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 _____	**03/04/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS RESIDENTIAL CARE	**6990 EDNA AVE, LAS VEGAS, NEVADA ,89117**

(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 the Complaint Investigation survey initiated at your facility on 03/01/22 and completed on 03/04/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, and/or persons with chronic illness, Category II residents. The census at the beginning of the survey was eight. Four resident records were reviewed. The facility received a grade of A. Two complaints were investigated: Complaint #NV00065527 with two allegations was unsubstantiated. Allegation #1: Residents are not being offered snacks in between meals was unsubstantiated based on observations of snacks (fresh fruit, crackers, and coffee) offered to residents, and interviews with five residents and four family members, who reported snacks were provided. Observation of the food storage area revealed a large supply of snack items. Allegation #2: Meal portions are very small and there is not enough protein was unsubstantiated based on observation of the resident trays served for one breakfast meal and one dinner meal. (The breakfast meal consisted of a bowl of oatmeal, sliced pears, toast, coffee, and juice. The dinner meal consisted of approximately 1/2 cup of spaghetti and three ounces of meatballs, one large dinner roll, and 1/2 chocolate muffin). Interviews with the Administrator, two Caregivers, five residents, and four family members, who reported plenty of food options and protein was provided for meals, snacks, and desserts. Observation of the breakfast meal, the dinner meal, and review of the facility menu revealed the portion sizes and protein content exceeded the recommendations of the American Dietetic Association. Complaint	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.

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	#NV00065567 with one allegation was unsubstantiated: Allegation #1: A resident had multiple wounds on the coccyx, sacrum, and bilateral heels was unsubstantiated based on no documented evidence the resident had these wounds and review of the skin assessment completed by the Hospice Registered Nurse on the date of discharge revealed no documented evidence the resident had or was being treated for wounds. 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. There were no regulatory deficiencies identified. No action is necessary. Please retain this Statement for your records.			