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 _____	**10/07/2025**

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 a complaint investigation and annual survey initiated at your facility on 10/07/25. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and, Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: Complaint#NV00074511 could not be substantiated. No regulatory deficiencies could be identified. The investigation of complaint included: Observationsincluded a tour of the facility. Interviews were conducted with residents, Caregivers, and the House Manager. Clinical Record Review of seven records, which included the resident of concern. Document Review included facility policy and procedures regarding visitation. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS MIRANDO Title: ADMINISTRATOR Date: 10/17/2025

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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1840 SS= D	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on interview and record review the facility failed to ensure an employee who provided care to residents had annually completed Infection Prevention and Control Training for Unlicensed Caregivers (UNL CG IC) for 1 of 4 employees (Employee #3). Findings include: Employee #3 (E3) E3 was hired by the facility on 06/01/2019 as a Caregiver. E3 ' s employee file documented E3 had initially completed UNL CG IC on 06/28/2024, but lacked documented evidence UNL CG IC was completed annually thereafter. On 10/07/2025 in the morning, the Administrator confirmed E3had initially completed the UNL CG IC training but E3 had not completed the training annually. Severity: 2 Scope: 1	1840	E3 completed annual Infection Control training on 10/15/2025. All other associate files were reviewed for compliance. Administrator or Designee will ensure all unlicensed caregivers receive initial and annual trainings going forward.	10/15/2025