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 _____	**08/29/2024**

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 initiated at your facility on 08/23/24 and completed on 08/29/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The census at the time of the survey was seven. The sample size was seven. The facility received a grade of D. Three complaints were investigated: Substantiated: 1. Complaint #NV00072062 was substantiated. See TAG Y0050, Y0085, Y0174, Y0178, Y0252, Y0253, and Y0274. 2. Complaint #NV00072011 was substantiated. See TAG Y0050 and Y0174. 3. Complaint #NV00071958 was substantiated. See TAG Y0050 and Y0085. The investigation into the complaints included: Observations of the facility/cleanliness, odors, availabilty of food, lunch meal preparation and service, temperature of the home, number of staff members working, and Caregiver's room. Interviews were conducted with residents, Caregivers, Assistant Manager, a Home Health nurse. Record review of seven residents, including the residents of concern. Document review included staff schedule and menu. 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		
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive	0050	1. The Administrator will ensure to provide oversight and directions to all staff/caregivers including relievers to provide residents with needed services and protective supervision. 2. The Facility terminated the Caregiver of	08/24/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: SUSAN SOWERS Title: administrator Date: 10/11/2024

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	needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview, record review and document review, the Administrator failed to provide oversight and direction for the members of the staff of the facility to ensure residents who required incontinence care received needed services at night. (Resident #1, Resident #6 and Resident #7) Findings include: Resident #1 (R1) R1 was admitted on 05/21/24, with diagnosis including Cerebral Palsy and right sided hemiparesis. On 08/23/24 at 8:45 AM, R1 was lying in bed. R1 indicated R1 required assistance with incontinence care. R1 indicated there were many times at night when R1's adult brief was wet and when R1 called for assistance none of the staff came to change R1's brief. R1 reported, as a result, laying in a wet incontinence brief all night and it was very uncomfortable and sometimes R1 was soaked up R1's back with urine. R1's Activities of Daily Living (ADL) assessment dated 05/2024, documented R1 was to be assisted by the staff of the facility with incontinence care. Resident #6 (R6) R6 was admitted on 04/24/24, with diagnosis including chronic obstructive pulmonary disorder, bipolar disorder and hypothyroidism. On 08/23/24 at 9:00 AM, R6 reported there was not always a caregiver available at night. R6 indicated there had been times when R6 needed assistance with incontinence care and there was no caregiver to assist R6. R6 acknowledged R6 was supposed to receive incontinence care and there were times at night when a caregiver was not there to change R6. R6 indicated sometimes Caregiver #1 (C1) was the only caregiver on duty and was not physically able to care for R6's incontinence needs because C1 had pain and walked with a limp. R6's ADL assessment dated 04/25/24, documented R6 was to be assisted with incontinence		concern immediately, and hired additional staff. The administrator will ensure the facility have sufficient number of staff available who are physically capable of assisting residents with all care needs. 3. The Administrator will monitor to ensure that the facility will hire and have sufficient staff/caregiver that are physically capable to provide care for the residents. Bells has been provided to all residents in case they need night time assistance . Caregiver check on residents during the night for any needs that they may have and the night shift caregiver is in the home and will be able to hear the bell to assist 4.The Administrator and Manager will ensure all the corrective action has been monitored frequently by phone and visitations. 5. Corrective action was implemented on 8/24/24 6. New staff on board attached.	

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	care by the staff of the facility. Resident #7 (R7) R7 was admitted on 01/02/24, with diagnosis including hypertension, diabetes and cerebral infarction. On 08/23/24 at 9:00 AM, R7 reported R7 received incontinence care and sometimes required incontinence care or assistance from the bed to the wheelchair at night. R7 reported there had been times when R7 went without services at night when R7 needed R7's incontinence brief changed. R7 indicated when C1 was the only caregiver on duty C1 was unable to assist with transferring R7 from the wheelchair to the bed or from the bed to the wheelchair. R7 had to go to bed early or wait to get out of bed until the morning when another Caregiver arrived. R7 reported C1 never changed R7's incontinence brief at night and it was always done by other caregivers arriving in the morning. R7's ADL assessment dated 01/04/24, documented R7 was supposed to be assisted with incontinence care. On 08/23/24 at 9:45 AM, Caregiver #4 (C4) reported C1 mainly cooked and passed medications. C1 walked with a limp, complained of pain and confirmed C1 was not physically able to provide incontinence care to residents or transfer residents on C1's own. C4 acknowledged there were nights C1 was the only caregiver on duty. C4 indicated there were many times when C4 came on duty in the morning and residents were wet and soiled and needed their incontinence brief changed. On 08/29/24 at 12:30 PM, Caregiver #2 (C2) reported C1 did not provide ADL's to residents such as incontinence care and was unable to lift residents. C2 acknowledged C1 worked alone at night. On 08/29/24 in the morning, the Manager indicated the Administrator was currently on vacation and reported the Administrator was at the facility for the annual survey in May 2024 and one other time since then. There was no other documented evidence the Administrator was onsite and providing oversight and direction to the staff members			

