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 _____	02/24/2026

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

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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: The Statement of Deficiencies was generated as a result of a complaint investigation survey conducted in your facility on 02/24/26, in accordance with Nevada Administrative Code, Chapter 449, and Nevada Revised Statutes Chapter 449 - Residential Facility for Groups. The census was 10. The sample size was six. The facility received a grade of A. One complaint was investigated. <u>Substantiated</u>: 1. Complaint #12912 was substantiated. (See TAGs Y304 and Y590)			

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	The investigation into the complaint included: Observations for facility cleanliness, bugs, furniture placement, floor spacing and pathways for wheelchairs, interactions between residents and between residents and staff, facility toilets and staffing. Interviews were conducted with residents, including the resident of concern, Caregivers and the Owner. Clinical Record Review of resident records, including residents of concern. Document Review of facility policies and procedures, Admission Agreement, Incident Reports, Resident Rights and Staffing Schedule. The following regulatory deficiencies were identified.			

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Y 0300 SS= D	NAC 449.218 **Bedrooms; privacy; storage space and closets; bedding;use of personal furniture.** 1. A bedroom in aresidential facility that is shared by two or three residents must have atleast 60 square feet of floor space for each resident who resides in thebedroom. A resident may not share abedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80square feet of floor space. 2. Each bedroom in a residentialfacility must have one or more windows to the outside that can be opened from the inside of the room without theuse of tools or a door to the outside which is at least 36 inches wide and canbe opened from the inside. 3. Thecombined size of the panes of glass of the windows in a bedroom in a facility that was issued alicense on or after January 14, 1997, must equal not less than 8 percent of thefloor space in the room.	Y 0300	1. The facility will correct this deficiency by ensuring that all resident pathways remain clear and unobstructed at all times. Adequate space will be maintained in bedrooms and common areas to allow safe passage for residents using wheelchairs, walkers, or other mobility devices. Furniture and personal items will be arranged so they do not interfere with movement or create barriers. No items will block doorways, hallways, or exits, ensuring safe and immediate egress in case of emergency. The deficiency will be corrected by moving the large dresser out of the bedroom and replace with a smaller piece of furniture that is more accommodating with the size of the bedroom but still large enough to hold the T.V. 2. The facility will ensure this deficiency does not recur by having the Administrator and Manager conduct routine rounds to verify that resident pathways remain clear and unobstructed. During these rounds, the Administrator and Manager will check in with residents to ensure they have adequate space to move about safely and comfortably, including the use of wheelchairs, walkers, or other mobility devices. 3. The Administrator and Manager will routinely inspect resident rooms and common areas to confirm that pathways are free of obstructions and that no furniture or personal items interfere with safe movement or access to exits. 4. Administrator and Manager are responsible for overseeing and ensuring that this corrective action is consistently implemented and maintained. 5. Date of correction: 05/03/2026 6. See attached photo's of the bedroom now having a smaller piece of furniture which now allows for easy access and not	05/03/2026

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	4. The arrangement of the beds and otherfurniture in the bedroom must provide privacy for and promote the safety of theresidents occupying the bedroom. Adjustable curtains, shades, blinds or similar devices must be providedfor visual privacy. 5. Each resident mustbe provided: (a) At least 10 square feet of space for storage in abedroom for each bed in the bedroom; and (b)At least 24 inches of space in a permanent or portable closet for hanginggarments. 6. A separate bedwith a comfortable and clean mattress must be made available for eachresident. The bed must be at least 36inches wide. Two clean sheets, a blanket, a pillow and a bedspread must beavailable for each bed. Linens must be changed at least once each week and moreoften if the linens become dirty. Additional bedding, including protective mattress covers, must beprovided if necessary. 7. Upon the requestof a resident, a residential facility may authorize the resident to usepersonal furniture and		interfer with movement. 7. Administrator and Manager will conduct routine rounds to verify that resident pathways remain clear and unobstructed. They will also inspect resident rooms and common areas to confirm that pathways are free of obstructions and that no furniture or personal items interfere with safe movement or access to exits.	

