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
	9883	A. BUILDING _____ B. WING _____	10/23/2024

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 survey completed at your facility on 10/23/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility requested licensure for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files and four employee files 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 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS MIRANDO Title: ADMINISTRATOR Date: 11/01/2024

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0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure a bedfast waiver was submitted to retain 1 of 5 residents. (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 05/06/23 with diagnosis including Parkinson's disease. On 10/23/24 in the morning, R2 laid in bed and could not demonstrate the ability to turn on their side without assistance. On 10/23/24 in the morning, a Caregiver indicated R2 could only turn in bed with the assistance of staff. R2's file lacked documented evidence of an application for submission and/or an approved bedfast waiver. On 10/23/24 in the morning, a Manager confirmed R2 required staff assistance to turn on their side and the facility did not have a bedfast waiver for R2. Severity: 2 Scope: 1	0830	Administrator filed and received bed bound waiver for Resident R2 on 10/25/2024. Waiver was placed in Resident file. Administrator will monitor for any other bed bound waiver resident needs monthly or as needed going forward.	10/25/2024
0870 SS= F	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	0870	Administrator will review and sign all medication reviews for all Residents 6 month medication reviews going forward on a monthly basis or more frequently as needed.	10/25/2024

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	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 six month medication reviews were completed for 1 of 5 residents (Resident #4) and reviewed and signed off by the Administrator for 3 of 5 residents (Resident #2, Resident #3, Resident #5). Findings include: Resident #2 (R2) R2 was admitted on 05/06/23 with diagnosis including Parkinson's disease Medication reviews for R2 dated 04/04/24 and 10/13/24 were not reviewed or signed off by the Administrator. Resident #3 (R3) R3 was admitted on 02/28/21 with diagnosis including cerebral vascular accident and hyperlipidemia. Medication reviews for R3 dated 02/23/24 and 08/21/24 were not reviewed or signed off by the Administrator. Resident #4 (R4) R4 was admitted on 03/07/23 with diagnosis including type 2 diabetes mellitus and pancreatitis. There was no documented evidence six month medication reviews were completed for R4. Resident #5 (R5) R5 was admitted on 07/23/22 diagnosis including cerebral vascular accident and type 2 diabetes mellitus. Medication reviews for R5 dated 02/28/24 and 08/21/24 were not reviewed or signed off by the Administrator. On 10/23/24 in the morning, a Manager confirmed the Administrator had not reviewed or signed off on six month medication reviews for R2, R3, or R5 and R4 had not had any medication reviews completed in the past year. Severity: 2 Scope: 3			