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
	5460	A. BUILDING _____ B. WING _____	07/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN SUNSHINE HOME	8333 JEREMIAH LODGE AVENUE, LAS VEGAS, NEVADA ,89131

(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 an annual State Licensure survey conducted at your facility on 07/06/21. This State Licensure Survey was conducted 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 person with Alzheimer disease, Category II residents. The census at the time of the survey was eight. The facility received a grade of A. The finding and conclusion of any investigation by the Division of Public and Behavioral Health 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		

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: CHARO DALE | Title: Administrator | Date: 07/17/2021

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0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was completed for 1 of 8 residents (Resident #8) Findings include: Resident #8 (R8) R8 was admitted 05/10/21, with diagnoses including sun-downers and early dementia. On 07/06/21, R8's prescribed eye drops were not documented as given on the MAR. The Alphagan was administered twice daily with the residents other medications. On 03/13/21, R8 was prescribed Alphagan P 0.1% Opth- Solution, Instill 1 drop in both eyes every 12 hours. R8's Alphagan was not listed on the MAR. Severity: 2 Scope: 1	0895	1. Deficiency was corrected by the caregiver by writing it on MAR on July 6, 2021. 2. Caregiver was given a warning/ memo to make sure that all medications must be written on MAR. 3. Administrator will remind Caregivers, every two weeks to make sure that all medications, especially new medications delivered must be noted on MAR. 4. Lead caregiver and Administrator will work together to make sure that this will not re-occur. 5. It was completed on July 6, 2021. 6. Please see attached MEMO for the caregivers.	07/06/2021