DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**03/20/2025**

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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation State Licensure survey initiated at your facility on 03/20/2025 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for nine Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and two employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Complaint #NV00073379 with the allegation medications were not on site and there were no discharge orders, could not be substantiated due to a lack of evidence. Complaint #NV00073379 with the allegation: employee was missing fingerprints, was substantiated . (See Y0104) The following allegations could not be substantiated: Allegation #1: Front porch handrail and back porch handrails have peeling paint. Allegation #2: All bedrooms have double motion locks and require a key to unlock from outside room. Allegation #3: Shower had black residue resembling mold. The investigation into the complaints included: Observation of resident rooms and cleanliness of resident rooms, bathrooms, common areas, and other areas of the facility. Interviews were conducted with a caregiver and the owner/caregiver. Review of six resident medical files and two personnel files. Document review included resident Medical Administration Records (MAR) 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	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: ERNESTO BELTEJAR JR | Title: ADMINISTRATOR | Date: 04/21/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	laws. The following regulatory deficiencies were identified:			
0104 SS= E	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 interview, the facility failed to ensure 1 of 2 sampled employees met background check requirements (Employee #1). Findings include: Employee #1 Employee #1 was hired as Caregiver with a start date of 12/19/2024. Employee #1's personnel file lacked documented evidence of fingerprints and a background check conducted. On 03/20/2025 at 10:04 AM, the Owner/Caregiver confirmed Employee #1 lacked fingerprints and a background check. The Owner/Caregiver verbalized the employee provided the name the employee goes by and not the employee's legal name and the fingerprints would need to be resubmitted. Severity: 2 Scope: 2	0104	1. Administrator had requested Employee 1 to resubmit her fingerprint for rebackground check again. She did resubmit her fingerprint on April 11, 2025. see attachment no. 1 Administrator will wait for the result; and if she failed again then employee 1 will be terminated due to lack of CLEARANCE for her background check. 2. In order to avoid same deficiency - Administrator had asked his manager (Michael Vasquez) to monitor all employee files every week starting April 5, 2025 and every week thereof; Administrator will re-monitor employee files every end of the month; he started it on March 31, 2025 and every end of the month thereof. Both the manager and the Administrator will see to it that the facility's employee records are complete, updated and in compliance. 3. In the absence of the Administrator, his designee owner-manager Leo Christoper Beltejar will do the monitoring.	04/21/2025