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
	7812	A. BUILDING _____ B. WING _____	07/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAILEYS GROUP HOME INC	**1998 ARCANE AVENUE, RENO, NEVADA ,89503**

(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 Defieciencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 07/13/20. 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 six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, five Category II and one Category I residents. The census at the time of survey was four. Four resident files were reviewed and two 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 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: PAUL BAILEY Title: Administrator Date: 09/16/2020

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0104 SS= F	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 Employee ##1 was hired at the facility as a Caregiver on 08/27/13. Employee #1's personnel file documented the last background check completed was on 11/09/14. The background check expired on 11/09/19. There was no documented evidence Employee #1 had gotten fingerprinted to renew the background check as required. Employee #2 Employee #2 was hired at the facility as the Administrator and Owner in 2013. Employee #2's personnel file documented a fingerprint renewal date of 10/31/19; however, the personnel filed lacked documented evidence of a Nevada Automated Background Check System (NABS) Clearance Letter form. On 07/13/20 at 11:22 AM, the Administrator confirmed both employees lacked a current and completed background check to include a NABS clearance letter. The Administrator verbalized both sets of fingerprints were rejected because the fingerprint cards were not completed accurately. The Administrator explained not understanding what was required to complete the background check process. Severity: 2 Scope: 3	0104	1. Background checks were performed on employee #1 and employee #2 on July 20,2020. 2. As the administrator I will check background dates to ensure the 5 year time regulation requirement is complied with. 3. The corrective action will be monitored on a yearly basis to enable plenty of time is given to complete background checks per regulation. 4. Administrator 5. The date of the corrective action was July 20, 2020 6. Please find documents attached.	07/20/2020