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 _____ | **07/07/2025** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WE CARE GOLDEN CARE HOME** | **3858 MOONGATE CIR, LAS VEGAS, NEVADA ,89103** |

| (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 |
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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation and an annual survey initiated at your facility on 07/07/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Nine resident files and six employee files were reviewed. The facility received a grade of B. The sample size was nine. There were four complaints investigated. Substantiated: 1. #NV00074367 was substantiated. (See Tags 0174, 0356, and 0690) 2. #NV00074562 was substantiated. (See Tag 0930) Unsubstantiated: 3. #NV00074435 could not be substantiated. No regulatory deficiencies could be identified. 4. #NV00074437 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observation of grooming and physical appearance for residents, resident care, and a tour of the facility. Interviews were conducted with the Administrator, the Owner/Caregiver, Caregivers, and Residents. Clinical Record Review of nine records, which included the Residents of Concern. Document review included admission agreements and consents. The findings and conclusions of any investigation by the Division of Purchasing and Compliance shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: | 0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TRINA M ANDERSON Title: Administrator Date: 10/21/2025

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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| 0174 SS= F | Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure a resident bathroom was free of obstacles and excessive facility supplies Findings include: On 07/07/25 in the morning, the bathroom located in room #4 contained an excessive amount of facility and resident supplies, including: Ten oxygen cylinders. One oxygen cylinder was not in a storage rack, five wheelchairs, three walkers, ten plastic containers containing resident bath and grooming supplies. On 07/07/25 in the morning, the Administrator acknowledged the bathroom located in room #4 contained an excessive amount of facility and resident supplies. Severity: 2 Scope: 3 | 0174 | 1) Remove the excessive supplies and items.<br>2) Monthly the Administrator or designee will walk the premises to ensure that all bedrooms, bathrooms and facility is clear of debris.<br>3) The corrective action will be monitored visually on a monthly basis.<br>4) Administrator or designee<br>10/21/25 | 10/21/2025 |

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| 0356 SS= F | Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.<br><br>Inspector Comments: Based on observation and interview the facility failed to ensure one bathroom had a doorknob attached to the door and the facility failed to ensure one bathroom did not need a key to open from the outside, making the bathrooms inaccessible to residents. Findings include: On 07/07/25 in the morning, located in resident room #4 was a bathroom that was locked and needed a staff member to get a key, making the bathroom inaccessible to residents who occupied Room #4. On 07/07/25 in the morning, a bathroom located in the hallway had no doorknob attached to the door making it inaccessible to residents. On 07/07/25 in the morning, the Administrator acknowledged the bathrooms were not accessible to residents. Severity: 2 Scope: 3 | 0356 | 1) The specific item will be corrected by changing out the lock with a regular door knob.<br>2) No locks from the outside will be on placed on the bathroom doors.<br>3) The corrective action will be monitored on a quarterly basis to ensure that the door knobs are in working order.<br>4) Administrator or designee<br>10/21/25 | 10/21/2025 |
| 0690 SS= F | Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician | 0690 | 1) The oxygen tanks that were in bathroom have been removed and placed int eh portable unit or picked up by the oxygen company.<br>2) Caregivers will notify the oxygen company to pick up empty canisters and will keep oxygen tanks in portable tanks.<br>3) The corrective action will be monitored visually on a monthly basis.<br>4) Administrator or designee<br>10/21/25 | 10/21/2025 |

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| | evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure an oxygen tank was secured. Findings include: On 07/07/25 in the morning, the bathroom located in room #4 contained one oxygen cylinder not in a storage rack. On 07/07/25 in the morning, the Administrator acknowledged the oxygen tank was unsecured. Severity: 2 Scope: 3 | | | |

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| 0930 SS= F | Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure resident records were secure. Findings include: On 07/07/25 in the morning, upon entering the facility a metal two door cabinet containing resident files was unlocked and accessible to residents and visitors. The facility staff were not always present in the area of the metal cabinet. On 07/07/25 in the morning, the Administrator acknowledged the cabinet storing resident files was unsecured. Severity: 2 Scope: 3 | 0930 | 1) The metal cabinet was locked immediately<br>2) The caregivers will lock the metal cabinet immediately. One person the med tech will be in charge of the keys to ensure metal cabinet is locked.<br>3) One a regular basis the owner, Administrator or designee will check all cabinets are locked.<br>4) Administrator or designee<br>10/21/25 | 10/21/2025 |