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
	7557	A. BUILDING _____ B. WING _____	06/21/2023

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 an annual state licensure survey conducted at your facility on 06/21/23, 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 illnesses and/or persons with chronic illnesses, five Category I and five Category II residents. The census at the time of the survey was ten. Ten resident files and three 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 investigation, 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: SUSAN SOWERS Title: administrator Date: 07/03/2023

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0527 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; Inspector Comments: Based on observation, interview and document review, the facility failed to ensure activities were provided to 10 of 10 residents. Findings include: On 06/21/23 at 9:00 AM, two residents were observed sitting at the kitchen table staring at the front door. Three residents were in the living room watching television (TV). Two residents were sitting outside, and one resident was lying in bed in the bedroom without a working TV. On 06/21/23 at 9:30 AM, one of the residents indicated being unable to get out of bed and had not had a working TV for weeks. The resident indicated not being provided any other sort of activities. A Caregiver acknowledged the TV in the resident's room was not working and needed to be repaired. On 06/21/23 in the morning, four other residents indicated the facility did not provide activities except watching TV. The Activity calendar dated 06/21/23 documented a sing along would take place at 10:00 AM. The sing along activity did not take place at the scheduled time. On 06/21/23 in the morning, a Caregiver indicated residents did not want to participate in group activities provided by the facility. The Caregiver acknowledged the facility did not provide individual activities to residents based on preference and confirmed the scheduled activity at 10:00 AM did not take place. Severity: 2 Scope: 3	0527	1 Residents were polled for the kind of activities that they would like to do Residents will be provided with the activities that they expressed interest in doing 2 Administrator to monitor for compliance that residents are provided the activities that they wish to participate in as scheduled 3 Administrator will ensure to adjust the activities with new or different activities once residents made known which new activities they would like to do 4 Administrator is responsible for ensuring the plan of correction is implemented 5 The date of corrective action is june 29, 2023	06/29/2023

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1070 SS= D	Glucose Testing - CLIA Certificate - NAC 449.1985 (1) (c) & (2) 1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver: (c) Performs the task in conformance with the Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578, 42 U.S.C. § 263a, if applicable, and any other applicable federal law or regulation; 2. If a person with diabetes who is a resident does not have the physical or mental capacity to perform a blood glucose test on himself or herself and a caregiver of the residential facility performs a blood glucose test on the resident, the Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578, 42 U.S.C. § 263a, shall be deemed to be applicable for the purposes of paragraph (c) of subsection 1. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a Clinical Laboratory Improvement Amendment (CLIA) waiver to conduct blood glucose testing for 1 of 10 residents (Resident #3). Findings include: Resident #3 (R3) was admitted on 01/13/22 with diagnosis including type 2 diabetes mellitus and dementia. A physician's order dated 05/04/23 for R3 documented, Humulin 70/30 Kwik pen, inject 20 units subcutaneously in AM and 22 units in PM, after checking blood glucose. Hold if blood glucose is less than 100. On 06/21/23 in the morning, R3 was unable to demonstrate the ability to set the insulin pen to the appropriate dose and could not complete a blood sugar check without staff assistance. A Caregiver indicated the Caregiver set everything up for R3 and R3 completed the injection. Record review revealed the facility did not have a CLIA waiver to conduct blood sugar checks. On 06/21/23 in the morning, a Caregiver confirmed R3 was not able to complete insulin injections and blood glucose checks without staff assistance and acknowledged the facility did not have a CLIA waiver. Severity: 2 Scope: 1	1070	1 The Clia waiver was completed to be submitted to retain a resident that needs blood glucose testing 2 Administrator will ensure that any future residents that needs blood glucose testing, the facility must obtain a CLIA waiver 3 Administrator will make sure the Clia Waiver is in place before accepting residents that needs blood glucose testing 4 Administrator will monitored to ensure the facility will have Clia Waiver in place 5 The corrective action date is 6/29/2023	06/29/2023