

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER AVAMERE AT CHEYENNE			STREET ADDRESS, CITY, STATE, ZIP CODE 6031 W. CHEYENNE AVENUE, LAS VEGAS, NEVADA ,89108	
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	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation completed at your facility on 02/11/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 150 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, 50 Category 1 and 100 Category II residents. The census at the time of the survey was 133. Twenty five resident files and fifteen employee files were reviewed. The facility received a grade of C. The sample size was 25. There were two complaints investigated: Substantiated: 1. Complaint #NV00072310 was substantiated (See TAGs Y0840 and Y0960). 2. Complaint #NV00072745 was substantiated. (See tag 0393) The investigation of the Complaint included: Observation of staff providing care to residents, call bell response times and a tour of the facility. Interviews were conducted with the residents of concern, residents, a Caregiver, Medication Technicians, the Resident Care Coordinator and the Executive Director. Clinical record Review of 25 records, which included the residents of concern. Document Review included employee schedules, call bell response time records, and resident council meeting minutes. 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:</p>			
0074 SS= E	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive;	0074		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential						

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	<p>facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to</p>						

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	<p>provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163.</p> <p>Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 7 of 15 employees received elder abuse training prior to providing care to residents. (Employee #1, #2, #3, #6, #7, #8 and #13) Findings include: Employee #1 (E1) E1 was hired on 09/11/24 as a Medication Technician. E1's file documented initial elder abuse training dated 10/10/24, one month after hire. Employee #2 (E2) E2 was hired on 01/16/25 as a Caregiver. E2's file lacked documented evidence of initial elder abuse training. Employee #3 (E3) E3 was hired on 11/29/23 as a Medication Technician. E3's file documented initial elder abuse training dated 01/07/24, five weeks after the hire date. Employee #6 (E6) E6 was hired on 10/22/24 as a Medication Technician. E6's file documented elder abuse training dated 11/27/24, five weeks after the hire date. Employee #7 (E7) E7 was hired on 08/14/24 as a Medication Technician. E7's file documented initial elder abuse training dated 10/31/24, 10 weeks after the hire date. Employee #8 (E8) E8 was hired on 08/28/24 as a Medication Technician. E8's file documented initial elder abuse training dated 11/13/24, 10 weeks after the hire date. Employee #13 (E13) E13 was hired on 09/24/24 as a Caregiver. E13's file documented initial elder abuse training dated 10/29/24, five weeks after the hire date. On 02/12/25 at 1:00 PM, the Business Office Manager (BOM) reported new hires had orientation for two weeks prior to</p>						

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	providing care to a resident, and all employees must have elder abuse training, per regulations. The BOM could not provide the requested documentation for E1, E2, E3, E6, E7, E8 and E13, and acknowledged knowing the requirement for the elder abuse training prior to providing care to the residents. The BOM reported all of the employees had been regularly scheduled to work in the facility. There were no facility policies and procedures available at the time of survey. Severity: 2 Scope: 2						
0102 SS= D	<p>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;</p> <p>Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 2 of 15 employees had pre-employment physical examinations at the time of hire. (Employee #2 and #8) Findings include: Employee #2 (E2) E2 was hired on 01/16/25 as a Caregiver. E2's file lacked documented evidence of a pre-employment physical examination. Employee #8 (E8) E8 was hired on 08/28/24 as a Medication Technician. E8's file lacked documented evidence of a pre-employment physical examination. On 02/11/25 at 2:30 PM, the Business Office Manager confirmed the missing pre-employment physical examinations for E2 and E8 and acknowledged the requirement of the employee physical examinations, at the time of hire and prior to providing care. There were no facility policies and procedures available at the time of survey. Severity: 2 Scope: 1</p>	0102					
0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must	0174					

