

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER GOLDEN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 416 SYSONBY CT, RENO, NEVADA ,89521		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			

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 Name: ALAN BARCELON Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 12/03/2025

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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 and complaint investigation completed at your facility on 10/09/2025. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files and five employee files were reviewed. The facility received a grade of A. One Complaint was investigated. Complaint #NV00073881 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observation of the residents in resident rooms, including the resident of concern, residents in common areas, and a tour of the facility. Interviews were conducted with residents and the facility's Manager. Clinical record review of six records, which included the resident of concern. Document review included facility policies and procedures.			
Y 0250 SS= F	NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen	Y 0250	1.) The bottle of Soy Sauce and Minced Garlic were discarded the same day of the survey. 2.) The non refrigerated items were checked for manufacture storage	10/09/2025

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	must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. Inspector Comments: Based on observation and interview, the facility failed to ensure perishable food items were stored according to instructions on the manufacturer's label. Findings include: On 10/09/2025 at 12:33 PM, during an inspection of the facility's kitchen, the following items were found in an upper cabinet next to the microwave: -One jar of minced garlic. The jar was open, with a small amount of garlic remaining inside. -One bottle of soy sauce. The bottle was open, with approximately 2/3 of the contents remaining. The manufacturer's labels on the jar of minced garlic and bottle of soy sauce		instructions to make sure they did not need to be refrigerated. We will check storage instructions for items that will be purchased in the future. 3.) Upon opening and item, caregivers are instructed to check manufacturer instructions for proper storage. This will be monitored by the operations manager on a weekly basis. 4.) Operations Manager 5.) 10/9/2025. The plan was enforced the same day of the survey. Caregivers and Operations Manager were notified. 6.) No attachment necessary.	

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	included instructions to refrigerate after opening. A Caregiver verbalized the minced garlic and soy sauce were often used when cooking meals in the facility. The Caregiver acknowledged the manufacturer labels indicated the items were to be refrigerated after opening and confirmed the items were not stored according to the manufacturer's instructions.			