STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9883	A. BUILDING _____ B. WING _____	12/14/2022

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 an annual state licensure and infection control State Licensure survey conducted at your facility on 12/14/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, and/or persons with chronic illness which provide assisted living services, Category II residents. The census at the time of the survey was seven. seven resident files and four employee files were reviewed. The facility received a grade of D. 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 investigation, 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		
0174 SS= F	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 of hazards. Findings include: On 12/14/22 at 9:45 AM, the floor trim leading from the hallway to the bathroom located to the right of the front door was loose, unsecured and presented a tripping hazard to residents. On 12/14/22 at 11:30 AM, the House Manager acknowledged the trim was loose and presented a tripping hazard to residents. Severity: 2 Scope: 3	0174	1) Transition piece was glued into place thus illuminating a tripping hazard 2) Daily inspection on the home 3) Daily inspection by manager, weekly by Administrator 4) Administrator 5) 12/14/2022	12/14/2022

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure an initial physical examination was completed for 1 of 7 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted to the facility on 12/01/22 with diagnoses including senile degeneration. R3's file lacked documented evidence that an initial physical examination was completed. On 12/14/22 at 12:00 PM, the House Manager acknowledged Resident #3's file lacked an initial physical examination. Severity 2 Scope 1	0859	1) Assessment obtained from physician 2) All necessary documents will be in resident's file prior to admission 3) Check list of required documents and checked by manager and administrator 4) Administrator 5) 12/14/2022 6) see attached	12/14/2022

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure a medication review was completed every six months for 1 of 7 residents (Resident #4). Findings include: Resident #4 (R4) Resident #4 (R4) was admitted on 05/01/21. R4's file lacked documented evidence that a medication review was completed every six months. The last documented medication review was completed on 05/10/22. On 12/14/22 at 12:00 PM, the House Manager acknowledged medication reviews had not been completed every six months for R4. Severity: 2 Scope: 1	0870	1) Medication Review document was in the file. Inspectors did not ask the manager to locate the documents 2) The documents were up to date and in the file 3) Monitored by manager and administrator 4) Administrator 5) 11/10/2022 6) see attached	12/14/2022

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure 2 of 7 sampled residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #3 and #7). Findings include: Resident #3 (R3) R3 was admitted to the facility on 12/01/22 with diagnoses including senile degeneration. R3's file lacked documented evidence of an initial two-step TB test completed upon admission to the facility. Resident #7 (R7) R7 was admitted to the facility on 07/23/22 with diagnoses including type II diabetes, asthma, and vertigo. R7's file lacked documented evidence of an initial two-step TB test completed upon admission to the facility. On 12/14/22 at 12:00 PM, the House Manager acknowledged Resident #3 and #7's files lacked documented evidence of an initial two-step tuberculosis (TB) test in accordance with Nevada Administrative Code (NAC) 441A. Severity 2 Scope 1	0936	1) TB tests were completed. Resident 3 was given step 1 on 12/1, 7 on 12/15 2) All resident and employee files are checked for TB test requirements. A checklist has been established to confirm 3) Checklist by manager and administrator 4) Administrator 5) 12/1 & 12/15 6) see attached	12/01/2022

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0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and document review, the facility failed to ensure an Activities of Daily Living (ADL) assessment was completed upon admission for 1 of 7 sampled residents (Resident #3). Findings include: Resident #3 (R3) was admitted on 12/01/22 with diagnoses including senile degeneration. R3's file lacked documented evidence an initial ADL assessment was completed. On 12/14/22 at 12:00 PM, the House Manager acknowledged R3 did not have documented evidence of an initial ADL assessment. Severity: 2 Scope: 1	0938	1) ADL was done at administion on 12/1/22 Inspectors did not request assistance from the manager to locate the document in the resident's file. The document was in the file. 2) A checklist is in place for all required documents 3) Monitoring by manager and administrator 4) Administrator 5)12/01/2022 6) see attached	12/01/2022

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an audible alarm system was activated on doors exiting the facility. On 12/14/22 at 9:00 AM, observed the front door to the facility and the back door leading to the back yard were equipped with alarms. However, both alarms were turned off and no audible sound was produced when either door was opened. On 12/14/22 at 11:45 AM, the House Manager acknowledged both alarms were turned off on doors exiting the facility and should have been kept active twenty-four hours a day, seven days a week. Severity: 2 Scope: 3	0991	1) training of staff in proper security procedures 2) constant reassuring of policies and procedures 3) Monitoring by manager and administrator 4) Administrator 5) 12/14/2022	12/14/2022

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp items were not accessible to residents. Findings include: On 12/14/22 at 10:20 AM, during a facility environmental tour, a two-prong serving fork and a fillet knife was found in an unlocked kitchen drawer. The House Manager acknowledged the sharp items were unsecured and indicated all sharp items should have been locked up and not accessible to the residents. Severity: 2 Scope: 3	0994	1) Review of policies and procedures with staff 2) At 10:20 AM the staff was preparing lunch for 11:00 AM serving. The knives and forks were out for that reason. 3) Currently monitored by manager 4) Administrator 5) 12/14/2022	12/14/2022

