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
	9326	A. BUILDING _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARLIGHT GROUP HOME	**2301 EAST 9TH ST., RENO, NEVADA ,89512**

(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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9326	A. BUILDING _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARLIGHT GROUP HOME	**2301 EAST 9TH ST., RENO, NEVADA ,89512**

(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
	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 10/09/2025. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The census at the time of the survey was two. Two resident files, three closed records, and three employee files were reviewed. The facility received a grade of A. There were two Complaints investigated. 1. Complaint #NV00074050 could not be substantiated. No regulatory deficiencies could be identified. 2. Complaint #NV00074809 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaints included: Observation of the interior and exterior of the facility, inspection of the kitchen including food pantries, staff to resident interactions, and resident to resident interactions. Interviews were conducted with residents, Caregivers, the Manager, and the Administrator. Clinical Record review of four records was completed. Document review included facility policy and procedures.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9326	A. BUILDING _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARLIGHT GROUP HOME	2301 EAST 9TH ST., RENO, NEVADA ,89512

(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
Y 0050 SS= E	**NAC 449.194** **Responsibilities of administrator.** The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, record review, and interview the Administrator failed to ensure a former employee did not remove resident records from the facility. This deficient practice had the potential for unauthorized individuals to view the residents' Protected Health Information (PHI). Findings include: On 10/09/2025 at 09:46 AM, during a phone interview, the Administrator explained the former Manager had been leasing the property and managing the facility. The Administrator confirmed the Administrator had remained the Administrator at all times. The Administrator explained the Manager had been leasing the property and at the end of the lease, the contract was not renewed, and the Manager moved all of the residents to different facilities. The Administrator did not recall the names of the residents and explained the resident files were removed from the facility by the prior Manager. On 10/09/2025 at 10:00 AM, upon arrival at	Y 0050	1. On October 10, 2025 Administrator had a meeting with the former manager that leases the facility and discussed the remaining 4 resident records that they took upon the termination of their lease agreement. He said that all their previous records were stored in their storage and they will bring it back to the facility as soon as they find it. October 30, 2025 Administrator wrote a demand letter to the previous manager asking for the return of the files. see attachment December 3, 2025 Previous manager replied via phone that he has with him the files and will return it to the facility. Administrator confirmed it with the caregivers and they said that previous manager handed them 4 previous resident files of the facility on December 4, 2025. 2. in order not to repeat said deficiency - Administrator asked another administrator for him to be retrained regarding FACILITY MANAGEMENT - Policy, Procedures and Record Keeping - see attachment 3. Starting October 15th and every 15th of the month Administrator will monitor the resident files of the facility. He will make sure that all files are accounted for, complete and in compliance. 4. In his absence, the manager will do the monitoring.	01/11/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9326	A. BUILDING _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARLIGHT GROUP HOME	**2301 EAST 9TH ST., RENO, NEVADA ,89512**

(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
	the facility, the Administrator confirmed the clinical records for the previous residents could be located at the facility. The Administrator confirmed it was the Administrator's responsibility to ensure resident records remained at the facility and/or were returned when it was discovered they had been removed. The Administrator was not able to recall the names of the former residents. On 10/09/2025 at 10:19 AM, during a phone interview, the former Manager confirmed on 06/01/2025, six residents had been transferred from the facility. Two additional residents were transferred out of the facility on 08/01/2025and 08/26/2025. On 10/10/2025 at 10:24 AM, the former Manager confirmed when the eight residents transferred out of the facility, the former Manager removed the residents' clinical records from the facility and kept the records. The former Manager agreed to return the records. On 10/10/2025 at 12:06 PM, during a phone conversation, the former Manager verbalized some of the clinical records could not be located. On 10/10/2025 at 12:34 PM, the former Manager returned three of eight resident files to the facility and confirmed the remaining five clinical records could not be located, and explained the records were "somewhere" in storage. On 10/09/2025 at 3:22 PM, the Administrator verbalized one of eight clinical records belonging to a resident transferred out of the facility by the former Manager had been located at the facility. On 10/09/2025 at 4:15 PM, four of the eight clinical records belonging to residents transferred out of the facility remained missing. Severity 2 Scope 2			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9326	A. BUILDING _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARLIGHT GROUP HOME	**2301 EAST 9TH ST., RENO, NEVADA ,89512**

(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
Y 0920 SS= D	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container	Y 0920	1. On 10/10/2025 Administrator visited the facility and made sure that all medications are properly secured in a locked medication cabinet and lock had been engaged. 2. On 10/10/2025 Administrator also retrained the manager and Caregiver regarding medication policies and procedures. - proper handling and securing of medications. see attachment. 3. On October 15, 2025 Administrator started monitoring the facility as to caregivers properly following medication policies and procedures - these includes taking medications from the cabinet, immediately locking it and returning the medications to the cabinet after medications had been given. Administrator will do these every 15th and 30th of the month. 4. In his absence, the manager will do the monitoring.	01/11/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9326	A. BUILDING _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARLIGHT GROUP HOME	**2301 EAST 9TH ST., RENO, NEVADA ,89512**

(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
	until it is administered. Inspector Comments: Based on observation andinterview, the facility failed to ensure medication cabinets remained locked at all times when not actively being accessed and directly supervised by a Medication Technician (Med Tech). Findings include: On 10/09/2025 at 9:58 AM, resident medication cabinets were found to be unlocked. Each cabinet had a padlock place. However, the locking mechanism was not engaged. The Med Tech explained the Med Tech had recently been administering medications and did not lock the medication cabinets. The Med Tech confirmed the medication cabinets had been left unlocked and unattended. On 10/09/2025 at 10:46 AM, the resident medication cabinets were not locked. Each cabinet had a pad lock in place, but the locking mechanisms were not engaged. The Manager confirmed the medication cabinets were left unlocked and confirmed the cabinets should remain locked at all times when the Med Tech was not present and actively administering medications. Severity 2 Scope 1			