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 _____	02/16/2022

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 and infection control survey conducted at your facility on 02/16/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten beds for elderly and disabled persons and/or persons with chronic illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of survey was seven. Seven resident files and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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: CHARO DALE | Title: Administrator | Date: 02/19/2022

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview and document review, the facility failed to ensure infection control practices were implemented and maintained in response to the COVID-19 pandemic. Findings include: On 02/16/22 at 8:30 AM, the facility had no employees medically cleared and fit tested to wear an N95 mask. The Caregiver acknowledged there were no employees medically cleared and fit tested to wear an N95 mask. Severity: 2 Scope: 3	0050	1.The caregivers did the N95- Fit testing on Feb 17, 2022. please see attached copies. 2. To ensure that this will not re-occur, a yearly fit testing must be done every January of each year to comply with the requirements. 3. In order to monitor the the deficiency to not re-occur, Lead caregiver and Administrator will work together to remind for the annual testing to be done every January of each year. 4. The ADMINISTRATOR AND LEAD CAREGIVER will make sure that the fit testing will be done every year. 5. it was done on the 17th of February, 2022. 6. please see attached copy	02/19/2022

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 7 sampled residents had an ultimate user agreement (Resident # 6). Findings include: Resident #6 (R6) R6 was admitted on 11/23/21, with diagnoses including chronic kidney disease and hypertension. R6's file lacked documented evidence an ultimate user agreement was completed upon admission. On 02/16/22 at 10:00 AM, the Caregiver acknowledged an ultimate user agreement was not completed for R6. The Caregiver indicated an ultimate user agreement should have been completed for R6 upon admission to the facility. Severity: 2 Scope: 1	0876	1. We had the ultimate user agreement signed on 2/18/2022. please sede attached copy 2. To ensure that this deficiency will not re-occur, we will require Resident, family or POA to sign the Ultimate User Agreement upon admission. 3. Lead Caregiver and Administrator will make sure that the Ultimate User agreement will be sign upon admission. 4. The administrator and Lead Caregiver will have the resident, family or POA sign the agreement before or upon admission 5. The date of corrective action is 2/16/22. 6. Please see attached document.	02/19/2022