

From: [TyShana Giles](#)
To: [LC Audit Subcommittee](#)
Cc: [Rosie Banks](#); [Tyler Coffman](#); [Mendi Baron](#); [John Lanning](#); [Izzy Baltazar](#); [Matthew Cox](#); [Samantha Marshall](#); [Human Resources](#)
Subject: Moriah Behavioral Health
Date: Thursday, January 16, 2025 10:31:37 AM
Attachments: [IMG_4959.png](#)
[Report on the Legislative Counsel Bureau Update 12_11_2024 Updates.pdf](#)
[NV Clearance Letter \[REDACTED\].pdf](#)
[\[REDACTED\].pdf](#)
[NV Undetermined Notification Letter.pdf](#)
[FP Confirmation.pdf](#)

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Background Check #: [REDACTED]
Generated Forms, Letters, and Reports

Document Type	Application #	Provider	Document Name	File Size	Generated By	Generated On
Application	[REDACTED]	IGNITE TEEN TREATMENT LLC - 9928	Final Registry Results.pdf	408.0KB	[REDACTED]	12/22/2020 11:21 AM
Application	[REDACTED]	IGNITE TEEN TREATMENT LLC - 9928	Fingerprint Form.pdf	464.0KB	[REDACTED]	12/22/2020 11:21 AM
Application	[REDACTED]	IGNITE TEEN TREATMENT LLC - 9928	Fingerprint Form.pdf	464.0KB	[REDACTED]	12/22/2020 11:21 AM

Dear LCB Audits,

On behalf of Moriah Behavioral Health, please accept the attached written communications for inclusion in the meeting minutes.

Regarding the employee updates, please find the following details and supporting documentation attached:

- * [REDACTED] was hired on [REDACTED], and her fingerprints were processed on [REDACTED] with GoFingerprint under TCN# [REDACTED].
- * [REDACTED] all have clearance letters attached. Please note that [REDACTED] clearance remains in the undetermined status due to a challenge he filed with NABS; we have not yet received a response.
- * [REDACTED] fingerprints were obtained within the required timeframe, but the fingerprint card was returned due to a temporary suspension of Moriah's account for lack of funds. [REDACTED] is no longer employed with Moriah, effective August 30, 2024.

As part of our corrective action plan, we are committed to maintaining the status of our accounts with the Department of Health and Human Services, Nevada Division of Public and Behavioral Health. We will continue to perform due diligence by following up on both initial and periodic background investigations for our employees. When the NABS system alerts us that a permanent employee is due for rescreening, we will promptly process a new application and fingerprint form.

Sincerely,
TyShana Giles
Moriah Health

Tyshana (Ty) Giles, Ed.d, SPHR, SHRM-CP
(she/her)

Human Resources Generalist

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[REDACTED]

[REDACTED]

HR Office/Recruiting



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Report on the Legislative Counsel Bureau - Update

With

Ignite Teen Treatment LLC (Moriah Behavioral Health)

December 11th, 2024

Meeting attendees: Hailey Cornelia - LCB; Tina Leopard - HCQC, Jennifer Otto - LCB; Rosie Banks, PhD (Chief of Staff) - ITT; Tyler Coffman (Director of Operations for Residential Services) - ITT; Melisa Marshall (Director of Compliance) - ITT; Izzy Baltazar - ITT (Director of Human Resources)

Background:

The Legislative Counsel Bureau~

Legislative service agencies were created to free legislators from dependence upon the executive branch of state government and lobbyists for information and assistance. With service agencies, a legislator is not dependent upon a lobbyist or a governor to draft a bill, research data, or provide information about other states with similar problems. The more professional and expert the service agency staff, the less legislators need to depend on sources of support that may be biased (The Legislative Counsel Bureau, 2024).

Many states, including Nevada, use the basic legislative council pattern providing for a body composed of legislators from each house and from each party empowered to function during the interim between sessions. Powers and responsibilities vary among the states, but basically councils carry out functions assigned by the full legislatures. These functions range from simple administrative duties to extensive power of legislative oversight, policy research, and emergency appropriations (The Legislative Counsel Bureau, 2024).

Although many states maintain separate staff for each house in addition to partisan staff, the Legislative Counsel Bureau is a nonpartisan centralized agency serving both houses and members of all political parties. In March of 1945, the Nevada Legislature recognized a need for more information and assistance in order to deal with increasingly complex tasks as described in the preamble to the bill creating the Legislative Counsel Bureau:

At each biennial session of the legislature, that body is confronted by requests for legislation expanding and changing the functions of and increasing the appropriations of numerous offices, departments, institutions, and agencies of the state government; and . . . notwithstanding the information provided by the messages and budgets of the governor and the reports of public officers, it is impossible for the legislature or its committees to secure sufficient information to act advisedly on such requests in the time limited for its sessions (The Legislative Counsel Bureau, 2024).

