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 _____	07/28/2022

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 Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 07/28/22. 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 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 five. Five 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		
1545 SS= F	The facility shall provide the training Inspector Comments: Based on interview and employee record review, the facility failed to ensure employees were trained in cultural competency for 2 of 2 sampled employees (Employee #1 and #2). Findings include: There was no documentation of approved training in cultural competency for Employee #1 and #2. On 07/28/22 at 11:25 AM, the Administrator acknowledged the lack of training for Employees #1 and #2. Severity: 2 Scope: 3	1545	1.Completed approved training in cultural competency. 2.Yearly requirements will be completed on a timely basis before expiration dated. 3.Knowledge of new required class is helpful to ensure compliance. 4.Administrator is responsible for continued education by law. 5.08/09/2022 6.See downloaded documents	08/09/2022

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 D BAILEY Title: Administrator Date: 08/09/2022

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1555 SS= F	Within 90 days after a facility is licensed Inspector Comments: Based on interview the facility failed to submit to the Division of Public and Behavioral Health a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate the program for cultural competency for employee training. Findings include: On 07/28/22 at 11:25 AM, the Administrator acknowledged there was no cultural competency training program implemented for the employees. Severity: 2 Scope: 3	1555	1. Completed approved training in cultural competency. 2. Yearly requirement will be completed on a timely basis before expiration date. 3. Knowledge of new requirement class is helpful to ensure compliance. 4. Administrator 5. 08/09/2022 6. See downloaded documents	08/09/2022