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 _____	02/19/2026

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

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and Complaint Investigation surveys completed at your facility on 02/19/26, 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 five. Six resident files and five employee files were reviewed. The facility received a grade of A. There was one complaint investigated: Substantiated without deficient practice: Complaint #12931 was substantiated with no deficient practice. The investigation of the complaint included: Observations of residents with visitors and no residents with wounds requiring care. Interviews were conducted with the Owner, a Caregiver, a Registered Nurse and residents. Clinical Record Review of six residents, including the resident of concern. Document Review including facility policies and procedures and incident reports.			

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Y 0104 SS= D	NAC 449.200 Personnel files (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and document review, the facility failed to ensure a background check was completed for 1 of 5 employees (Employee #4). Findings include: Employee #4 (E4) was hired on 08/16/25 as a caregiver. Review of E4's employee file revealed fingerprints and a background check had not been completed. On 02/19/26 at 10:15 AM, a caregiver confirmed E4 had not completed fingerprints or a background check upon hire. Severity: 2 Scope: 1	Y 0104	For all future applicants, we will follow the required hiring process. No employee will start work until fingerprints and a background check are completed and approved. The Administrator will confirm all required documents are in the employee's file before the first day of work. This will help make sure the issue does not happen again. Please see the attached copy of the termination of caregiver,	03/04/2026
Y 1035 SS= D	NAC 449.2768 **Residential facility which provides care to persons with Alzheimer's disease: Alzheimer's/dementia Training:** 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which holds an endorsement as a residential facility which provides care to persons with Alzheimer's disease or other forms of dementia pursuant to NAC 449.2754 shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease,	Y 1035	Employee #4 was terminated for not completing the required Alzheimer's disease training. A copy of the termination is attached. All current employee files were reviewed to make sure required training is completed. For all future hires, no employee will begin work or provide care to residents until Alzheimer's disease training is completed and proof of training is placed in the employee's file. The Administrator will verify all required training is complete before the employee's first shift to ensure this does not happen again.	03/04/2026

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	successfully completes, in addition to the training required by NAC 449.196: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of tier 2 training. (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). (b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education. 2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he has completed that training within the previous 12 months.			

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	Inspector Comments: Based on interview and document review, the facility failed to ensure Alzheimer's disease training was completed for 1 of 5 employees (Employee #4). Findings include: Employee #4 (E4) was hired on 08/16/25 as a caregiver. Review of E4's employee file revealed E4 had not completed Alzheimer's disease training, per the requirement. On 02/19/26 at 10:15 AM, a caregiver confirmed E4 had not completed Alzheimer's disease training, per the requirement. Severity: 2 Scope: 1			
Y 1540 SS= D	**NAC 449.011931and R004-24** NAC 449.011931 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection	Y 1540	Employee #4 was terminated for not completing the required Cultural Competency training within 90 days of hire. A copy of the termination is attached. The Administrator reviewed all current employee files to ensure Cultural Competency training is completed within the required timeframe. For all future hires, Cultural Competency training will be completed within 90 days of hire as required. The Administrator will track hire dates and training due dates to make sure all required training is completed on time and documented in each employee's file. This will prevent the issue from happening again.	03/04/2026

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	1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal. Inspector Comments: Based on interview and document review, the facility failed to ensure Cultural Competency training was completed within 90 days of hire, for 1 of 5 employees (Employee #4). Findings include: Employee #4 (E4) was hired on 08/16/25 as a caregiver. Review of E4's employee file revealed E4 had not completed Cultural Competency training within 90 days of hire. On 02/19/26 at 10:15 AM, a caregiver confirmed E4 had not completed Cultural Competency training within 90 days of hire.			

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