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 _____	**12/20/2024**

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 complaint investigation conducted in your facility on 12/19/2024 and completed on 12/20/2024. 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 eight. Four resident files and three employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Complaint #NV00072376 with the following allegations could not be substantiated due to a lack of sufficient evidence: Allegation #1: The facility failed to provide a resident privacy by not offering adequate clothing coverage. Allegation #2: The facility failed to provide resident safety, resulting in an injury due to improper transer of a resident. Investigation into the allegations included the following: Observation of residents and caregivers interacting, residents in their rooms, hallways, and common areas of the facility. Interviews were conducted with the Administrator, a Caregiver, two resident's, and a resident's family member. Clinical record review included the resident of concern's History and Physical, Ultimate User Agreement, Physician Orders, Activities of Daily Living records, and Admission Agreements, financial agreements, and Physician Place Determination. Document review included the facility's Care Agreement, facility Admission Agreement, incident reports, and employee training records. Complaint #NV00071935 with the following allegations could not be substantiated due to a lack of sufficient evidence: Allegation #1: The facilty failed to prevent physical abuse towards a resident by a facility staff member	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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	Allegation #2: The facility failed to prevent a bed bound resident from developing pressure sores Allegation #3: The facility failed to maintain resident rights Allegation #4: The facility failed to maintain adequate clothing coverage for a resident Allegation #5: The facility failed to reposition and/or turn a bed bound resident, resulting in pressure sores Allegation #6: The facility failed to maintain an adequate response time to call bells within the facility Allegation #7: The facility failed to ambulate a resident on a regular and consistent basis Allegation #8: The facility failed to provide quality of care for a resident Allegation #9: The facility denied a resident adequate visitation hours Investigation into the allegations included the following: Observation of residents and caregivers interacting, residents in their rooms, hallways, and common areas of the facility. Interviews were conducted with the Administrator, a Caregiver, two residents, and a resident's family member. Clinical record review included the resident of concern's History and Physical, Ultimate User Agreement, Physician Orders, Activities of Daily Living records, and Admission Agreements, financial agreements, and Physician Place Determination, and waivers. Document review included the facility's Care Agreement, facility Admission Agreement, incident reports, resident care plans, and employee training records. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			