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
	9415	A. BUILDING _____ B. WING _____	08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HEART GROUP HOME CARE I	**3413 ALPAND LANE, SPARKS, NEVADA ,89434**

(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 in your facility on 08/12/2024. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for ten residential facility for group beds for elderly or disabled persons and/or persons with mental illness , Category II residents. The census at the time of the survey was ten. 10 resident files and employee files four 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 investigations, 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		

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0174 SS= D	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 wasp nests in the backyard. Findings include: On 08/12/2024 at 9:46 AM, during a tour of the facility grounds, the following was identified: -A wasp nest was located under the awning in the backyard area, on the left side of the house. Wasps were actively flying in and out of the nest and into the yard which was available for use to the residents in the facility. On 08/12/2024 at 9:48 AM, the Administrator Designee confirmed the wasp nest was present and wasp were flying in and out of the nest and into the facility's yard. The Administrator Designee verbalized not being aware the nest was there and confirmed residents utilized the backyard and could be stung by the wasp. Severity: 2 Scope: 1	0174	The Administrator, the Manager, the designee or the caregiver will have a regular (monthly) inspection of the surrounding and will be reported and attended right away and to keep the surroundings clean and safe for the residents.	08/20/2024

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0178 SS= D	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 well maintained by not appropriately repairing a hole in the wall next to a resident's bed (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 01/012/2024, with diagnoses including cerebral vascular accident, hypertension, and atrial fibrillation. On 08/12/2024 at 10:36 AM, during a tour of the facility, a particle board was located nailed to the wall in a resident room. The resident's bed was pushed up against the unfinished board. The board had rough edges and the potential for splintering. On 08/12/2024 at 10:37 AM, the Administrator Designee verbalized the board had been nailed to the wall to cover a hole placed in the wall by a previous resident. The Administrator Designee confirmed the board was rough and with raw edges and could result in a resident having splinters. Severity: 2 Scope: 1	0178	The Administrator and the Manager will ensure that the premises of the facility are clean and well maintained and the resident will be safe and to be injured. The wall has been repaired. A monthly inspection of the interior and exterior and landscaping of the facility will be conducted by the Administrator or the Manager.	09/10/2024

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0252 SS= D	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 ensure food was stored appropriately and not spoiled or expired. Findings include: On 08/12/2024 at 10:27 AM, the following expired food items were located in the facility's food pantry: -One 28 ounce (oz.) box of Cream of Wheat cereal with the expiration date of 06/08/2023. -One 20.75 oz. bottle of orange sauce with an expiration date of 05/11/2024. -One 16 oz. bottle of light balsamic vinaigrette salad dressing with an expiration date of 04/20/23. On 08/12/2024 at 10:29 AM, the Administrator Designee confirmed the Cream of Wheat, orange sauce, and salad dressing had expired and should have been removed from the food pantry prior to or upon the expiration dates. Severity: 2 Scope: 1	0252	The Administrator or the Manager with the caregiver will make ensure that there will be no expired items in the pantry or in the refrigerator. A weekly inspection will be conducted by the caregiver and a monthly inspection will be conducted by the Administrator.	08/20/2024
0515 SS= C	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and clinical record review, the facility failed to develop a person-centered service plan for 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10). Findings include: The following residents lacked a person-centered service plan in the clinical record review: - Resident #1 was admitted	0515	The Administrator and staff of the facility will collaborate with the resident and/or their family or representative to develop a person-centered service plan for the resident and will review annually. Person centered service plan was established for the 10 residents of the facility. It will be reviewed when there's a significant changed on the resident or annually.	11/30/2024

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	to the facility on 01/12/2024, with diagnoses including hypertension and atrial fibrillation. - Resident #2 was admitted to the facility on 07/12/2024, with diagnoses including dementia and hyperthyroid. - Resident #3 was admitted to the facility on 02/10/2023, with diagnoses including dementia with delusional thoughts and diabetes type two. - Resident #4 was admitted to the facility on 08/08/2021, with a diagnosis of dementia. - Resident #5 was admitted to the facility on 04/07/2023, with diagnoses including encephalopathy and severe protein calorie malnutrition. - Resident #6 was admitted to the facility on 03/11/2023, with diagnoses including chronic obstructive pulmonary disease, aphasia, and atrial fibrillation. - Resident #7 was admitted to the facility on 12/31/2020, with diagnoses including chronic kidney disease and senile dementia. - Resident #8 was admitted to the facility on 12/31/2020, with diagnoses including spastic hemiplegia left dominant side, chronic obstructive pulmonary disease, and diabetes type two. - Resident #9 was admitted to the facility on 08/02/2024, with diagnoses including chronic kidney disease stage four, hypertension. - Resident #10 was admitted to the facility on 12/31/2020, with diagnoses schizoaffective disorder and delusional disorder. On 08/12/2024 at 11:40 AM, the Designee confirmed person-centered service plans were not developed for Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10 and verbalized they were not aware of the regulation. Severity: 1 Scope: 3			