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	of the facility to ensure residents were receiving incontinence care. Severity: 2 Scope: 3 Complaint #NV00071958 Complaint #NV00072011 Complaint #NV00072062			
0085 SS= F	Staffing - Cg on Duty All Times - NAC 449.199 Staffing requirements 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. Inspector Comments: Based on observation, interview, record review, and document review, the facility failed to ensure the facility had a sufficient number of Caregivers present at the facility to conduct activities and provide care to residents. Findings include: Resident #1 (R1) R1 was admitted on 05/21/24, with diagnosis including Cerebral Palsy and right sided hemiparesis. The Activities of Daily Living (ADL) assessment dated 05/2024, documented R1 was to be assisted with incontinence care, ambulation, bathing, and grooming. On 08/23/24 at 8:45 AM, R1 was a wheelchair bound resident who at this time was lying in bed looking out the window. R1 reported their room was at the front of the home and was able to see out the window when Caregivers left the facility and returned. R1 indicated many times a caregiver would leave at night and not return until morning, leaving the facility without a caregiver. R1 indicated R1 required assistance with incontinence care. R1 reported there were times when they were wet at night and yelled for assistance at night and a caregiver would not come to assist. Resident #6 (R6) R6 was admitted on 04/24/24, with diagnosis including chronic obstructive pulmonary disorder, bipolar disorder and hypothyroidism. The ADL assessment dated 04/25/24,	0085	1. The Administrator will ensure that there will be sufficient caregiver/staff available at the facility at all times to provide care and provide protective supervision for the residents. 2. The administrator will visit facility to ensure that there are sufficient caregivers/staff in the facility to provide and assist care to all residents at all time. 3.The Administrator will monitor staff on schedule is implemented and there will be sufficient caregivers/relievers are available relievers in place in case if emergencies may occur. Administrator will monitor to ensure facility has staff on call during the night time to provide protective supervision and care if needed 4. The Administrator/manager will do a frequent visit at the facility to make sure that schedule of staff is implemented. 5. The correction was implemented immediately on 8/23/24	08/23/2024

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	documented R6 was to be assisted with incontinence care, ambulation, bathing, and grooming. On 08/23/24 at 9:00 AM, R6 reported there was not always a caregiver available at night because Caregiver #1 was the only caregiver on duty and stayed in the garage. R6 indicated there had been times when R6 needed incontinence care and no one was inside the facility to provide assistance. R6 acknowledged R6 was supposed to receive incontinence care and there were times at night when a caregiver was not there to change R6's brief. R6 indicated sometimes C1 was the only caregiver on duty, stayed in the garage and was not physically capable to transfer R6 from the bed to the wheelchair. R6 reported C1 often complained of pain and walked with a limp. Resident #7 (R7) R7 was admitted on 01/02/24, with diagnosis including hypertension, diabetes and cerebral infarction. The ADL assessment dated 01/04/24, documented R7 was to be assisted with incontinence care, ambulation, bathing, and grooming. On 08/23/24 at 9:00 AM, R7 reported R7 was supposed to receive incontinence care and sometimes required assistance from the bed to the wheelchair at night. R7 reported there had been times when R7 went without services at night when R7 required R7's incontinence brief changed. R7 indicated when C1 was the only caregiver on duty, C1 was unable to assist with transferring R7 from the wheelchair to the bed or from the bed to the wheelchair because C1 was physically incapable of assisting R7, and there were no other Caregivers at the facility to assist. On 08/23/24 at 9:30 AM, Caregiver #2 (C2) reported C1 walked with a limp and was not physically able to lift residents without help from another caregiver. C1 was in too much pain to assist with resident ADL's and had a hard time bending over. C2 reported there were times when C1 was the only Caregiver on duty at night and residents were not provided with needed services because of C1's physical ailments. C1's Job Description			

