

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>7958</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CANYON VISTA POST ACUTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6352 MEDICAL CENTER STREET, LAS VEGAS, NEVADA ,89148</b>
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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 Medicare Recertification Survey in your facility on January 24, 2023, and completed on January 27, 2023, in accordance with Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities. The census was 114. The sample size was 27. Seventeen 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 may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	0000		
393 SS= D	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	393	<b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b> No Residents found to have been affected by the deficient practice.  <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> All Residents have the potential to be affected by this deficient practice. All personnel files of the employee who have direct contact and provide care to residents with any form of dementia reviewed to ensure that in the first year of employment 8 hours, within the first 30 days after the employee begins employment; and every year 3 hours, after the first year of employment on or before the anniversary date of the first day of employment, continuing education specifically related to dementia has been completed and that proof of the continuing education is maintained in the employee file.  <b>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</b>	03/02/2023

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: JOSHUA ROBERTS Title: Administrator Date: 03/03/2023

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	<p>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) Advising family members of a person with dementia concerning interaction with the person with dementia.</p> <p>Inspector Comments: Based on interview and personnel record review, the facility failed to ensure the information on the dementia certificate was accurate for 1 of 17 sampled employees (Employee 12). The failure creates a potential for employees to not be aware of appropriate individualized interventions needed to care for residents with dementia. Findings include: Employee 12 (E12) E12 was hired on 04/09/2018, as a Social Worker as needed. A Certificate of Completion dated 12/22/2022, documented E12 had a 3-hour training on Alzheimer's. On 01/27/2023 at 9:20 AM, the Human resources conveyed E12 had not worked in the facility since 10/2022. On 01/27/2023 at 12:15 PM, the Director of Staff Development (DSD) could not provide an</p>		<p>HR or designee to randomly review the personnel files of 10 employees 2x a week x 1 month, then monthly ongoing to ensure that in the first year of employment 8 hours, within the first 30 days after the employee begins employment; and every year, 3 hours after the first year of employment, on or before the anniversary date of the first day of employment, that continuing education related to dementia has been completed and that proof of continuing education is maintained in the employee file.</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained.</b> DSD or designee to review the results of the HR or designee review weekly x 1 week x 1 month, then monthly ongoing to ensure that in the first year of employment 8 hours, within the first 30 days after the employee begins employment; and every year, 3 hours after the first year of employment, on or before the anniversary date of the first day of employment, that continuing education specifically related to dementia has been completed and that proof of the continuing education is maintained in the employee file.</p> <p>Any negative findings to be reported to the QA committee to ensure facility compliance.</p> <p><b>Individual responsible:</b> Director of Staff Development.</p> <p><b>Date when corrective action will be completed:</b> Will be accomplished by the first quarter of 2023.</p>	

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705 SS= F	<p>Discrimination prohibited</p> <p>Inspector Comments: Based on interview and personnel record review, the facility failed to ensure 17 of 17 sampled employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding obtaining initial cultural competency training from a division-approved training program. The failure had the potential to result in mental or physical effects resulting in discrimination of the residents in the facility. Findings include: Employee 1 was hired on 11/29/2021, as an Administrator. A Certificate of Completion for Cultural Diversity and the Older Adult dated 07/31/2022, lacked documented evidence the training was approved by the Division. Employee 2 was hired on 09/06/2022, as a Director of Nursing. A Certificate of Completion for Cultural Diversity and the Older Adult dated 10/31/2022, lacked documented evidence the training was approved by the Division. Employee 3 was hired on 12/19/2022, as an Infection Preventionist/Director of Staff Development. A Certificate of Completion for Cultural Diversity and the Older Adult dated 12/30/2022, lacked documented evidence the training was approved by the Division. Employee 4 was hired on 07/12/2022, as a Registered Nurse. A Certificate of Completion for Cultural Diversity and the Older Adult dated 07/31/2022, lacked documented evidence the training was approved by the Division. Employee 5 was hired on 08/09/2022, as a Charge Nurse. A Certificate of Completion for Cultural Diversity and the Older Adult dated 08/31/2023, lacked documented evidence the training was approved by the Division. Employee 6 was hired on 09/28/2022, as a Certified Nursing Assistant (CNA). A Certificate of Completion for Cultural Diversity and the Older Adult dated 09/30/2023, lacked documented evidence the training was approved by the Division.</p>	705	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b> No Residents found to have been affected by the deficient practice.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b> All residents have the potential to be affected by this deficient practice. All employees at Canyon Vista Post Acute to undergo Nevada Cultural Competency training.</p> <p><b>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</b> DSD or designee to ensure that all staff complete Cultural Competency Training annually and at the time of hire to assist in providing appropriate services to all patients and to reduce health disparities. DSD or designee to currently and continuously schedule training for staff of Canyon Vista Post Acute.</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained.</b> HR or designee to conduct a monthly audit, ongoing of all employees to ensure that Cultural competency Training has been completed upon hire and annually, after the first year of employment on or before the anniversary date of the first day of employment.</p> <p>Any negative findings to be reported to the QA committee to ensure facility compliance.</p> <p><b>Individual responsible:</b> Human Resource</p>	03/02/2023

