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 _____	**03/29/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LAKE CARE HOME	**9719 TUMBLE LAKE COURT, LAS VEGAS, NEVADA ,89147**

(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 a complaint investigation completed with your facility on 03/29/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for elderly and disabled persons, with endorsements for chronic illness and mental illness, five Category I residents and five Category II residents. The census at the time of the investigation was 10. The facility received a grade of A. One complaint was investigated. Complaint #NV00065581 with one allegation was substantiated without regulatory deficiencies. Allegation #1 the facility closed in-person visitation with residents due to a COVID-19 outbreak was substantiated without regulatory deficiencies based on an interview with the facility Administrator, who indicated the facility was temporarily not allowing family or friends to visit the resident in-person during the time of elevated COVID-19 infection rates. There were no restrictions for in-person visitation for essential healthcare personnel. Alternative methods of visitation available to the residents included virtual meetings (Zoom, FaceTime, Skype, etc.) and meetings looking through a window while talking on the phone. The facility's visitation policies were changed and updated as required regarding COVID-19 pandemic protocols. A review of the facility's COVID-19 visitation policy, updated 04/09/21, indicated the visitors to the facility were allowed visitation by appointment only. Visits were limited to 30 minutes, visits were conducted in a designated area by the facility (for example, dining area or courtyard) and compassionate visits were allowed for any resident. In addition, residents went with family members/friends or took transportation for shopping, medical	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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.

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 _____	**03/29/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LAKE CARE HOME	**9719 TUMBLE LAKE COURT, LAS VEGAS, NEVADA ,89147**

(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
	appointments, lunch, etc. and the residents wore a mask and practiced social distancing. The facility allowed indoor visitation for all residents (regardless of vaccination status). The policy was subject to change due to COVID-19 updates. The investigation included: Interview with the facility Administrator and review of the facility's COVID-19 visitation policies. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.			