The 1945 law establishing the bureau charged it with assisting the Legislature to find facts concerning government, proposed legislation, and various other public matters. During the next several years, the duties of the bureau and its staff were modified and expanded. In 1963, the Nevada Legislature reorganized the Legislative Counsel Bureau, giving it structure and responsibilities similar to those it has today (The Legislative Counsel Bureau, 2024). One part of this change was the incorporation of the Statute Revision Commission into the Legislative Counsel Bureau as the Legal Division. The Statute Revision Commission was originally created by the Supreme Court in 1951 and became involved in bill drafting as an adjunct to its statute revision work. The 1963 legislation also added a Fiscal and Auditing Division and a Research Division (The Legislative Counsel Bureau, 2024).

Summary

The staff services of the Legislative Counsel Bureau are furnished throughout the year for any legislator. Legal advice, fiscal information, and background research are furnished upon request. Services of a more extensive nature are executed when the Legislature so orders by means of a law or resolution. Between sessions, such projects may be requested through the Legislative Commission (The Legislative Counsel Bureau, 2024).

The Legislative Counsel Bureau (2024). Retrieved from <https://www.leg.state.nv.us/division/lcb/morelcb.html>

Jurisdiction for Audit ~

Nevada Regulatory Statute 218.G.585

Findings:

The Legislative Counsel Bureau found Ignite Teen Treatment LLC in violation of the following Nevada Regulatory Statutes:

NRS 432B. 4687 - Missing PLRs with State agencies to administer psychotropic medications.

- ❖ Feedback: A specific form of consent (in writing) has to be in place with the State agency who holds custodial care over the client. Psychotropic medications have to be in place before medication can be administered. There were partial Medication Administration Records (MARS) in Ritten. There were no records about independent reviews. The physician orders from the month of September 2024 are under scrutiny).
- *Corrective Action Plan:* The psychiatry team is working on a corrective action plan to ensure the specified forms of consent (PLRs) are in place before psychotropics are prescribed.

NRS 449.123 - Lack of repeated background checks for staff members after the initial background check has been issued.

- ❖ Feedback: Background checks should be processed periodically during the staff members employment with the company.
- *Corrective Action Plan:*

NRS 443.5493 - Improper use of physical restraints.

- ❖ Feedback: Improper use of physical restraint that led to a client being hospitalized. It was unclear which personnel were CPI certified and authorized to administer a physical restraint.
- *Corrective Action Plan:* The incident was thoroughly reviewed to identify procedural gaps, and staff involved were debriefed to understand the missteps. A review of personnel records was conducted to determine who was Crisis Prevention Intervention (CPI) certified and authorized to administer restraints. Non-certified staff were prohibited from performing physical restraints, and mandatory training sessions were scheduled to ensure all staff received proper CPI certification. Clear documentation protocols were established to maintain an up-to-date list of certified personnel. Supervisors were tasked with closely monitoring restraint situations to ensure compliance with guidelines. Additionally, a follow-up policy was implemented, requiring post-incident reviews to assess safety and appropriateness of actions.

NAC 449.448 - Unsecured can opener and hot plate in the kitchen unattended; glue, and nail polish remover within client reach.

- ❖ Feedback: All items could be used for self-harm
- *Corrective Action Plan:* Unattended items such as a can openers and hot plates are now stored in a secure, locked cabinet when not in use. Glue and nail polish remover were also relocated to a designated storage area inaccessible to clients. Staff were retrained on the importance of securing potentially harmful items and maintaining vigilance to prevent access by clients. Supervisors conducted follow-up inspections to ensure compliance and included the monitoring of these items in routine safety checks.

NAC 449.426 - Pool clean up; construction zones

- ❖ Feedback - Pool needed maintenance. Construction materials for house repairs were left unattended.

- **Corrective Action Plan:** The pool underwent maintenance to ensure it was safe and functional for use, with a detailed inspection and required repairs completed. All construction materials left unattended for house repairs were promptly organized and stored in a secure, designated area inaccessible to clients, reducing hazards and maintaining a clean environment. Staff were reminded of proper procedures for managing construction zones and materials to prevent future occurrences. Supervisors conducted follow-up checks to confirm these measures were effectively implemented and incorporated the storage of materials into routine safety audits.

NAC 449.426 - Kitchen has safety violations

- ❖ **Feedback** - Kitchen had unsecured sharps in clients' vicinity; a lighting fixture needed a cover; client's windows had no screens, no alarms were present around the doorframes/windows
- **Corrective Action Plans:** Unsecured sharps in the kitchen were immediately removed and placed in a locked, designated storage area inaccessible to clients, and staff were retrained on proper handling and storage of sharps. A cover was installed on the exposed lighting fixture to eliminate potential hazards. Window screens will be added to all client windows to improve safety and ventilation, and alarms will be installed on door frames and windows to enhance security and monitor unauthorized access. Supervisors will conduct follow-up inspections to ensure the completion of these measures and establish regular safety audits to maintain compliance.