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	furnishings that comply with the requirements ofsubsection 6 if their use does not jeopardize the health and safety of any ofthe residents of the facility. Bedrooms; privacy; storage space and closets; bedding;use of personal furniture. 1. A bedroom in aresidential facility that is shared by two or three residents must have atleast 60 square feet of floor space for each resident who resides in thebedroom. A resident may not share abedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80square feet of floor space. 2. Each bedroom in a residentialfacility must have one or more windows to the outside that can be opened from the inside of the room without theuse of tools or a door to the outside which is at least 36 inches wide and canbe opened from the inside. 3. Thecombined size of the panes of glass of the windows in a bedroom in a facility that was issued alicense on or after January 14, 1997, must equal not less than 8 percent of thefloor space in the room.			

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	4. The arrangement of the beds and otherfurniture in the bedroom must provide privacy for and promote the safety of theresidents occupying the bedroom. Adjustable curtains, shades, blinds or similar devices must be providedfor visual privacy. 5. Each resident mustbe provided: (a) At least 10 square feet of space for storage in abedroom for each bed in the bedroom; and (b)At least 24 inches of space in a permanent or portable closet for hanginggarments. 6. A separate bedwith a comfortable and clean mattress must be made available for eachresident. The bed must be at least 36inches wide. Two clean sheets, a blanket, a pillow and a bedspread must beavailable for each bed. Linens must be changed at least once each week and moreoften if the linens become dirty. Additional bedding, including protective mattress covers, must beprovided if necessary. 7. Upon the requestof a resident, a residential facility may authorize the resident to usepersonal furniture and			

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	furnishings that comply with the requirements ofsubsection 6 if their use does not jeopardize the health and safety of any ofthe residents of the facility. 8. There mustbe a light outside the entrance to each bedroom to provide a resident withadequate lighting to reach safely a switch for turning on a light fixtureinside the bedroom. Upon the request ofa resident, bedside lighting must be provided. Inspector Comments: Based on observation, document review, record review and interview, the facility failed to ensure there was an available pathway for a wheelchair through a resident bedroom. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted on 05/30/25 with diagnoses including acute respiratory failure with hypoxia, lymph edema of limb and epilepsy. R1's Activities of Daily Living Assessment dated 01/09/26, documented most areas as needs assistance. R1 was using			

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	a wheelchair. On 02/24/26 at 10:35 AM, the bedroom space between R1's and Resident #3's bed and a dresser measured 16 inches. The wheelchair width measured 27 inches and could not move through the 16 inches to get to R1's side of the room or R1's bed with R1 in the chair. At the time of observation, the wheelchair was by the door. There was not enough room for the wheelchair to go from the bedroom door to R1's bed. An email from the Administrator on 02/08/26 at 11:18 PM was sent to an Ombudsman as a follow up on the concerns raised by R1 during the Ombudsman's visit to the facility on 02/05/26. For the room space, the Administrator wrote R1 was aware of the limited space between the dresser and bed, agreed to the setup and was in the room for several months without prior complaints regarding accessibility. There was no notation in R1's record of this agreement. On 02/24/26 at 10:35 AM R1 explained not being able to get to their bed in their wheelchair. At night the wheelchair was folded and put in the corner.			

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	The facility's Resident Rights (signed by ROC), included residents to receive considerate care and have their needs met. The facility's Facility Policies (undated), documented examples of Unsafe Conditions – Hazards, including obstacles that impede the free movement of residents within and outside the facility; including excessive furniture in any room that interferes with travel through the room or blocks across to an exit. The facility's Facility Policies (undated), documented a facility that has a client who uses a wheelchair or a walker must have hallways, doorways and exits wide enough to accommodate a wheelchair or walker; "DO NOT BLOCK ANY DOORWAY, HALLWAY OR BEDROOM". On 02/24/26 in the morning, a Caregiver confirmed the observation of the wheelchair in R1's bedroom and lack of space for R1 to get to their bed in their wheelchair. Severity: 2 Scope: 1 Complaint#12912			

