

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  29D2165311	<b>(X3) Date Survey Completed</b>  06/01/2022
<b>Name of Provider or Supplier</b>  Northern Nevada State Veterans Home	<b>Street Address, City, State</b>  36 Battle Born Way, Sparks, NV	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	This Statement of Deficiencies was created as a result of an off-site CLIA special focused survey on 6/01/2022, of laboratories with a Certificate of Waiver (CoW), for the purpose of determining compliance with the new CLIA Condition-level regulation (42 CFR 493.41) pertaining to COVID-19 reporting requirements. The laboratory was found to be in compliance with 42 CFR Part 493.41. 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 laws.