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
	11771	A. BUILDING _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE GOLDEN CARE HOME	**3858 MOONGATE CIR, LAS VEGAS, NEVADA ,89103**

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation and an annual survey completed at your facility on 06/24/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer disease, Category II residents. The census at the time of the survey was eight. Nine resident files and five employee files were reviewed. The sample size was nine. The facility received a grade of A. There were two complaints investigated. Substantiated: 1. Complaint #12914 was substantiated (See TAG 565) Substantiated without deficient practice: 2. Complaint #13502 was substantiated with no deficient practice. Observations of grooming and physical appearance for residents, meal preparation, medication administration, and a tour of the facility. Interviews were conducted with a resident of concern, residents, caregivers, the Administrator and the Owners. Clinical Record Review of nine records, which included the residents of concern. Document Review included facility policy and procedures.			
Y 0565		Y 0565	1. Resident #9 was discharged to the	06/24/202

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SS= D	**NAC 449.267** **Money and property of residents.** 1. An employee of a residential facility shall not handle a resident's money without first being requested to do so in writing by the resident or his representative. 2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include: (a) A separate accounting of the money held by the facility on behalf of the resident; (b) Receipts for expenditures made by the facility on behalf of the resident; and (c) A written acknowledgement by the resident for each withdrawal of his money. 3. Unless a resident otherwise requests in writing, all money in excess of $400 held by the facility on behalf of the resident must be maintained in a financial institution in an account separate from the facility's operating accounts and must be clearly designated as such. 4. Each resident must have access to his money held at the facility on his behalf during normal business hours on each business day. Inspector Comments: Based on interview, record review and document review, the facility failed to ensure a written agreement		hospital on February 20,2026. At the time of discharge, all personal belongings, including the residents wallet, identification, and valuables, were returned to the resident. To strengthen documentation, the facility has implemented the Resident Money and Valuables Agreement & Acknowledgment Form to document the acceptance, safekeeping , and return of resident money and valuables whenever applicable. 2. The facility has implemented the Resident Money and Valuables Agreement & Acknowledgment Form as a required part of the admission process whenever the facility accepts responsibility for a residents money or valuables. This process will be incorporated into the facility's admission procedures and resident record review. 3. The Residential Facility Administrator and/or Facility Licensee (owner), or designee, will review all new admissions and applicable resident records for three (3) months to verify that the Resident Money and Valuables Agreement & Acknowledgment Form has been completed whenever the facility accepts responsibility for resident money or valuables. Any deficiencies identified during the review will be corrected immediately, and additional staff education will be provided as needed. 4. Residential Facility Administrator and Facility Licensee (Owner) 5. June 24, 2026 6. Resident Money and Valuables Agreement & Acknowledgment Form	6

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	by the facility and the resident and/or resident's responsible party was completed prior to the facility's Owner securely storing a resident's wallet and identification 1 of 9 residents (Resident #9). Findings include: Resident #9 (R9) R9 was admitted to the facility on 01/12/26, with diagnoses including bipolar disorder and chronic kidney disease. On 06/24/26 in the afternoon, R9's file lacked documented evidence R9 had given the facility written permission to securely store R9's wallet and identification. On 06/24/26 in the afternoon, the Owner acknowledged the facility did not have written permission from R9 to lock up R9's wallet and identification. According to the Owner, R9 had verbally given the facility permission to securely store R9's wallet and identification. Facility Resident Money and Valuables Policy (no date) documented (5) Money or valuables accepted for safekeeping will be documented, secured in a locked location with limited authorized access, and released only with appropriate signatures…. Upon admission, the resident and/or responsible party will be informed of this policy and offered the option of secure storage for money and valuables. Acceptance or refusal of this service will be documented in the resident's record. Severity: 2 Scope: 1 Complaint #12914			
Y 0890 SS= D	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.**	Y 0890	1. The Medication Administration Records were immediately reviewed by the Residential Facility Administrator and Facility Licensee (Owner). Documentation discrepancies were corrected in accordance with facility policy. Current physician orders were verified against each residents MAR, discontinued medications were reconciled,	06/24/2026

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	1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this		and staff received immediate education regarding accurate medication documentation and timely MAR completion. 2.The Facility implemented a Medication Documentation Verification Process requiring physician orders, medication changes, and discontinued medications to be reviewed and updated immediately. All medication caregivers were required re-educated on documenting medications at the time of administration, proper late-entry documentation, and ensuring the MAR matches current physician orders. 3. The Residential Facility Administrator and/or Facility Licensee (owner), or their designee, will conduct weekly Medication Administration Record (MAR) audits for thirty (30) days to ensure medication documentation accurately reflects current physician orders. Audit findings will be documented and any identified deficiencies will be corrected immediately. The Residential Facility Administrator and Facility Licensee (owner) will continue to closely monitor medication documentation and provide additional staff education as needed to ensure ongoing compliance. 4. Residential Facility Administrator and Facility Licensee (owner) 5. June 24,2026 6. Completed Medication Administration Record (MAR) Audit Tool	