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	<p>be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure water temperatures were within a safe temperature range for 3 of 7 common areas and 8 of 11 resident rooms. Findings include: On 02/12/25 in the morning, the water temperature in resident room numbers (#)206, #214 and #279 registered at an average of 120 degrees Fahrenheit (F). On 02/12/25 in the morning, the Director of Maintenance (DM) indicated the facility had installed two new boilers and the plumbing vendors were still waiting on special ordered parts which effect the temperatures of the water. The DM was unsure when the ordered parts were to arrive. On 02/12/25 in the afternoon, the water temperatures in the following resident rooms were not at safe temperature ranges. - #106, 121.4 degrees F - #119, 119.6 degrees F - #124, 118.2 degrees F - #139, 120.2 degrees F - #168, 119.4 degrees F - #208, 120.2 degrees F - #237, 119.5 degrees F - #245, 119.6 degrees F On 02/12/25 in the afternoon, the water temperatures in the following resident common areas were not at safe temperature ranges. - Social Room/Lounge on First (1st) floor, 118.2 degrees F - All Laundry room on second (2nd) floor, 120 degrees F - All Laundry room on 1st floor by Bistro, 113 degrees F On 02/12/25 in the afternoon, the Executive Director acknowledged the water temperatures in the facility were above an acceptable and safe temperature range. The Executive Director presented the survey team with the vendor's Technician's report which revealed the needed high-temperature valves had been on back order since 12/04/25. The vendor report indicated the supplier could</p>						

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	not give an estimated date for the arrival of the needed parts. Severity: 2 Scope: 3						
0393 SS= D	<p>Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. (NRS 449.0302) 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility.</p> <p>Inspector Comments: Based on interview, and document review, the facility failed to ensure call bells were answered in a timely manner and per the facility's expected response time. Findings include: On 02/11/25 in the morning, four residents were interviewed. Resident #25 (R25) (ROC) R25 was admitted to the facility on 11/09/22 with diagnoses including multiple sclerosis and hypertension. R25 verbalized the call light response time could be 5 minutes to an hour. On 02/11/25 in the morning, two Caregivers verbalized the expectation and policy for the facility was to answer call lights within four minutes. They verbalized if staff could not answer a call light because they were busy with another resident's care, they used their hand-held radio to alert other staff to the call light. On 02/11/25 in the morning, the Health Service Coordinator verbalized the expectation and facility's policy was to have staff answer a</p>	0393					

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	call light within four minutes. The Health Service Coordinator verbalized the management team reviewed call light times every day to ensure call lights are answered within an acceptable time (the Health Service Coordinator defined an acceptable time to be within 15 minutes.) Document review revealed a lack of policies and procedures related to call light response times to clarify whether call light response times were supposed to be four minutes or 15 minutes. Call light response times were reviewed via the documentation provided by the electronic monitoring system used by the facility. This documentation revealed multiple documentation of call light response times out of the maximum acceptable range of 15 minutes as expected per the Health Service Coordinator's interview on 02/11/25 in the morning. Documentation review revealed the following call light response times from the electronic monitoring system used by the facility: 02/10/25 room 245 - response 19 minutes 19 seconds. 02/10/25 room 231 - response 18 minutes 01 seconds. 02/10/25 room 203 - response 20 minutes 02 seconds. 02/10/25 room 128 - response 22 minutes 51 seconds. 02/10/25 room 217 - response 17 minutes 18 seconds. 02/10/25 room 245 - response 21 minutes 06 seconds. 02/10/25 room 201 - response 26 minutes 07 seconds. 02/10/25 room 165 - response 19 minutes 08 seconds. On 02/11/25 the Health Service Coordinator acknowledged the above call light response times were outside the acceptable range of 15 minutes, per the expectations of the facility. Severity: 2 Scope: 3 Complaint #NV00072745						
0450 SS= F	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in	0450					

