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
	10513	A. BUILDING _____ B. WING _____	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN MANOR SERENITY	465 SYSONBY CT, RENO, NEVADA ,89521

(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 09/28/22. This State Licensure 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, one Category I resident and five Category II residents. The census at the time of the survey was five. Five resident records and five employee records 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, action, or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was 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: LEONILA BELTEJAR Title: manager Date: 10/19/2022

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0104 SS= A	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 personnel record review and interview, the facility failed to enter 4 of 5 employees through the facility's background check Internet account (Employee #1, #2, #4 and #5). Findings include: Each of the following employee records documented current Nevada Automated Background Check System (NABS) clearance letters from other licensed facilities and lacked documented evidence the employees had been entered into this facility's background check Internet account. -Employee #1 was hired as the Administrator on 11/18/21. Employee #1's record documented fingerprints were submitted on 10/27/21, and a NABS clearance letter dated 11/17/21. -Employee #2 was hired as an Owner/Caregiver on 05/05/20. Employee #2's record documented fingerprints were submitted on 05/05/20, and a NABS clearance letter dated 05/22/20. -Employee #4 was hired as a Manager/Caregiver on 03/11/20. Employee #4's record documented fingerprints were submitted on 01/06/20, and a NABS clearance letter dated 01/29/20. -Employee #5 was hired as a Caregiver on 09/01/20. Employee #5's record documented fingerprints were submitted on 08/25/20, and a NABS clearance letter dated 08/31/20. On 09/28/22 at 1:26 PM, the Owner/Caregiver confirmed each of the above employees had been cleared in NABS through a different licensed facility's account and should have been entered in the facility's current NABS background check Internet account. Severity: 1 Scope: 1	0104	1. On the day of the inspections, the inspector found 4 of the employees' NABS account under the HIRC account of the same facility. The facility has since then been working with the NABS administrator to transfer all staff information from the HIRC account to the Group Home account. 2. The facility will make sure that account numbers are updated and matched for every employee when they are getting their backgrounds checked. 3. The facility will make sure that NABS account are checked, viewed and reviewed at least once a month for any changes or updates. 4. The administrator and the manager will be responsible in managing and updating facility NABS account. 5. The facility has started correcting the deficiency on Oct 12, 2022. We have been in communication with the NABS contact person and licensing manager and anticipating correction within the next couple weeks.	10/12/2022