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 _____	02/19/2025

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 completed at your facility on 02/19/25, 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 Alzheimer's disease, Category II residents. The census at the time of survey was eight. Eight resident files and four 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 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: Provider Representative | Date: 02/21/2025

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0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation and interview, the facility failed to ensure food was not expired, was properly defrosted and was suitable for residents. Findings include: On 02/19/25 in the morning, multiple containers of unidentified food with no hand written dates on the containers identifying what the food was, when the food was prepared and when the food should have been discarded was found in two refrigerators used for residents. On 02/19/25 in the morning, a Caregiver acknowledged there were multiple containers of food that did not have any documentation of what the food was or when it should have been discarded in two resident refrigerators. Severity: 2 Scope: 3	0276	1. In order to correct this citation, all containers in the refrigerator are labeled with dates. 2. To ensure that this deficiency will not recur, caregivers will label and date all food containers in the refrigerator. 3. Corrective action will be monitored by the Lead Caregiver and ADMINISTRATOR. 4. Lead Caregiver, will make sure that food containers are labeled. ADMINISTRATOR will check it during regular visits. 5. Corrective action was done February 20, 2025. 6. Please see attached photo	02/20/2025

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used as a restraint for a resident in bed, for 1 of 8 residents (Resident #4). Findings include: Resident #4 (R4) was admitted on 02/18/18 with Alzheimer's disease and chronic heart failure. On 02/19/25, in the morning, R4 was observed in bed, with half rails in the raised position. On 02/19/25, in the morning, a Caregiver revealed R4 did not use the rail for any purpose and the rail was in the up position to ensure R4 did not fall out of bed. Severity: 2 Scope: 1	0557	1. In order to correct this deficiency, Half bedrail will be lowered at all times. 2. In order to ensure that this deficiency will not re-occur, caregivers will make sure that rails are lowered at all times. 3. The correction will be monitored by the caregivers, that Half rails are lowered at all times. 4. The Lead Caregiver is responsible for ensuring that the plan of correction is implemented. 5. February 19, 2025	02/19/2025