NAC 449.448 - Care of Children

- ❖ **Feedback** - Three nicotine vapes were found in the clients' room; client brought back a vape while on an elopement; all prohibited items by the statute.

Corrective Action Plan: The client was counseled on the facility's policies and the dangers of possessing prohibited items, emphasizing the consequences of non-compliance. Staff were retrained on elopement protocols, including thorough checks upon a client's return to prevent contraband from being brought into the facility. Supervisors conducted follow-up room inspections to ensure no further violations occurred and implemented more frequent random searches to maintain a safe, compliant environment.

NAC 449. 429 - Housekeeping

Feedback - Broken door from escalated client that happened in real time during the audit (notated chards of broken wood and serious occurrence leaving chemicals exposed); chemicals under the sink were accessible to clients.

- *Corrective Action Plan:* The Maintenance Team promptly removed the broken door, installed a temporary barrier, and replaced it within 24 hours with a reinforced door to prevent future incidents. Exposed chemicals were immediately secured in a locked cabinet, and locks were installed on all chemical storage areas, including under sinks, with an inventory system implemented for tracking. Staff were retrained on de-escalation techniques and chemical safety protocols, facilitated by their supervisors, to prevent similar occurrences. Supervisors conducted daily checks for one week and implemented monthly audits to ensure ongoing compliance. These measures resolved the concerns effectively, enhancing safety, security, and preparedness.

NAC 449. 428 - Sleep

❖ Feedback - Appropriate bedding/bedframes were needed.

- *Corrective Action Plan:* New beds were already purchased to meet the requirements. The Maintenance and Housekeeping Departments assessed the current bedding and bed frames, identified deficiencies, and documented findings. The Purchasing Manager ensured the purchased beds met safety, comfort, and durability standards and coordinated their delivery. The Maintenance Team replaced outdated items, installed the new beds and bedding, and conducted safety inspections. Staff were trained on proper usage and maintenance of the new beds, facilitated by their supervisor.

Finally, the House Managers conducted ongoing inspections to ensure compliance and addressed any issues promptly. This plan successfully ensured compliance, enhanced resident comfort and safety, and received positive feedback.

NRS 433.5493 - Report as Denial of Rights

Child Files - [REDACTED]

- ❖ Feedback - PLR Consent was missing, missing MARS, dosage outside of approved timeline, missed medication dosage without documentation
- **Corrective Action Plan:** To address the missing MARS documentation, the team performed an in-depth review of the medication administration records, corrected the discrepancies, and reinforced accurate documentation practices among staff. Cases where dosages were administered outside the approved timeline were investigated to identify the root causes, and corrective measures, including retraining staff on timeline protocols and implementing enhanced monitoring systems, were put in place to ensure compliance. For the missed medication dosage without documentation, a comprehensive audit was conducted to uncover the reasons for the lapse, with subsequent implementation of stricter reporting procedures and enhanced oversight to prevent similar occurrences. Additionally, our agency ensured that adequate staffing levels were consistently maintained to provide the necessary support, uphold adherence to all protocols, and deliver high-quality care at all times.

NRS 432B.220 - Report of Abuse and Neglect

Child Files - [REDACTED] - PLR Consent was missing, missing MARS, treated for suicide/self-harm on October 8th/9th - no follow-up in documentation.

- ❖ *Corrective Action Plan:* Clinical staff was re-trained on crisis intervention/311 protocol. In the event of a serious occurrence clinical team will contact all appropriate parties inclusive of community agencies and/or parents/guardians. The clinical team will provide a debriefing session to help the client process the incident while providing pertinent facts surrounding the event. Thorough clinical documentation will be completed in the EMR system.

Child Files - [REDACTED] - PLR consent was missing, missing MARS, possible restraint- injured? No documentation in the file to verify the incident on August 9th, 2024.

❖ *Corrective Action Plan:*

Child Files - [REDACTED] PLR consent was missing, missing MARS, physician orders signed and dated several days after medication was administered. Treatment plan needs signatures.

- ❖ Correction Action Plan: For treatment plans, re-training of clinical staff along with weekly internal audits.

NRS 449.123 - Initial and periodic investigation of employees

Employee files -

[REDACTED] - Missing finger prints within 10 days

- ❖ Corrective Action Plan: Request waiver stamped from A1 Printing

[REDACTED] - Clearance letter from NABS

[REDACTED] - Clearance letter from NABS

[REDACTED] - Clearance letter from NABS

[REDACTED] - Clearance letter from NABS

- ❖ Corrective Action Plan