DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VILLA CARE HOME	**1505 DUNEVILLE ST, LAS VEGAS, NEVADA ,89146**

(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 and complaint State Licensure survey completed at your facility on 09/05/24 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 and/or persons with chronic illness, Category II residents. The census at the time of the survey was nine. Ten resident files and five employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00072071 could not be substantiated. The investigation of Complaint included: Observation of grooming and physical appearance for residents, staff/resident interactions, and a tour of the facility. Interviews were conducted with residents and caregivers. Clinical Record Review of ten records, which included the residents of concern. Document Review included facility policy and procedures, . 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		
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 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	0895	Tag 0895 Administration of Medication Maintenance 1. The facility failed to have accurate documentation on MAR for R#8 medication (Hydro/APAP 5-235mg) A review was completed with Medication tech to ensure all medication is administered to resident as prescribed by the physician. The Medication tech understands that MAR	09/12/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JOANNE MISURACA Title: Administrator Date: 10/07/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	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; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview, observation and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 1 of 9 resident's medications (Resident #8). Findings include: Resident #8 (R8) R8 was admitted to the facility on 02/04/24, with diagnoses including cerebral vascular accident and depression. R8's medication container revealed a bottle of medication labeled hydroco/APAP 5-325 milligram, take one tablet by mouth every 12 hours for generalized pain. R8's MAR documented hydroco/APAP 5-325 milligram, take one tablet by mouth every 12 hours for generalized pain. R8's MAR lacked documentation the hydroco/APAP was administered at 8:00 PM from 09/01/24 through 09/04/24. On 09/05/24 in the morning, the Assistant Administrator acknowledged R8's MAR lacked documentation the hydroco/APAP was administered at 8:00 PM from 09/01/24 through 09/04/24. The Assistant Administrator verbalized the resident received the medication, but the Medication		must be initialed after each does given. 2. The administrator on visits to Golden Villa will check MAR on all residents to ensure this deficient practice doe not recur. 3. The administrator will review new medication orders and monitor MAR to ensure everything is correct, this will ensure the deficient practice does not recur. The administrator will be responsible for ensuring the plan of correction is implemented. Compliance date: 9/12/24	

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	Technician forgot to initial R8's MAR documenting the hydroco/APAP was administered as prescribed. Severity: 2 Scope: 1			