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	signed on 06/25/16, documented C1 would assist residents to the bathroom, provide incontinence care, and assist residents into bed. A document entitled designation of employee in charge, signed by C1 on 06/16/17 documented C1 would ensure residents received needed services and protective supervision and also ensure that the facility is in compliance with the requirements of NAC 449.156 to 449.27706 inclusive, and Chapter 449 of NRS. On 08/29/24 at 12:30 PM, Caregiver #3 (C3) reported C1 was unable to lift residents and did not provide ADL's to residents including services such as incontinent care. C3 acknowledged there were times when C1 worked alone at night. Severity: 2 Scope: 3 Complaint #NV00071958 Complaint #NV00072062			

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was free from offensive odors. Findings include: On 08/23/24 at 8:30 AM, there was a strong urine odor when opening the door leading to the garage. The urine odor drifted into the resident's living room area and dining table area when the door was opened. Caregiver #1's room, located in the garage, had an overwhelming odor of urine when the door was opened. An adult brief was placed on the ground with a large bucket next to it filled an inch from the top with a dark yellow liquid. On 08/23/24 at 8:30 AM, two Caregivers acknowledged the urine odor and had smelled it from inside the garage and inside the house when the door was opened. The Caregivers were unaware it was coming from the Caregiver's room in the garage. On 08/23/24 at 12:00 PM, the Manager acknowledged the bucket of urine in the Caregiver's room and reported the urine odor was strong in the garage and in the Caregiver's room and was drifting into the facility main areas. Severity: 2 Scope: 3 Complaint #NV00072011 Complaint #NV00072062	0174	1. The Administrator, manager of the facility immediately enforced maintenance to impose and did the sanitation of the facility. 2. The administrator, manager of the facility cleared the entire premises including bedrooms of the residents and staff of the offensive odor, hazardous impediment to freely endanger the residents inside and outside of the environment, pest control company was hired for services, disposal and removal of dirt and garbage thru dumper services. 3. The administrator will ensure to monitor that caregivers/staff are implementing the sanitation, cleaning, disposing, ensuring free of foul odors and pest every day and as needed. 4. The administrator will ensure to monitor that the staff of the facility is maintaining the sanitation thru frequent visitation and checking of all the entire premises, inside and out is free of odors, hazards, insects and dirt's. 5. The administrator implemented sanitation date 8/24/24 6. Documents attached (photos) last 2 Services of done Aug, Sept. Still continue services.	08/24/2024

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was clean and well maintained. Findings include: On 08/23/24 at 10:00 AM, the following observations were made: - The outside and inside of the kitchen refrigerator and freezer had food debris, dried crusty and sticky substances throughout. - The outside and inside of the garage refrigerator and freezer had food debris, dried crusty and sticky substances throughout. - The kitchen counters were soiled with build-up around the edges and food debris. - The kitchen cabinets were sticky and covered in grease or food substances. - The floors throughout the facility had dirt and debris. - All bathroom showers had lint and hair on the floor. - All bathroom toilets were soiled with urine, dust, and debris. On 08/23/24 at 10:00 AM, two Caregivers acknowledged the lack of cleanliness and acknowledged the home needed cleaning. On 08/23/24 at 12:00 PM, the Manager acknowledged the dirty bathrooms, refrigerator/freezer, dirty floors, and kitchen and reported it needed cleaning. Severity: 2 Scope: 3 Complaint #NV00072062	0178	1. The Administrator, manager of the facility immediately enforced maintenance team to impose the sanitation inside and out and of the facility. 2. The administrator, manager of the facility cleared the entire premises including bedrooms of the of the residents and staff all garbage and un sanitized belongings was dispose immediately including outside environment dried plants. 3. The administrator will ensure to monitor that caregivers/staff are implementing the sanitation, cleaning, disposing, ensuring free of dirt every day and as needed. 4. The administrator will ensure to monitor that the staff of the facility is maintaining the sanitation thru frequent visitation and checking of all the entire premises inside and out is free of garbage and odor free. 5. The administrator implemented sanitation date 8/24/24 6. Attached documents, in service and Photo	08/24/2024