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	<p>first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.</p> <p>Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 9 of 15 employees acquired first aid and/or cardiopulmonary resuscitation (CPR) training within 30 days of hire. (Employee #1, #3, #4, #6, #7, #8, #11, #13 and #14) Findings include: Employee #1 (E1) E1 was hired on 09/11/24 as a Medication Technician. E1's file documented first aid and CPR training dated 01/18/25, four months after hire. Employee #3 (E3) E3 was hired on 11/29/23 as a Medication Technician. E3's file documented CPR training dated 08/11/23. There was no first aid training component completed and documented until 01/18/25, 14 months after hire. Employee #4 (E4) E4 was hired on 10/16/24 as a Medication Technician. E4's file documented CPR training dated 04/24/23. There was no first aid training component completed and documented until 01/18/25, three months after hire. Employee #6 (E6) E6 was hired on 10/22/24 as a Medication Technician. E6's file documented first aid and CPR training dated 01/18/25, three months after hire. Employee #7 (E7) E7 was hired on 08/14/24 as a Medication Technician. E7's file documented first aid and CPR training dated 01/11/25, five months after hire. Employee #8 (E8) E8 was hired on 08/28/24 as a Medication Technician. E8's file documented online first aid and CPR training dated 11/01/23. There was no hands on CPR training component completed and documented until 01/18/25, 14 months after hire. Employee #11 (E11) E11 was hired on 07/02/24 as a Caregiver. E11's file documented online CPR training dated 12/28/23. The first aid and next CPR training was dated 01/11/25, 14 months after hire. Employee #13 (E13) E13 was</p>						

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	hired on 09/24/24 as a Caregiver. E13's file E6's file documented first aid and CPR training dated 01/11/25, two and a half months after hire. Employee #14 (E14) E14 was hired on 05/24/21 as the Resident Care Coordinator. E14's file documented the last first aid and CPR training dated 09/15/20. E14's file lacked documented evidence of first aid training after 09/15/20, per the requirement. On 02/11/25 at 2:55 PM, the Business Office Manager (BOM) reported all employees must have first aid and CPR training, per the requirement. The BOM confirmed the late training and/or missing documentation for E1, E3, E4, E6, E7, E8, E11, E13 and E14. The BOM reported none of the employees without first aid training were nurses. There were no facility policies and procedures available at the time of survey. Severity: 2 Scope: 3			
0840 SS= D	Review of Medical Condition of Resident - NAC 449.2738 Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. (NRS 449.0302) 1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident; and (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident. Inspector Comments: Based on observation, document review, record review and interview, the Bureau of Health Care Quality and Compliance (BHCQC) determined a current review by a physician	0840		

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	<p>of the physical and mental condition of 1 of 25 sampled residents was necessary (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 02/23/17, with diagnoses including dementia and late onset Alzheimer's disease. A Physician's Standard Placement Determination dated 12/06/24 documented R1 required a residential facility which provided care to persons with Alzheimer's disease or related dementia, including senile dementia, organic brain syndrome or other cognitive impairment. The Placement Determination went on to document the resident should be placed in a facility that has alarms on primary exits or may be a locked separate wing of an assisted living facility, and staffing requirements of at least 1 caregiver to 6 residents. On 02/11/25 at 10:52 AM, a mini cognitive assessment of R1 was performed. When asked what city and state R1 lived in, R1 responded C, R, O, N. R1 reported the year was 1942 and verbalized the current President of the United States was named exports. According to R1, the day of the week was Sunday when in fact the day of the week was Tuesday. On 02/11/25 at 11:16 AM, the Administrator acknowledged R1's 12/06/24 Physician's Placement Determination confirmed the physician had selected an Alzheimer's facility as an appropriate placement for R1. On 02/11/25 the facility provided a Physician's Standard Placement Determination Form to the Surveyor dated 02/11/25, the day of the survey. This Placement Determination lacked an in-person physical comprehensive assessment of R1. Therefore, due to the physician's assessment on 12/06/24, R1's diagnoses, BHCQC's mini cognitive assessment and lack of a comprehensive assessment by the physician on 02/11/25, an assessment of the physical and mental condition of R1 was determined to be necessary by HCQC. Severity: 2 Scope: 1 Complaint #NV00072310</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER AVAMERE AT CHEYENNE			STREET ADDRESS, CITY, STATE, ZIP CODE 6031 W. CHEYENNE AVENUE, LAS VEGAS, NEVADA ,89108	
(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
0876 SS= D	<p>Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure an Ultimate User Agreement (UUA) was completed for 1 of 25 residents, prior to administering medications. (Resident #16) Findings include: Resident #16 (R16) R16 was admitted on 05/25/2019 with diagnoses including hypertension, Bell's palsy, and hypothyroidism. R16's file documented an UUA dated 05/25/2019 revealing R16 managed their own medications and this document was signed by R16 and a facility representative. On 02/11/2025 in the afternoon, the February 2025 Medication Administration Record documented medications were managed and administered to R16. On 02/11/2025 in the afternoon, Employee #16 confirmed R16's medications were managed by the facility. On 02/11/2025 in the afternoon, the Administrator confirmed R16's file lacked an updated UUA for the facility to manage R16's medications. Severity: 2 Scope: 1</p>	0876		
0960 SS= D	<p>Alzheimer's Care Application for Endorsement - NAC 449.2754 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides</p>	0960		

