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
	4983	A. BUILDING _____ B. WING _____	08/31/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON MANOR	**339 EMDEN ST, HENDERSON, NEVADA ,89015**

(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 grading and infection control survey conducted at your facility on 08/31/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility was licensed for nine Residential Facility for Group beds for persons with Alzheimer's disease, chronic illness and/or Category II residents. The census at the time of the survey was five. Five resident files and two employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of nondiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 deficiency was 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: MYRNA DARLINGTON	Title: Administrator	Date: 12/17/2021

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0104	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 record review, document review, and interview, the facility failed to ensure 2 of 2 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #1 and #2). Findings include: Employee #1 was hired at the facility as the Administrator on 10/01/1990. Employee #1's file lacked evidence of a Nevada Automated Background Check System (NABS) clearance letter. Employee #2 was hired at the facility as a Caregiver on 04/30/2019. Employee #2's file lacked evidence of a NABS clearance letter. On 08/31/21 in the morning, the Administrator confirmed both employees lacked documented evidence of a NABS clearance letter. Severity: 2 Scope: 3	0104	AS of 9/1/2021 administrator and owner is in process of getting NABS account to address fingerprinting as this deficiencies will not occur again. As fingerprinting is received by NABS it will be forwarded to your office. Worker fingerprint sent to NAB waiting for results.	09/14/2021