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 _____	09/08/2025

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 09/08/2025. 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 the survey was six. Six resident files and two employee files were reviewed. The facility received a grade of D.			
Y 0074 SS= F	1. An applicant for a license to operate a facility forintermediate care, facility for skilled nursing, agency to provide personalcare services in the home, facility for the care of adults during the day, residentialfacility for groups or home for individual residential care must receivetraining to recognize and prevent the abuse of older persons before a licenseto operate such a facility, agency or home is issued to the applicant. If anapplicant has completed such training within the year preceding the date of theapplication for a license and the application includes evidence of thetraining, the applicant shall be deemed to have complied with the requirementsof this subsection. 2. A licensee who holds alicense to operate a facility for intermediate care, facility for skillednursing, agency to provide personal care services in the home, facility for thecare of adults during the day, residential facility for groups or home for individualresidential care must annually receive training to recognize and prevent theabuse of older persons before the license to operate such a facility, agency orhome may be renewed.	Y 0074	1. The annual elder abuse training was completed 40 days late. Administrator will implement date/schedule reminders to ensure training is not late. 2. Implement date/schedule reminders to the facility of upcoming expiration dates. 3. Administrator will monitor schedule. 4. Administrator 5. Corrected on November 13, 2025 6. See attached documents	11/13/2025

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	3. If an applicant orlicensee who is required by this section to obtain training is not a naturalperson, the person in charge of the facility, agency or home must receive thetraining required by this section. 4. An administrator or otherperson in charge of a facility for intermediate care, facility for skillednursing, agency to provide personal care services in the home, facility for thecare of adults during the day, residential facility for groups or home forindividual residential care must receive training to recognize and prevent theabuse of older persons before the facility, agency or home provides care to aperson and annually thereafter. 5. An employee who willprovide care to a person in a facility for intermediate care, facility forskilled nursing, agency to provide personal care services in the home, facilityfor the care of adults during the day, residential facility for groups or homefor individual residential care must receive training to recognize and preventthe abuse of older persons before the employee provides care to a person in thefacility, agency or home and annually thereafter. 6. The topics of instructionthat must be included in the training required by this section must include,without limitation: (a) Recognizing the abuse ofolder persons, including sexual abuse and violations of NRS 200.5091to 200.50995,inclusive; (b) Responding to reports ofthe alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091to 200.50995,inclusive; and (c) Instruction concerning thefederal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agenciesto			

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	provide personal care services in the home, facilities for the care ofadults during the day, residential facilities for groups or homes forindividual residential care, as applicable for the person receiving thetraining. 7. The facility forintermediate care, facility for skilled nursing, agency to provide personalcare services in the home, facility for the care of adults during the day,residential facility for groups or home for individual residential care isresponsible for the costs related to the training required by this section. 8. The administrator of afacility for intermediate care, facility for skilled nursing or residentialfacility for groups who is licensed pursuant to chapter 654 ofNRS shall ensure that each employee of the facility who provides care toresidents has obtained the training required by this section. If anadministrator or employee of a facility or home does not obtain the trainingrequired by this section, the Division shall notify the Board of Examiners forLong-Term Care Administrators that the administrator is in violation of thissection. 9. The holder of a license tooperate a facility for intermediate care, facility for skilled nursing, agencyto provide personal care services in the home, facility for the care of adultsduring the day, residential facility for groups or home for individualresidential care shall ensure that each person who is required to comply withthe requirements for training pursuant to this section complies with suchrequirements. The Division may, for any violation of this section, takedisciplinary action against a facility, agency or home pursuant to NRS 449.160and 449.163. Inspector Comments: Based on personnel file review, document review, and interview, the Administrator failed to ensure 2 of 2 sampled employees			

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	received timely annual elder abuse prevention training (Employee #1 and #2). Findings include: Employee #1 was hired as the Administrator with a start date of 08/27/2013. Employee #1's personnel record documented elder abuse completed on 06/12/2024 and on 07/23/2025. Employee #1's elder abuse training was completed 40 days late. Employee #2 was hired as a Caregiver with a start date of08/27/2013. The Employee #2's personnel record documented elder abuse completed on 06/12/2024 and on 07/23/2025. Employee #2's elder abuse training was completed 40 days late. On 09/08/2025 at 10:40 AM, the Caregiver confirmed the elder abuse training for both Employee #1 and #2 was completed late. Severity: 2 Scope: 3			
Y 0515 SS= E	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation:	Y 0515	1 Administrator will put in a person-centered plan for each resident. 2. Administrator will implement this requirement. 3. These forms addressing the needs of individual resident will be placed in their book which is used daily for updates as needed. 4. Administrator 5. Completed on November 19, 2025 6. See attached documents	11/19/2025

