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
	4582	A. BUILDING _____ B. WING _____	08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY CHILD RESIDENTIAL CARE 4	**5825 TAPPAN DRIVE, RENO, NEVADA ,89523**

(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 in your facility on August 14, 2019. This State survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facilities for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four 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 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: ALAN BARCELON | Title: Operations Manager | Date: 08/20/2019

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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 personnel record review and interview, the facility failed to ensure 1 of 3 employees met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver on 08/01/04. Employee #3's record documented a Background Check Clearance letter dated 05/06/14. Employee #3's file lacked documented evidence of a fingerprint submission form and a current Nevada Automated Background Check System (NABS) Clearance Letter after the required five years, due 05/06/19. On 08/14/19 at 11:27 AM, the Operations Manager confirmed Employee #3's fingerprints for a current background investigation had not been submitted. The Operations Manager confirmed Employee #3's background check should have been completed within five years after the date of the previous investigation. Severity: 2 Scope: 1	0104	1. Employee #3 have done his fingerprint on 8/19/2019. 2. We have always have put reminders on an electronic device to let us know when something is due. Moving forward, i will double check that these alarm/reminders are set up properly. 3. We will make sure that alarms/reminders are properly set on our devices. 4. Employee#2, operations manager, is in charge of implementing the plan. 5. 8/19/2019 6. Attached is the fingerprint form signed and dated by Fingerprinting Express personnel.	08/19/2019