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Y 0590 SS= D	**NAC 449.268** **Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response.** 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility; (b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility; (c) The residents are treated with respect and dignity; (d) The facility is a safe and comfortable environment; (e) Residents are not prohibited from interacting socially; (f) Residents are allowed to make their own decisions whenever possible; (g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such a complaint receives a response in a timely manner; (h) A resident is informed as soon as practicable that he is being moved to a new room or that he is receiving a new roommate; and (i) Residents are afforded the opportunity to initiate an advance directive or power of attorney for health care and that the employees of the facility comply with the wishes contained in such a document. 2. The administrator of a residential facility shall provide a procedure to respond immediately to grievance, incidents and	Y 0590	1. The facility will correct these deficiencies by letting staff know that all residents must be treated with respect and dignity. When a resident has issues or concerns; the issues or concerns will be addressed promptly and the facility will do what is right to remedy the issues or concerns. Please see attached grievance report form. The toilets will be monitored to ensure that they are always in working order for residents to use. Residents who require night time assistance will be checked on during the night time for incontinence needs. (R1 is no longer residing at facility.) 2. Facility will ensure the deficiency will not happen again by the administrator and manager checking in and asking all residents if they are being treated with respect and dignity, and if anyone has any concerns. Their concerns will be addressed in a timely manner and appropriate documentation, using the attached grievance report form, will be used. The toilets will be monitored consistently to make sure that all are in working order. Residents who require night time toileting assistance are monitored every 2-4 hours throughout the night by caregivers to determine if assistance is needed. Assistance may include ambulation to and from the restroom, assistance on and off the bedside commode, changing of briefs and/or bed pads, incontinence care, and hygiene assistance to ensure the resident remains clean, dry, safe, and comfortable throughout the night. Caregivers will use the "Night Time Caregiver Assistance Log" to monitor residents needs." Please see attached form. A bedside call bell is also available to all residents should assistance be needed between nighttime checks. Staff will respond promptly to resident requests for toileting assistance. Photos are attached of the bell and how they will be placed at residents bed side.	05/22/2026

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	complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken. 3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure residents were treated with dignity and respect. Findings include: On 02/24/26 at 9:30 AM, Resident #3 (R3) reported the toilet by R3's room was broken for over a month because it was clogging. On 02/24/26 at 10:35 AM, Resident #1 (R1) described the toilet next to R1's room was broken for two months. It was clogged 2 or 3 times a day and R1 had to use the toilet down the hall. R1 further explained when a		Residents will be informed of their right to file a complaint or grievance with the Administrator. The facility will ensure that all grievances are acknowledged and responded to in a timely manner so that concerns can be promptly investigated. Residents will be notified of the outcome and any actions taken in response to their grievance, in accordance with the facility's grievance procedure. All employees of the facility will be required to comply with and follow the established grievance procedure at all times. Caregivers will be required to fill out the "Night time Caregiver Assistance Log". 3. Administrator and manager will frequent the facility to check in with residents to ensure that they are treated with respect and dignity, their issues and concerns are addressed, and that all toilets are working for residents' use. Administrator and manager will also check on the proper usage of filling out the "Night Time Caregiver Assistance Log" for incontinence and toileting needs if that resident(s) may have. 4. Administrator and manager are responsible for ensuring that this corrective actions are implemented and will continue to monitor to ensure ongoing compliance with all resident rights and grievance regulations. 5. 04/29/2026 and 05/22/2026 6. Grievance report attached. Resident rights document attached. Night time Caregiver Assistance Log attached. 7. The Administrator and Manager will frequent the facility to conducted a full walk-through of the facility to ensure all toilets and plumbing fixtures are in proper working condition. We will also check in on residents to make sure that they are being treated with dignity and respect and that they feel safe and comfortable. Will also ask	

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	resident had to have a bowel movement, residents were told no toilet paper was allowed to be flushed down the toilet. Instead, R1 indicated residents had to wipe and then put the dirty toilet paper in the trash. R1 verbalized R1 felt uncomfortable at the facility. R1 reported sometimes needing toileting assistance at night. R1 explained the Owner told R1 to get a catheter because the staff was tired and not getting enough sleep. R1 did speak with R1's physician, and the physician would not allow a catheter for R1 due to R1's medical conditions. On 02/24/26 at 9:55 AM, a Caregiver acknowledged the toilet was clogged two months ago for three weeks, and was just replaced this month. On 04/10/26 at11:30 AM, the Owner reported toilet clogging issues happened about once a year. The Owner confirmed there was initially a sign on the wall saying no toilet paper in the toilet, but it had been removed. The facility's Resident Rights (signed by ROC), included residents to receive considerate care; residents be treated with dignity and respect and residents have their needs met.		residents if their night time incontinence and toileting needs are being met. Going forward, administrator and manager will meet to address any new concerns or complaints to ensure residents needs are met. Staff involved were counseled and re-educated on resident rights, including the requirement to respond promptly to resident (s) concerns and maintain dignity at all times Staff was given the attached form to fill out when a resident requires night time assistance for incontinence and toileting needs. The grievance form will be filled out when a resident has a complaint.	

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	Severity: 2 Scope: 1 Complaint#12912			