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
	3382	A. BUILDING _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN MEADOWS RESIDENTIAL	**4119 MEADOWGLEN CIRCLE, LAS VEGAS, NEVADA ,89121**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 12/04/24, 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 mental illness, 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. 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. The following regulatory deficiencies were identified:	0000		

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 REPRESENTATIVE'S SIGNATURE | Name: JANET ROQUE | Title: Administrator | Date: 12/21/2024

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0515 SS= C	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, the facility failed to develop a person-centered service plan for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/13/24, with diagnoses including protein calorie malnutrition and entercolitis. R1's file lacked a person-centered service plan. Resident #2 (R2) R2 was admitted to the facility on 11/22/24, with diagnoses including hypertension and diabetes. R2's file lacked a person-centered service plan. Resident #3 (R3) R3 was admitted to the facility on 12/11/23, with diagnoses including dementia and atrial fibrillation. R3's file lacked a person-centered service plan. Resident #4 (R4) R4 was admitted to the facility on 01/16/24, with diagnoses including osteoarthritis and chronic kidney disease stage III. R4's file lacked a person-centered service plan. Resident #5 (R5) R5 was admitted to the facility on 08/29/24, with diagnoses including neuropathy, failure to thrive, and protein calorie malnutrition. R5's file lacked a person-centered service plan. Resident #6 (R6) R6 was admitted to the facility on 11/11/23, with diagnoses including hypertension, heart failure, and atrial fibrillation. R6's file lacked a person-centered service plan. On 12/04/24 in the morning, the Caregiver confirmed R1, R2, R3, R4, R5, and R6's files did not have person-centered service plans. Severity: 1 Scope: 3	0515	Plan 6 of 6 a) The administrator and caregiver in charge filled out a form for each of the 6 residents. The forms "Person-Centered Service Care Plan" for resident #1 was done on 12/11/24. Resident #2, #3, #5, #6 were filled out on 12/10/24. Resident #4 was filled out on 12/13/24. Please see attachment. b) Administrator and caregiver in charge shall monitor to ensure that all requirements for all residents are updated yearly. c) Accomplished 12/15/24	12/21/2024

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1011 SS= F	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. Inspector Comments: Based on record review and interview, the facility failed to ensure eight hours of mental illness training was completed within 60 days of hire for 3 of 5 employees (Employee #2, #3, and #5). Findings include: Employee #2 (E2) E2 was hired on 09/05/24 as a Caregiver. E2 received four hours of mental illness training on 08/04/24. E2's file lacked documented evidence of an additional four hours of mental illness training to total eight hours. Employee #3 (E3) E3 was hired on 09/06/24 as a Caregiver. E3 received four hours of mental illness training on 08/04/24. E3's file lacked documented evidence of an additional four hours of mental illness training to total eight hours. Employee #5 (E5) E5 was hired on 09/06/24 as a Caregiver. E5 received four hours of mental illness training on 08/04/24. E5's file lacked documented evidence of an additional four hours of mental illness training to total eight hours. On 12/04/24 in the morning, the Caregiver acknowledged E2, E3, and E5 lacked four hours of mental illness training to total eight hours. Severity: 2 Scope: 3	1011	a) The administrator immediately informed employee #2, #3 and #5 to attend additional 4 hours to complete the 8 hours required concerning resident care for mental illness. Employee #2 , #3 and #5 completed trainings on 12/14/24. See attachment. b) All employees files will be reviewed every 6 months to ensure current trainings are met. c) Administrator will monitor for compliance.	12/21/2024

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1840 SS= D	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees received infection control training through a nationally recognized course (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 07/23/23 as a Caregiver. E4's file lacked documented evidence of an infection control and prevention training through a nationally recognized course. On 12/04/24 in the morning, the Caregiver acknowledged E4 had not received infection control and prevention training through a nationally recognized course. Severity: 2 Scope: 1	1840	a) The administrator and caregiver in charge informed employee #4 to take infection control training thru CDC. Employee #4 took training on 12/18/24. See attachment. b) The administrator shall monitor and ensure that all training requirements are updated and completed. c)Accomplished on 12/18/24.	12/21/2024