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were securely stored and were made inaccessible to residents. Findings include: On 12/14/22 at 9:25 AM, three bottles of multipurpose cleaner were observed in the cabinet under the sink. The cabinet was locked, but the key to the cabinet was left on the counter immediately above the locked cabinet with no staff members present. In the laundry room several bottles of cleaning agents were observed unsecured on top of the washer and dryer and shelves. In the bathroom located in room #1, two bottles of multipurpose cleaner were observed in an unsecured closet and one bottle of multipurpose cleaner was observed next to the toilet. The House Manager acknowledged all toxic substances should have been stored in a secure area in the facility and should have been made inaccessible to residents. Severity: 2 Scope: 3	0999	1) policies and procedures review with staff 2) Reminding staff of policies and procedures 3) manager will supervise 4) Administrator 5) 12/14/2022	12/14/2022

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1001 SS= D	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees received four hours of initial caregiver training within 60 days of hire (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 10/04/22 as a Caregiver. E4's file lacked documented evidence of four hours of initial caregiver training within 60 days of hire. On 12/14/22 at 12:00 PM, the House Manager acknowledged Employee #4's file lacked documented evidence initial caregiver training was completed within 60 days after being hired. Severity 2 Scope 1	1001	1) Caregiver 4 was hired on 10/4/22. Caregiver training was done on 11/1/22, Chronic Illness 12/1/22, Alzheimer's 11/15/22. 2) All required training is completed within 60 days of hire 3) Required training and other requirements must be completed within timeframe of NRS 4) Administrator 5) 12/14/22	12/01/2022

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1010 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. 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 record review and interview, the facility failed to ensure it obtained an endorsement on its license to care for persons with mental illnesses (Resident #1 and Resident #6). Findings include: Resident #1 (R1) R1 was admitted to the facility on 08/12/22 with diagnoses including anxiety and depression. R1's file included a Standard Physician Assessment and Placement Determination indicating R1 should be placed in a facility with a mental illness endorsement, Category I. Review of documentation lacked evidence the facility maintained a mental illness endorsement to care for a resident with a mental illness diagnosis. Resident #6 (R6) R6 was admitted to the facility on 02/28/21 with a diagnosis including depression. Review of documentation lacked evidence the facility maintained a mental illness endorsement to care for a resident with a mental illness diagnosis. On 12/14/22 at 12:00 PM, the House Manager acknowledged R1 and R6 had mental illness diagnoses. The House Manager acknowledged R1's Standard Placement form documented R1 required a residential facility with a mental illness endorsement and the facility did not have a mental illness endorsement at the time of the survey to care for R1 and R6. Severity 2 Scope 1	1010	1) See attached physician's statement which does not indicate a mental illness facility is required. 2) Before admission an assessment by a physician is required to confirm the home is appropriate for the potential resident 3) Monitored by the administrator 4) Administrator 5) 12/14/22 6) see attached	12/14/2022

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1021 SS= D	Care for Persons with Chronic Illnesses - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. (NRS 449.0302) 2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections. 3. Evidence of training received pursuant to subsection 2 must be included in the employee ' s personnel file. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 hours of chronic illness training was completed within 60 days of hire for 1 of 4 employees. (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 10/04/22 as a Caregiver. E4's file lacked documented evidence 4 hours of chronic illness training was completed within 60 days of hire. On 12/14/22 at 12:00 PM, the House Manager acknowledged 4 hours of chronic illness training was not completed within 60 days of hire for Employee #4. Severity 2 Scope 1	1021	1) This is not a deficiency. Training was completed on 12/1/22. Inspectors did not request assistance from the manager in locating files 2) All training is done within required timeframes 3) Monitored by administrator 4) Administrator 5) 12/1/22 6) See attached	12/01/2022

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1035 SS= D	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease, and providing support for the members of the resident ' s family. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees completed 2 hours of Alzheimer's training within 40 hours of employment (Employee #4) Findings include: Employee #4 (E4) E4 was hired as a Caregiver on 10/04/22. E4's file lacked documented evidence 2 hours of Alzheimer's training was completed within 40 hours of employment. On 12/14/22 at 12:00 PM, the House Manager acknowledged Employee #4 did not complete 2 hours of Alzheimer's training within 40 hours of employment. Severity 2 Scope 1 *This is a repeat deficiency from endorsement addition survey completed on 09/06/22.	1035	1) Alzheimer's training was completed on 11/15/22. Inspector did not request assistance of manager in locating files 2) All required training is completed within allotted timeframe 3) Administrator reviews all documents prior to hire 4) administrator 5) 11/15/22 6) see attached	11/15/2022

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1540 SS= D	Cultural Competency Training Inspector Comments: Based on record review and interview, the facility failed to: submit an application for a cultural competency training program, in compliance with R016-20; and ensure 1 of 4 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 10/04/22 as a Caregiver. E4's file lacked documented evidence of initial cultural competency training. Review of documentation lacked evidence the facility submitted a cultural competency training program to the Bureau of Health Care Quality and Compliance (HCQC). On 12/14/22 at 12:00 PM, the House Manager confirmed Employee #4 had not completed initial cultural competency training and confirmed the facility had not submitted a cultural competency training program to HCQC for approval. Severity 2 Scope 1	1540	1) Cultural training was completed on 7/29/22. Inspector failed to request assistance from manager in locating file. All documents were in the appropriate files. 2) Administrator checks all files on a monthly basis to make certain all documents are up to date and in the appropriate file 3) Monitored by administrator 4) Administrator 5) 7/29/22 6) see attached	07/29/2022