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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE 2	**1140 MANHATTAN STREET, RENO, NEVADA ,89512**

(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 a complaint investigation conducted at your facility on 12/21/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was ten. Five resident records were reviewed, and five employee records were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00070004 with the allegation a resident was touched on the genitals by a caregiver could not be substantiated due to a lack of evidence. The investigation into the allegation included: Interviews were conducted with a Caregiver and the Owner-Caregiver. Reviewed five resident records including the resident of concern. Reviewed five employee records including the employee of concern, to include elder abuse training, background check clearance, and resident rights. 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.	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO PIZARRO Title: ADMINISTRATOR Date: 01/16/2024

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.

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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE 2	**1140 MANHATTAN STREET, RENO, NEVADA ,89512**

(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
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 employee record review and interview, the facility failed to ensure 1 of 5 employees met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #5). Findings include: Employee #5 Employee #5 had a start date of 08/14/23, and a title of Caregiver. Employee #5's employee record lacked documented evidence a determination had been received from the Central Repository for Nevada Records of Criminal History. A Nevada's Automated Background Check System (NABS) search of Employee #5 resulted in the employee's determination for employment as eligible and valid through 09/08/28. On 12/21/23 at 11:30 AM, the Owner-Caregiver confirmed only having Employee #5's fingerprints on file but not the clearance letter of determination. The Owner-Caregiver verbalized it was the Administrator's responsibility to submit the fingerprints through the NABS system but had not. On 12/21/23 at 11:32 AM, the Owner-Caregiver confirmed Employee #5 had been providing care to residents since the employee's hire date of 08/17/23. Severity: 2 Scope: 1	0104	TAG 0104 Personal File - Background Check - NAC 449.200 Personal Files NRS 449.0302: The Administrator ensure that all necessary documents must be in the personal file of every staff/employee working in the Facility. The document showing as Evidence of compliance with NRS 449.122 TO 449.125, inclusive; is the NOTIFICATION OF CLEARANCE as the Determination of Fimgerprint Based. This document was used to be sent to the facility after the fingerprinting process is done by the Fringerprint Express (vendor). However, the Administrator notice that the only evidence that we are keeping now is the 2 pages document Form what we submit to the Fingerprinting Express (vendor) from the DPBH showing in the first page is the Reason of Fingerprinted: NRS 449.123, ORI, OCA#, DPS Account # that belong to the facility including the Information of the Applicant and on the second page it indicates the facility address, signature of the applicant, the date of fingerprinting and the STAMP of Fingerprinting Express as evidence showing as the Proof of Electronic Fingerprint Submission to NABS / DPBH. 01/16/2024	01/16/2024
0599 SS= F	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 2. The administrator of a residential facility shall provide a procedure to respond immediately to grievances, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person	0599	TAG 0599 Rights of Residents; Procedure of Filing - NAC 449.268: The Administrator must see to it that any kind of abuse done by staff working in the facility must by reported as soon as possible following the policy and procedure as part of the Elderly Abuse Training Course (Adult Protective Services) every year conducted by the APS the Nevada Care CONNECTION as a requirements in	01/16/2024

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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE 2	**1140 MANHATTAN STREET, RENO, NEVADA ,89512**

(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
	designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken. 3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2. Inspector Comments: Based on record review and interview, the Administrator failed to complete an investigation for an allegation of sexual abuse of a resident by a Caregiver for 1 of 5 sampled residents (Resident #1). Findings include: An Inter-Agency Complaint Referral dated 12/11/23, documented Resident #1 reported an allegation of sexual abuse by a Caregiver on 11/01/23. Resident #1 Resident #1 was admitted to the facility on 10/01/21, with diagnoses including stroke and a wound of the foot. Resident #1's record lacked documented evidence the allegation of sexual abuse made by Resident #1 was investigated or reported. On 12/21/23 at 11:35 AM, the Owner-Caregiver confirmed no one from the facility had investigated or reported the incident to the authorities or any other State and/or local agency. The Owner-Caregiver verbalized having spoken to the Administrator about the sexual abuse allegation from Resident #1, but the Administrator did not investigate or report the allegation. The Owner-Caregiver verbalized the Caregiver of Concern continued to live and work in the facility until 12/15/23. The Owner-Caregiver confirmed the facility staff should have reported the allegation as soon as possible to the proper authorities and an investigation completed. On 12/21/23 at 11:44 AM, the Owner-Caregiver verbalized the facility did not have a policy on abuse, abuse investigation		compliance with the 8 hours training for caregivers every year. The Administrator was aware of the situation of resident #1 as a level 3, incontinent both bowel and bladder weighing 320 Lbs +/- that he needs two caregivers to clean him 2 times a day and sometimes 3 times a day due to his incontinent situation. The caregivers told me that resident #1 needs to be transfered to a higher leverl of care facility because of his changing health situation but because the owner was out of the country at that time the Administrator cannot decide of the transfer. Resident #1 needs to be cleaned 2 to 3 times a day by two caregivers because of his weight and in order to be cleaned properly the caregivers made the resident aware with his permission so that caregivers have to clean his lower part both #1 and #2 by using wash cloths or towels and the caregivers cannot clean his sensitive part without touching them since they are full of bowels and urine that it needs to be washed and cleaned. By doing the process there was no abuse noted and nothing to be reported to the authority because the caregivers are just doing the right way of having the resident feel fresh and smell fresh after replacing clean diaphers at least 2 to 3 times a day. 01/16/2024	

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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE 2	**1140 MANHATTAN STREET, RENO, NEVADA ,89512**

(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
	or abuse reporting. Severity: 2 Scope: 3			