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	(a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on clinical record review, document review and interview, the facility failed to develop a person-centered service plan addressing all required focus areas and interventions for 4 of 6 residents(Resident #1, #2, #3 and #5). Findings include:			

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	The following residents lacked a person-centered service plan addressing all the required elements during the residents' clinical record review: -Resident #1 was admitted to the facility on 09/20/2023,with diagnoses including chronic kidney disease, mobility issues, hypertension and hyperlipidemia. -Resident #2 was admitted to the facility on 05/24/2021,with diagnoses including hypertension, Alzheimer's disease, and lower edema. -Resident #3 was admitted to the facility on 03/11/2021,with diagnoses including rheumatoid arthritis, moderate dementia and cerebrovascular accident. -Resident #5 was admitted to the facility on 11/21/2022,with diagnoses including Alzheimer's disease, hypertension, physical debility and atherosclerosis. On 09/08/2025 at 11:15 AM, the Caregiver confirmed the facility lacked person-centered service plans for all residents in the facility. Severity: 2 Scope: 2			
Y 0874 SS= D	**NAC 449.2742** **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the	Y 0874	1. Administrator signed the required form. 2. Administrator will ensure that necessary forms are signed in a timely manner. 3. Administrator will monitor the residents book work more closely. 4. Administrator 5. Corrected action taken on September 10, 2025 6. See attached forms	09/10/2025

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	report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on clinical record review, document review, and interview, the Administrator failed to ensure a medication profile review, performed by a physician, pharmacist, or registered nurse at least once every six months, was reviewed and initialed by the Administrator within 72 hours for1 of 6 sampled residents residing in the facility for longer than six months(Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/24/2021, with diagnoses including hypertension, lower edema, and Alzheimer's disease. Resident #2's clinical record documented a pharmacy review completed on 03/14/2025. The pharmacy review lacked the Administrator or designee's signature. On 09/08/2025 at 11:21 AM, the Caregiver confirmed the March medication review was not signed by the Administrator or designee within 72hours. Severity: 2 Scope: 1			
Y 1600 SS= D	**NAC 449.011943 and R004-24** **NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information**	Y 1600	1 Administrator obtained necessary forms from a licensed trainer of the state of Nevada. Administrator explained to each resident the required form and asked the questions stated on the form. Then each resident signed the form. 2. If a resident changes her preferred gender expression and or sexual orientation, we will annotate these on the form and then have resident sign the new changes. 3. If a resident changes her mind, the form	09/25/2025

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	from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection1, include, without limitation:		will reflect that. 4. Administrator 5. Corrective action was completed on September 25, 2025 6. See attached documents	

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	(a) The preferred name and pronoun ofthe patient or resident; (b) The gender identity or expressionof the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed,			

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	enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on document review and interview, the facility failed to develop policies to ensure a resident was addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression. Finding include: On 09/08/2025 at 11:40 AM, the Caregiver confirmed the facility had not developed policies to ensure a resident would be addressed by the resident's preferred name and pronoun in accordance with the resident's gender identity or expression. The Caregiver verbalized not having been aware of this requirement. Severity: 2 Scope: 1			
Y 1300 SS= C	**Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.]** 1. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed and any employee or independent contractor of such a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the	Y 1300	1. The Administrator posted the current and complete nondiscrimination statement prominently on Baileys Group Home Inc. website. 2. The mandatory nondiscrimination statement is posted live on the internet. 3. The website is monitored to ensure its current. 4. Administrator 5 Corrective actions completed on November 11, 2025 6. See uploaded document	11/11/2025

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	Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status. 3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a			