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	<p>care for a resident with Alzheimer ' s disease or another form of dementia who meets the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 must obtain an endorsement on its license as a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or another form of dementia who does not meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 may obtain such an endorsement.The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Reference - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident:</p> <p>(a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups.</p> <p>Inspector Comments: Based on interview and record review, the facility failed to ensure a resident with a diagnosis of dementia was appropriately placed</p>						

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	according to the Physician Placement Determination for 1 of 26 residents. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted to the facility on 02/23/17, with diagnoses including dementia and late onset Alzheimer's disease. A Physician's Standard Placement Determination dated 12/06/24 documented R1 required a residential facility which provided care to persons with Alzheimer's disease or related dementia, including senile dementia, organic brain syndrome or other cognitive impairment. The Placement Determination went on to document the resident should be placed in a facility that has alarms on primary exits or may be a locked separate wing of an assisted living facility, and staffing requirements of at least 1 caregiver to 6 residents. On 02/11/25 at 10:52 AM, a mini cognitive assessment of R1 was performed. When asked what city and state R1 lived in, R1 responded C, R, O, N. R1 reported the year was 1942 and verbalized the current President of the United States was named exports. According to R1, the day of the week was Sunday when in fact the day of the week was Tuesday. On 02/11/25 at 11:16 AM, the Administrator acknowledged R1's 12/06/24 Physician's Placement Determination was unclear and confirmed the physician had selected an Alzheimer's facility as an appropriate placement for R1. Severity: 2 Scope: 1 Complaint #NV00072310						

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1035 SS= D	<p>Care to Persons with Dementia - NAC 449.2768 and R043-22 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 holds an endorsement as a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia pursuant to NAC 449.2754 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 in addition to the training required by NAC 449.196: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of tier 2 training .</p> <p>Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 2 of 15 employees acquired 2 hours of Alzheimer's training within 40 hours of hire. (Employee #2 and #7) Findings include: Employee #2 (E2) E2 was hired on 01/16/25 as a Caregiver. E2's file lacked documented evidence of 2 hours of Alzheimer's training within 40 hours of hire. Employee #7 (E7) E7 was hired on 08/14/24 as a Medication Technician. E7's file lacked documented evidence of 2 hours of Alzheimer's training within 40 hours of hire. On 02/11/25 at 12:50 PM, the Business Office Manager (BOM) confirmed the missing Alzheimer's training for E2 and E7. The BOM reported all employees must have Alzheimer's training per the regulations. There were no facility policies and procedures available at the time of survey. Severity: 2 Scope: 1</p>	1035					