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 _____	**10/12/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS MEMORY CARE, LLC	**8920 LOGGERS MILL AVE, LAS VEGAS, NEVADA ,89143**

(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 State Licensure Complaint Investigation survey conducted at your facility on 10/12/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for eight Residential Facility for Group beds with endorsements for elderly or disabled persons and persons with chronic illnesses, Category II residents. The census at the time of the survey was six. The facility received a grade of A. Complaint #NV00064814 with three allegations was substantiated. Allegation #1: Inappropriate level of care for a resident with a diagnosis of dementia was substantiated. See TAG Y960. Allegation #2: A resident was found outside on the rocks after falling while trying to leave the facility was substantiated. See TAG Y960. Allegation #3: Lack of privacy was not substantiated based on observations of caregivers providing privacy while assisting residents with activities of daily living and interviews with two residents who stated the caregivers provide them with privacy. The investigation into the allegations included observations on 10/12/21, interviews with two caregivers, and interviews with two residents. 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		
0960 SS= D	Alzheimer’s Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which	0960	1) Please see attached physician's assessment of the resident. In light of that the facility plans on obtaining an Alzheimer's endorsement for future residents.	10/15/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: LAWRENCE D O'SHEA | Title: Administrator | Date: 11/12/2021

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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	offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview, and record review, the facility retained one of six residents with a diagnosis of dementia and cognitive impairment with exit seeking behaviors before obtaining an endorsement for persons with Alzheimer's disease (Resident #1). Findings include: The facility is licensed for eight Residential Facility for Group beds for elderly or disabled persons with an endorsement for chronic illness. The facility did not have documented evidence an endorsement to provide care for persons with Alzheimer's disease or related dementia had been obtained. Resident #1 (R1) R1 was admitted to the facility on 07/25/20 with diagnoses including dementia and depression. Review of R1's file revealed there was no documented evidence of an annual physical examination with a Standard Placement Determination form. The Emergency Department report dated 09/03/21 at 11:45 PM documented R1 had a fall and sustained abrasions to multiple sites, a knee laceration, and a scalp laceration. On 10/12/21, R1 was observed laying in bed. R1 appeared confused and was only alert to first name. R1 had two bruises on the lower left extremity. R1 was unaware of how the bruises occurred. Employee #3 (E3) verbalized the bruises occurred when R1 left out the front door and fell on the rocks. E3 confirmed R1 had dementia and was not safe to leave the house unattended. Employee #4 (E4) verbalized on 09/03/21, R1 got up from the dinner table and walked		2) Based on the physician's assessment there is not a deficiency. 3) See #2. The home, however, will pursue an Alzheimer's endorsement 5) 10/15/2021 4) Administrator The inspection report did not include a grade placard or roster list.	

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	out the front door and fell down on the rocks in front of the doorway. R1 was bleeding on the right leg and left temple and the facility called 911. E4 indicated the staff had to watch R1 because R1 may have tried to leave the facility again. The Facility Manager indicated being aware the facility required an endorsement for Alzheimer's care and did not have one. The Facility Manager acknowledged R1 had a diagnosis of dementia. On 10/12/21 in the afternoon, the Physician Extender indicated via telephone R1 had dementia, was not safe to leave the facility, and needed supervision. The Physician Extender indicated being unaware the facility required an endorsement to care for persons with Alzheimer's disease or dementia related diagnoses with cognitive impairment, elopement, and safety risks. Severity: 2 Scope: 1 Complaint #NV00064814			