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0252 SS= F	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. Inspector Comments: Based on observation and interview the facility failed to discard expired or rotten food. Findings include: On 08/29/24 at 10:30 AM, located in the kitchen and garage refrigerator were the following expired or rotted foods: - A gallon of milk expired on 07/25/24. - Four gallons of milk expired on 08/14/24. - Six loaves of bread expired on 08/20/24. - A large container of mayonnaise expired on 06/15/24. - A bottle of salad dressing expired on 08/15/24. - Two packages of Bologna expired on 08/20/24. - Two bags of carrots with an abundance of a white furry substance and black substance. - One bag of carrots with white spots on it. - One bunch of celery with wilted leaves. - Five potatoes with black spots on them. On 08/29/24 at 10:30 AM, the Caregiver verbalized the dates on the bread and milk packages reflected expired and had no freeze and thawed dates written on the packages and should have been. The Caregiver acknowledged the other items in the refrigerator were expired and the vegetables had white and black substances on them and should have been discarded. Severity: 2 Scope: 3 Complaint #NV00072062	0252	1. The manager of the facility will ensure to monitor that food supply is enough every day and will be last for the week and every week and fresh supply is available at all times. 2. The administrator will ensure to check and monitor staff that are in charge of food preparation and storing and supplying are always updated. 3. The administrator will ensure to check the in charge of the facility if supplies are on time and well enough to last as schedule, fresh and properly stored and kept accordingly with labels and dates. 4. The Administrator and manager of the facility will be responsible of the monitoring and updating of fresh food supplies, storing and preparation. 5. Correction was implemented on 8/23/24. 6. Attached Photo and In-service for staff.	

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0253 SS= F	Adequate Supplies of Food - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure a two day supply of fresh fruits and vegetables and a seven days supply of canned goods were available for 9 of 9 residents. Findings include: On 08/23/24 at 10:30 AM, the facility was observed to have 9 residents. The facility had one medium vine of green grapes, one medium and one small head of lettuce, one watermelon, and two apples. The pantry contained 12, five ounce cans of tuna. On 08/23/24 at 10:30 AM, the Caregiver acknowledged there were no other fruits, vegetables, or canned goods on site and it was not enough for a two day supply of fresh fruits and vegetables and a seven day supply of canned goods for nine residents. On 08/23/24 at 11:30 AM, the Manager acknowledged there was a lack of fresh fruits, vegetables, and canned goods. Severity: 2 Scope: 3 Complaint #NV00072062	0253	1. The Administrator of the facility will ensure that adequate food supplies are available every day and should last for the week. 2. The administrator will ensure to check and monitor staff/caregiver that are in charge of food preparation and storing are always updated and supplied on time, every day and every week. 3. The administrator will ensure to check the in charge of the facility if supplies are on time and well enough to last as schedule, fresh and properly stored and kept accordingly with labels and dates. 4. The Administrator of the facility will be responsible of the monitoring and updating of fresh food supplies and storing are on time accordingly every day and every week. 5. Correction was implemented on 8/23/24. 6. Documents attached (photo) and In-service	

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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
0274 SS= F	Nutrition & Serivce of Food-Menu Substitution - NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal. Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure a meal substitution was posted when the substitution was served. Findings include: On 08/23/24 at 11:15 AM, the Caregiver was preparing lunch and verbalized it was ramen noodles, hot dogs, and chicken. The Caregiver reported canned tuna was for dinner that night. A review of the posted menu, dated August 19-25, 2024, documented for lunch on 08/23/24 was ground beef with mixed veggies, rice, and dessert. For dinner, the menu documented fish sticks, coleslaw, pork and beans, soup, and dessert. The food items listed on the menu were not available to be served and the substitutions provided/to be provided were not posted on the menu. A review of the alternative menu documented for lunch and dinner noodle soup with egg sandwich or ham and cheese sandwich. On 08/23/24 at 11:15 AM, the facility did not have noodle soup or ham available per the alternative menu. On 08/23/24 at 11:15 AM, the Caregiver acknowledged this meal was not what was posted on the menu and was unaware substitutions should have been documented on the menu. The Caregiver acknowledged the facility had no noodle soup or ham as indicated on the alternative menu. Severity: 2 Scope: 3 Complaint #NV00072062	0274	1. Manger and/or in charge of the facility will ensure that menus are posted on schedule, and alternate menu is also available to be serve anytime. 2. The Administrator will ensure that menus on schedule must be posted as well as substitutional and alternative menu must be available for the residents. Nutrional food is serve according to Nutritionist will be accommodated. 3. The Administrator will ensure to monitor the facility that all menus and meal schedule are posted on time on a common area that is are visible to all residents and must be available at all times. 4. The Administrator will ensure to check every day that in charge/staff of the facility is following the menu on schedule and posting on time. 5. The corrections was implemented on 8/24/24	