

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7812	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2021
NAME OF PROVIDER OR SUPPLIER BAILEYS GROUP HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1998 ARCANER AVENUE, RENO, NEVADA ,89503		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 08/19/21. 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:			

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 Name: PAUL D BAILEY Title: Administrator Date: 08/29/2021
REPRESENTATIVE'S SIGNATURE

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NAME OF PROVIDER OR SUPPLIER BAILEYS GROUP HOME INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1998 ARCANUE AVENUE, RENO, NEVADA ,89503		
(X4) ID PREFIX TAG 0104 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0104	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 08/26/202 1
	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 the Administrator and Owner in 11/13/13. Employee #1's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. Employee #2 Employee #2 was hired at the facility as a Caregiver on 08/27/13. Employee #2's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 08/19/21 at 11:43 AM, the Administrator confirmed both employees lacked documented evidence of fingerprint submission and lacked evidence of a NABS clearance letter. This was a repeat deficiency from the 07/13/20 annual State Licensure survey. Severity: 2 Scope: 3			