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 _____	**10/24/2023**

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 complaint investigation completed at your facility on 10/24/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility requested licensure for 8 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, Category II residents. The census at the time of the survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Unverified: 1. Complaint #NV00069633 was unverified. 2. Complaint #NV00069651 was unverified. The investigation of complaints included: Observation of grooming and physical appearance for residents, meal observations, staff providing care, staff and resident interactions, and a tour of the facility. Interviews were conducted with residents and caregivers. Clinical Record Review of eight records, which included the resident of concern. Document Review included facility policies and procedures and incident reports. 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 deficieny was identified:	0000		
0840 SS= D	Review of Medical Condition of Resident - NAC 449.2738 Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. (NRS 449.0302) 1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the	0840	Administrator and Designee have submitted multiple requests to PCP for Resident #2 for an updated Standard Placement and have not received as of 12/19/2023. Administrator and/or Designee will continue to request until received, and upon receipt of updated Standard Placement from PCP of Resident #2, will update the Resident file.	12/22/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: CHRISTOPHER MIRANDO | Title: ADMINISTRATOR | Date: 12/19/2023

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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	administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident; and (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident. Inspector Comments: Based on record review, observation, and interview the facility failed to ensure a resident with a mental illness diagnosis and displaying decreased cognition was re-evaluated by a physician for 1 of 8 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 08/12/22 with diagnoses including generalized anxiety disorder, major depressive disorder, memory impairment, panic attacks, and Post Traumatic Stress Disorder (PTSD). R2's file contained a standard placement form dated 12/14/22, which indicated R2 was appropriate for a facility which provides assisted living services, R2 was alert and oriented to person, place, and time, Category I resident. Per record review, since R2's admission, R2 displayed multiple behaviors including making false accusations towards residents and caregivers, bossing around other residents and caregivers, having numerous arguments with caregivers and residents, and not following facility rules and regulations. The following is a list of incidents documenting R2's behaviors since R2's admission to the facility: - 02/04/23 - prevented another resident in the facility to use a restroom by verbally intimidating the resident - 02/06/23 - R2 pacing back and forth in the living room yelling and got into an argument with another resident - 02/09/23 - yelling throughout the facility -		Administrator and Designee are currently working with the Resident to place in a Mental Illness endorsed care home. Working to discharge as soon as possible to new group home with tentative discharge date of 12/22/2023. New Group Home has been located with open bed. Resident will be touring on 12/20/2023 and if accepted, will discharge by 12/22/2023.	

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	06/15/23 - got into an argument with a resident - 08/10/23 - yelled at a resident During an afternoon interview, R2 became upset and began crying uncontrollably for about one minute on four separate occasions. In addition, R2 appeared to have racing, repetitive thought patterns surrounding allegations of deficient practices in the facility. After those allegations were investigated and found to be unverified, R2 continued to make the allegations and insisted the allegations were present in the facility, despite no evidence being found to substantiate the allegations. R2 appeared to be anxious, clutching hands in lap, unable to maintain eye contact, repeatedly shifting in the chair, and speaking rapidly. On 10/24/23 at 1:45 PM, E2 acknowledged R2's yelling and argumentative behavior could have been a result of R2's multiple mental health related diagnoses. E2 confirmed the facility was not endorsed for residents with a mental illness diagnosis. On 10/24/23 at 2:00 PM, E2 acknowledged R2 had multiple mental health diagnoses and should have been re-evaluated by a medical professional to assess whether R2 was appropriate to reside in the facility after R2 began displaying argumentative, yelling and, at times, aggressive behaviors. Severity: 2 Scope: 1			