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 _____	**09/26/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE	**2690 MARGARET DRIVE, RENO, NEVADA ,89506**

(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 in your facility on 09/26/22. This survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was seven. The facility received a grade of A. There was one complaint investigated. Complaint #NV00066774 with the allegation the facility did not provide information included in or a copy of the facility's most recent investigation completed by the State was substantiated (See Tag Y0052). 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 deficiency was identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO PIZARRO Title: ADMINISTRATOR Date: 10/19/2022

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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0052 SS= A	Administrator's Responsibilities-Copy of Regs - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 3. Maintain in the facility, and make available upon request, a copy of the provisions of NAC 449.156 to 449.27706, inclusive, and the report of the latest investigation of the facility conducted by the Bureau pursuant to NRS 449.0307. Inspector Comments: Based on interview, the Administrator of the facility failed to disclose the findings or provide a copy of the most recent investigation completed by the State agency. Findings include: On 09/26/22 at 10:58 AM, the Owner/Caregiver confirmed the Administrator had not printed out and maintained a copy in the facility of the last completed investigation dated 04/26/22. The Owner/Caregiver verbalized not knowing what the findings were of the survey but should have had a copy of the survey to provide if requested. Complaint #NV00066774 Severity: 1 Scope: 1	0052	TAG 0052 Administrator's Responsibilities - Copy of the Regulations - NAC 449.194 Responsibilities of administrator (NRS 449.0302) That the Administrator of the facility must ensure that a copy of the Regulations and copy of the investigation conducted in the facility must available upon request by any investigator/Surveyor. The Administrator will see to it that a file of the Regulations NAC 449.156 to 449.27706 inclusive and the file for the latest investigation of the facility by the Bureau pursuant to NRS 449.0307 must be available in the facility at all times and this Statement of Deficiency will never happen again. Sorry, the administrator is late in this POC because I was not told by the owner. The owner did not open her computer and did not inform me regarding this investigation. Please cc the administrator at warlypizarro@earthlink.net in every investigation conducted in this facility so I can open my email and respond with the POC immediately and on time. Thank you. 10/19/2022	10/19/2022