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 _____	09/14/2023

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 09/14/23. 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		

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: 09/30/2023

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0960 SS= D	Alzheimer’s Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a resident with the diagnosis of dementia and a determination by a physician the resident was in need of a facility endorsed for the care of the resident was not retained for admission for 1 of 5 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 07/22/23, with diagnoses including vascular dementia, hypertension and hypothyroidism. The determination of the physician dated 07/20/23, indicated the resident required a facility endorsed for the care of Alzheimer's related diagnosed residents. On 09/14/23 at 11:48 AM, the Caregiver explained the Caregiver was responsible for reviewing the forms and had not noticed the physician marked the resident was in need a facility endorsed to care for Alzheimer's or related conditions. The Caregiver verbalized the facility was not endorsed for Alzheimer's and dementia. Severity: 2 Scope: 1	0960	1.Physician of record changed the placement determination. 2.Ensure physician placement determination corresponds to the facilities endorsements. 3.Review physician placement determination from time to time to ensure the placement is accurate. 4.Administrator 5.09/20/2023 6.See attached	09/20/2023

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1020 SS= D	Care for Persons with Chronic Illnesses - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with chronic illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure residents with chronic illness were not admitted to the facility for 1 of 5 sampled residents (Resident #2). Finding include: Resident #2 Resident #2 was admitted to the facility on 03/11/21, with diagnoses including rheumatoid arthritis, hypertension and hypothyroidism. Resident #2's record included a Physician Placement Determination Statement dated 03/24/21, indicating the resident required chronic illness care. On 09/14/23 at 11:28 AM, the Caregiver confirmed Resident #2's Physician Placement Determination Statement was completed 13 days after the resident's admission. The Caregiver verbalized the facility was not endorsed for chronic illness and Physician Placement Determination Statements were to be completed on or before admission. Severity: 2 Scope: 1	1020	1. Physician of record changed the placement determination for resident 2. 2. Administrator was unaware that a chronic indorsement was needed. The national council of aging states that at least 95% of elderly have a chronic condition. The CDC states at least 93 % have a chronic condition. This administrator has 2 chronic conditions. Using these statistics all care facilities in the state of Nevada should have mandatory requirement having a chronic illness endorsement. 3. Administrator will ensure that the correct box is checked in placement determination. 4. Administrator 5. 09/23/2023 6. See attachment	09/23/2023
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical	1700	1. Standard physician's assessment will be completed in an accordance with applicable Nevada regulations. 2. Administrator will check physician's assessment is current. 3. Administrator periodically will check that standard physician's assessment is current. 4. Administrator 5. The date of the current standard physician's assessment is 09/20/2023 6. See attached documents.	09/20/2023

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	examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to obtain a Physician Placement Determination Statement to determine the appropriate facility type and care for 1 of 5 sampled residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 12/04/21, with			

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	diagnoses including vascular dementia, and hypertension. Resident #5's record included a Physician Placement Determination Statement dated 12/20/21, however, lacked documented evidence an annual Physician Placement Determination Statement was completed for 2022. On 09/14/23 at 12:39 PM, the Caregiver confirmed Resident #5's Physician Placement Determination Statement completed 16 days after the resident's admission and lacked documented evidence of an annual Physician Placement Determination Statement completed for 2022. Severity: 2 Scope: 1			