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 _____	08/18/2026

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
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 State Licensure survey conducted in your facility on 08/18/26. The facility is licensed for six Residential Facility for Group beds for elderly and disable persons, one Category I resident and five Category II residents. The census at the time of the survey was six. Six resident records and five employee records were reviewed. The facility received a grade of A.			
Y 0065 SS= F	**NAC 449.196 & R043-22** **Qualifications of caregivers:** 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156to 449.27706,inclusive, *and sections 2 to 16,inclusive, of this regulation* and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and *(f) Not later than 60 days after commencing*	Y 0065	1.) The son of Resident #1, certified that he had trained employee#3, #4 and #5. The certification is for the 3 employees that was trained before, and that they are the only ones that are hands on caring for the residents. The facility usually gets training from equipment companies that delivers the medical equipment. In this case, it was the family who brought the Hoyer Lift and trained the caregivers. The certification was made on 8/27/2026. 2.) The manager and administrator will make sure that training for the use of medical equipment will have documentation that it was done. 3.) Upon admission, training will be required for certain medical equipment. Training certification will be filed on the employee files. 4.) The manager and the administrator. 5.) 8/27/26 6.) Please see the attached training certification.	08/27/2026

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	employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and *(g)*Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training *must include, without limitation, at least 2 hours of tier 2 training.* Inspector Comments: Based on observation, interview, and personnel record review, the facility failed to ensure all employees were trained for the use of a Hoyer Lift for 5 of 5 employees (Employee #1, #2, #3, #4, and #5). Findings include: On 08/18/2026 at 9:44 AM, located in the garage was a Hoyer Lift. The Caregiver explained the Hoyer Lift was currently being used for a resident who required assistance to get out of bed. The Caregiver said the Hoyer Lift was used to transfer the resident to the resident's wheelchair a few times per week. The Caregiver verbalized all staff had the required training on the use of a Hoyer Lift. Employee #1 Employee #1 was hired as the Administrator on 11/18/2021. Employee #2 Employee #2 was hired as the Manager on 08/31/2017. Employee #3 Employee #3 was hired as Manager 2 on 03/01/2020. Employee #4			

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	Employee #4 was hired as a Caregiver on 09/08/2024. Employee #5 Employee #5 was hired as a Caregiver on 09/08/2024. Employee #1, #2, #3, #4, and #5 lacked documented evidence Hoyer Lift training had been completed. On 08/18/2026 at 11:00 AM, the Manager confirmed all employees lacked documented evidence of training related to the use of a Hoyer Lift and verbalized Resident #1 required the use of a Hoyer Lift to get out of bed. On 08/18/2026 at 12:20 PM, Resident #1 explained the Caregivers would use the Hoyer Lift weekly to help the resident transfer from the bed to the resident's wheelchair and the Hoyer Lift had been used on the resident "for quite some time" because the resident could not get out of bed on the resident's own. Severity: 2 Scope: 3			