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
	9071	A. BUILDING _____ B. WING _____	07/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHOE SENIOR LIVING I	**4190 BISMARCK DRIVE, RENO, NEVADA ,89502**

(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 a State Licensure annual grading survey conducted at your facility on 07/08/20. 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 five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and four 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 investigations, 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: SCOTT REDDY Title: Administrator Date: 07/22/2020

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0104 SS= D	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 and document review, the facility failed to ensure 1 of 4 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver on 12/18/18. Employee #3's file contained an electronic fingerprint submission form dated 12/18/18 and a Nevada Automated Background Check System (NABS) Clearance Letter dated 12/21/18. The employee's background check was completed under two other facilty's accounts. The NABS documented no background check was completed for the facility. On 07/08/20 at 10:20 AM, the Administrator verbalized all employees that work at the facility must have a seperate background check for every facility the employee works at. Severity: 2 Scope: 1	0104	The employee in question has worked at more than one of ourfacilities. A copy of her employee filewas placed in this facility without the necessary background checkcorresponding with this facility. Ourfacilities audit employee files on a regular basis. When the last audit was done, the auditor didnot take notice of which facility the background check was run for. An audit to check which facility the background check hasbeen run for has already been completed. The employee in question has had a background check done for thisfacility. From now on, when the Administratorruns a background check on an employee, the Administrator will run that checkfor all the facilities where the employee may be employed. From now on, checking the location for thebackground check will become part of the periodic employee file audit. The Administrator will be responsible forthis corrective action. The correctiveaction is already complete.	07/22/2020