>	

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(X4) ID PREFIX TAG 0102 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review, the facility failed to ensure tuberculosis (TB) screenings were completed annually for 1 of 4 employees (Employee #3). Employee #3's last documented TB screening was completed on 03/01/21. The Owner was unable to provide documentation of TB screening completed annually in for Employee #3. Severity: 2 Scope: 1	ID PREFIX TAG 0102	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) In the afternoon of our survey, April 5, 2022, Nurse Practitioner started the TB Screening test for E#3 and read it on 4/8/2022 and result was negative. A copy of the result is attached here for your review. Our Administrator will review all employee files quarterly for compliance.	(X5) COMPLETION DATE 04/28/2022
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential 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 interview and record review, the facility failed to ensure a medication review was completed every six months for 5 of 10 residents (Residents #1, #7, #8, #9 and #10). On	0870	On the eve of 4/5/2022, we reviewed our residents file who are missing med reviews. R#1 med review was done on 1/12/2022 R#7 med review was done on 1/14/2022 R#8 med review was done on 1/13/2022 R#9 med review was missing and we were able to acquire it on 4/25/2022 R#10 med review was done on 1/24/2022 All the med reviews copy are attached here for your review. Our Administrator will review all residents files monthly for compliance.	04/28/2022

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	04/05/22 in the morning, resident file reviews revealed the following: Resident #1 (R1) was admitted to the facility on 11/07/20. R1's file lacked documented evidence of a medication review completed every six months. R1's file revealed that the past two medication reviews were dated 03/05/21 and 01/12/22. Resident #7 (R7) was admitted to the facility on 12/03/18. R7's file lacked documented evidence of a medication review completed every six months. There were no pharmacy reviews in R7's file. Resident #8 (R8) was admitted to the facility on 11/02/20. R8's file lacked documented evidence of a medication review completed every six months. The last medication review was dated 11/09/20. Resident #9 (R9) was admitted to the facility on 11/28/18. R9's file lacked documented evidence of a medication review completed every six months. The last two medication reviews were dated 03/04/21 and 06/21/21. Resident #10 (R10) was admitted to the facility on 09/08/20. R10's file lacked documented evidence of a medication review completed every six months. The last two medication reviews were dated 12/23/20 and 06/21/21. On 04/05/22 in the afternoon, the Administrator acknowledged medication reviews had not been completed every 6 months for R1, R7, R8, R9 and R10. Severity: 2 Scope: 2 This is a repeat deficiency from the annual survey completed on 06/07/21.			
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	0878	On April 5, 2022, after our survey, E#3 called the hospice nurse regarding medication error on R#1, she explained the medication error that the Guaifenesin 600 mg, two tablets twice a day for five days but it was given as one tablet twice a day. The nurse instructed her to continue giving the medications as ordered originally at Guaifenesin 600 mg tablet, two tablets twice a day until finished then stop. A copy of corrected MAR and incident report is attached here for your review. Our Administrator will review the medicine and MARs for changes or new orders of medicine to ensure compliance.	04/28/2022

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	<p>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.</p> <p>Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure medications were administered to a resident as ordered by the physician for 1 of 10 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 11/07/20 with diagnoses including dementia, anemia, B-cell lymphoma, and failure to thrive. The physician's order dated 03/31/22 documented Guaifenesin 600 milligrams (mg), two tablets twice a day for five days. The prescription bottle for the Guaifenesin stated the quantity of tablets dispensed as twenty tablets. A review of the Medication Administration Record (MAR) revealed that the medication was administered twice a day from 04/01/22 to 04/04/22. However, a tablet count revealed ten tablets left in the prescription bottle on the fifth and final day of the physician's order, when there should have only been two tablets left to administer on 04/05/22 at the evening medication pass. On 04/05/22 in the afternoon, the Administrator</p>			

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	acknowledged the medications for R1 were not administered per physician's orders. Severity: 2 Scope: 1			
0895 SS= D	<p>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.</p> <p>Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) accurately documented the administration of medications for 2 of 10 residents (Resident #7 and Resident #8). Findings include: Resident #7 (R7) R7 was admitted on 12/03/18 with diagnoses including dementia. On 04/05/22 in the afternoon, a record review of R7's MAR revealed that R7's 'as needed' (PRN) medications were not documented on the April 2022 MAR. Resident #8 (R8) R8 was admitted on 11/02/20 with diagnoses including Alzheimer's Disease. A physician's order dated 11/02/21 revealed that Mupirocin ointment 2% was to be applied in a small amount to the infected area topically three times a day for fourteen days. On 04/05/22 in the afternoon, R8's MAR listed Mupirocin ointment 2% as a PRN medication to be applied as needed three times a day. On 04/05/22 in the afternoon, the Administrator and Caregiver acknowledged the MARs for R7 and R8 were not accurate. Severity: 2 Scope: 1</p>	0895	<p>On 4/5/2022, the surveyor observed that the PRN for R#7 was not made for the month of April. After our survey, E#3 made the PRN MAR for the month of April for R#7. Attached here is a copy of the PRN MAR for the month of April for R#7 for your review. On 1/26/2022, R#8 have a prescribed order of Mupirocin 2% ointment, three times a day as needed for skin redness and irritation. During our survey, the surveyor read the Mupirocin order label was Mupirocin 2% ointment three times a day for 14 days. Our Administrator called the pharmacy for correction of the label and we received new medications with the correct instructions of Mupirocin 2% ointment to apply affected areas three times daily as needed. Attached here is the copy of the original prescription and the copy of the corrected label. Our Administrator will check our MAR monthly for compliance.</p>	04/28/2022

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0936 SS= D	<p>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.</p> <p>Inspector Comments: Based on interview and record review, the facility failed to ensure a 2-step Tuberculosis (TB) test was completed for 1 of 10 residents (Resident #5 (R5), was admitted on 03/19/22. R5's file lacked documentation of an initial 2-step TB test. Severity: 2 Scope: 1</p>	0936	On 4/6/2022 R#5 started a two-step TB Test and was read on 4/9/2022 with negative result. On 4/9/2022, second step was administered and also resulted negative and read on 4/12/2022. A copy of the TB test is attached here for your review. Our Administrator will review all files monthly for compliance.	04/28/2022
1037 SS= D	<p>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 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</p>	1037	On 1/5/2022, E#1 completed an 8-hour class for Alzheimer's training. A copy of her certificate is attached here for your review. Our Administrator will review all files monthly for compliance.	04/28/2022

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	<p>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).</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure annual Alzheimer's training was completed for 1 of 4 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 02/01/15 as an Administrator. E1's last Alzheimer's training was completed on 07/01/20. E1's file lacked documented evidence annual Alzheimer's training was completed. On 04/05/22, the Administrator acknowledged there was no documented evidence annual Alzheimer's training was completed for E1. Severity: 2 Scope: 1</p>			