Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	158	A. BUILDING _____ B. WING _____	12/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN MANOR GROUP HOME	6165 DUNCAN DRIVE, 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
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 12/04/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease and/or chronic illness, Category II residents. The census at the time of the survey was five. Five resident files and Three employee files were reviewed. The facility received a grade of A. 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		
0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 3 employees (Employee #1) completed a background check through the Nevada Automated Background Check System (NABS) per Nevada Revised Statute (NRS) 449.124. Findings include: Employee #1 (E1) E1 was hired on 12/20/22 as the Administrator. There was no documented evidence E1 had completed a current background check through NABS for this facility. The last documented background check in E1's file was dated 08/24/22 and was completed for a different facility. On 12/04/232 in the morning, a Caregiver acknowledged E1 did not have a current completed background check through NABS for this facility. Severity: 2 Scope: 1	0104	This plan of correctionis not to be construed as anadmission of or agreement with thefindings and conclusions in theStatement of Deficiencies, or theproposed administrative penalty(with right to correct) on thecommunity. Rather, it is submitted as confirmationof our ongoing efforts tocomply with all statutory and regulatoryrequirements. Inthis document, we have outlined specific actions in response to each allegationor finding. We have not presented allcontrary factual or legal arguments, nor have we identified all mitigatingfactors. The facilitydesires that this plan of correction be	12/31/2023

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			considered the facility's allegation ofcompliance. **Y0104 Personnel Files - Background Checks** **HOW TO IDENTIFY OTHER EMPLOYEES** A100% background check audit has been performed. **SYSTEMIC CHANGES** FacilityManager, Administrator and Consultants will work to ensure that the process forobtaining new background checks are done in a timely manner and according tostate requirements by performing regular audits and tracking due dates. **MONITORING PROCESS** Thisprocess will be monitored by the Facility Manager by conducting on-going randomreview of Employee Files. **IV. DATE COMPLETION** Thisplan of correction will be completed by 12/31/2023 and ongoing.	