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	<p>Employee 7 was hired on 09/06/2022, as a CNA. A Certificate of Completion for Cultural Diversity and the Older Adult dated 09/1/2023, lacked documented evidence the training was approved by the Division. Employee 8 was hired on 01/25/2022, as a CNA. A Certificate of Completion for Cultural Diversity and the Older Adult dated 12/30/2022, lacked documented evidence the training was approved by the Division. Employee 9 was hired on 09/06/2022, as a CNA. A Certificate of Completion for Cultural Diversity and the Older Adult dated 09/12/2022, lacked documented evidence the training was approved by the Division. Employee 10 was hired on 07/06/2022, as a CNA. The employee file lacked documented evidence of a certificate of completion for cultural competency. Employee 11 was hired on 07/22/2015, as a Social Service Assistant. A Certificate of Completion for Cultural Diversity and the Older Adult dated 07/31/2022, lacked documented evidence the training was approved by the Division. Employee 12 was hired on 04/09/2018, as a Social Worker as needed. A Certificate of Completion for Cultural Diversity and the Older Adult dated 07/31/2022, lacked documented evidence the training was approved by the Division. Employee 13 was hired on 11/22/2016, as a Dietitian. A Certificate of Completion for Cultural Diversity and the Older Adult dated 07/31/2022, lacked documented evidence the training was approved by the Division. Employee 14 was hired on 04/07/2016, as a Case Manager. A Certificate of Completion for Cultural Diversity and the Older Adult dated 07/31/2022, lacked documented evidence the training was approved by the Division. Employee 15 was hired on 08/27/2019, as a Licensed Practical Nurse. A Certificate of Completion for Cultural Diversity and the Older Adult dated 12/22/2022, lacked documented evidence the training was approved by the Division. Employee 16 was hired on 11/11/2015, as an Activities Director. A Certificate of Completion for Cultural Diversity and the Older Adult dated 07/31/2022, lacked documented evidence the training was approved by the Division. Employee 17 was hired on 01/28/2015, as a Cook. A</p>		<p><b>Date when corrective action will be completed:</b> Will be accomplished by the first quarter of 2023.</p>	

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	Certificate of Completion for Cultural Diversity and the Older Adult dated 07/31/2022, lacked documented evidence the training was approved by the Division. On 01/26/2023 in the afternoon, the HR conveyed the facility utilized an online education program for their cultural competency training which was not approved by the State. On 01/26/2023 at 3:22 PM, the Clinical Services Director conveyed in 2021 the facility submitted a course content for cultural competency training to a State agency for approval but failed to follow-up. The Clinical Service Director indicated the facility did not seek other approved trainings for cultural competency due to the cost and continued to use the unapproved training through their online education program. On 01/26/2023 at 4:54 PM, the Administrator conveyed the facility had discussed the cultural competency training in the past but was not aware the training was mandatory. Severity 2 Scope 3			