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	policy that bans or restricts sexual relations. Inspector Comments: Based on observation and interview, the facility failed to post a current and complete nondiscrimination statement prominently on any Internet website used to market the facility. Findings include: On 09/08/2025 at 10:15 AM, the facility lacked the required nondiscrimination statement on the Internet website used to market the facility. On 09/08/2025 at 10:20 AM, the Caregiver verbalized the facility website used to market the facility lacked posting of the nondiscrimination statement. Severity: 1 Scope: 3			
Y 1825 SS= F	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less	Y 1825	1 Completed CDC infection control course. 2. Administrator and caregiver will complete annually requirement in a timely manner. 3. Administrator will use infection control log to update the 15 hr. and complete. 4. Administrator 5. Corrected action completed for #1 on September 16, 2025, and for #2 on September 17, 2025. 6. See attached documents	09/17/2025

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	than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review, document review, and interview, the primary and secondary infection control person lacked the required infection control training potentially affecting 6 of 6 residents. Findings include: On 09/08/2025 at 10:45 AM, the personnel files for the Owner and Caregiver, the primary infection person and the designee, respectively, lacked documented evidence of 15 hours of training concerning the control and prevention of infectious diseases from the approved nationally recognized organizations. The Owner and the Caregiver confirmed the required infection control and prevention training had not been completed.			

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(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
	Severity: 2 Scope: 3			
Y 1810 SS= F	**NAC 449.0109** **Program and policy for control of infection; designation and training of person responsible for infection control. (NRS439.200, 449.0302)** 1. A facility for the dependent shall: (a) Develop and carry out an infection control program to prevent and control infections within the facility; (b) Review the infection control program, including, without limitation, the infection control policy adopted pursuant to subsection 2, at least annually to ensure that the program meets current evidence-based standards for infection control plans and the safety needs of residents, staff and visitors; and (c) Develop and carry out a comprehensive plan for emergency preparedness. 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations. 6. The plan for emergency	Y 1810	1. Administrator will review and sign the Bailey's Group Home covid and infection control, protocol program yearly. 2. Install reminder on the computer and phone for annual review. 3. Yearly notification will notify Administrator. 4. Administrator 5. Corrective action completed Nov. 1, 2025 6. See attached documents	11/01/2025

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	7812	A. BUILDING _____ B. WING _____	09/08/2025

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	preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases. Inspector Comments: Based on observation, document review and interview, the Administrator failed to ensure the facility's Infection Control Program was reviewed annually. Findings include: On 09/08/2025 at 10:46 AM, the facility's Infection Prevention and Control Plan, undated, was provided by the Caregiver. The Infection Prevention and Control Plan lacked documented evidence the plan was reviewed annually. The Caregiver confirmed the facility's Infection Prevention and Control Plan lacked documented evidence of being reviewed annually. Severity: 2 Scope: 3			
Y 1700 SS= F	**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:	Y 1700	1. The administrator will review the individual resident's book to ensure the annual physician placement determination is accomplished within 365 days per statute. 2 Administrator will schedule physician appointment to ensure the facility does not exceed the 365-day requirement. 3. Administrator will monitor the yearly requirement. 4. Administrator 5. Corrective action completed on September 22, 2025 6. See attached documents	09/22/2025

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	(a) Annually cause a qualified provider of health care to conduct a physical 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			

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	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 interview and clinical record review, the facility failed to ensure annual physician placement determinations were completed timely by a provider for residents with a diagnosis of Alzheimer's or dementia for 3 of 6 sampled residents (Resident #2,			

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	#3, and #5). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/24/2021, with a diagnosis of Alzheimer's disease. Resident #2's clinical record included a physician placement determination dated 07/08/2024. Resident #2's clinical record lacked a physician placement determination for 2025. Resident #3 Resident #3 was admitted to the facility on 03/11/2021, with a diagnosis of moderate dementia. Resident #3's clinical record included a physician placement determination dated 07/08/2024. Resident #3's clinical record lacked a physician placement determination for 2025. Resident #5 Resident #5 was admitted to the facility on 11/21/2022, with a diagnosis of Alzheimer's disease. Resident #5's clinical record included a physician placement determination dated 07/08/2024. Resident #5's clinical record lacked a physician placement determination for 2025. On 09/08/2025 at 11:30 AM, the Caregiver verbalized physician placement determinations were to be completed prior to admission to the facility but was unaware physician placements were to be completed annually for residents who had a diagnosis of Alzheimer's or dementia. The Caregiver confirmed Resident #, lacked an annual physician placement determination. Severity: 2 Scope: 3			

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