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	indication. Inspector Comments: Based on interview, observation and record review, the facility 1) failed to ensure the MAR was initialed as given at the time of medication administration for 1 of 9 residents (Resident #2) and 2) failed to ensure the Medication Administration Record (MAR) included accurate documentation of a resident's medication administration for 1 of 9 residents (Resident #5). Findings include: Resident #2 (R2) R2 was admitted to the facility on 05/26/26 with diagnoses including Parkinson's disease and dementia. R2's medication bin contained Carbidopa-Levodopa 25-100 tablet, take one tablet by mouth four times a day. Physician's orders dated 05/26/26 documented Carbidopa-Levodopa 25-100 tablet, take one tablet by mouth four times a day for Parkinson's. R2's June 2026 MAR listed Carbidopa-Levodopa 25-100 tablet, take one tablet by mouth four times a day. The MAR lacked documented evidence 8:00 PM dose of the medication was administered on 6/23/26. On 06/24/26 in the afternoon, the Owner acknowledged the Carbidopa-Levodopa 25-100 tablet was not initialed as being administered on 06/23/26 at 8:00 PM and should have been. The Owner reported the Caregiver likely administered the medication without initialing the MAR. Resident #5 (R5) R5 was admitted to the facility on 08/18/25, with diagnoses including prostate cancer			

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	and hypertension. R5's June 2026 MAR documented Oxcarbazepine 150 milligram (mg), take ½ tablet by mouth 2 times daily. Oxcarbazepine 150 mg was not onsite. R5's June 2026 MAR documented R5 was administered Oxcarbazepine 150 mg at 7:00 AM and 5:00 PM on 06/15/26, 06/16/26, 06/17/26, 06/18/26, 06/19/26, 06/20/26, 06/21/26, 06/22/26, 06/23/26, and at 7:00 AM on 06/24/26. A Physician's Order dated 06/04/26 documented to discontinue Oxcarbazepine 150 mg. On 06/24/26 in the afternoon, the Owner acknowledged R5's June 2026 MAR documented Oxcarbazepine 150 had been administered at 7:00 AM and 5:00 PM on 06/15/26, 06/16/26, 06/17/26, 06/18/26, 06/19/26, 06/20/26, 06/21/26, 06/22/26, 06/23/26, and at 7:00 AM on 06/24/26. According to the Caregiver, R5 had not received the medication and confirmed R5's June 2026 MAR was inaccurate. Severity: 2 Scope: 1			
Y 0995 SS= F	**NAC 449.2756 andR043-22** (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner	Y 0995	1. Immediately upon identification of the deficiency on 6/24/26, the Facility Licensee (owner) secured the gate by engaging the padlock and ensuring the gate remained locked. The Residential Facility Administrator and Facility Licensee (owner) inspected all exterior gates and exits to verify they were properly secured and functioning. 2. The Residential Facility Administrator and Facility Licensee (owner) reinforced the facility's environmental safety procedures requiring staff to verify that exterior gates, fences, and exits are secured at the beginning of each shift and throughout the day as needed. All caregivers were required re-educated regarding maintaining a secure perimeter and ensuring gate locks remain engaged whenever residents are present.	06/24/2026

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	that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times Inspector Comments: Based on observation and interview, the facility failed to ensure a gate leading out of the back yard of the facility was locked. Findings include: On 06/24/26 in the morning, the gate leading from the back yard of the facility onto the driveway was unsecured. The gate contained a doorknob which could be unlocked from the inside, and the keyed deadlock bolt was not engaged. On 06/24/26 in the morning, the Caregiver acknowledged the gate should not have been unlocked and should have been secured. Severity: 2 Scope: 3		3. The Residential Facility Administrator and/ or Facility Licensee (owner), or their designee, will complete a daily Environmental Safety Checklist verifying that all exterior gates, doors, and perimeter security devices are locked and functioning properly. The checklist will be reviewed daily for 30 days and weekly for an additional 60 days through the facility's Quality Assurance process. any deficiencies identified will be corrected immediately and staff re-educated as necessary. 4. Residential Facility Administrator and Facility Licensee (owner) 5. 6/24/2026 6. Photograph of the secured and locked gate with the padlock engaged	
Y 1010 SS= D	NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. 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	Y 1010	1. How the specific finding will be corrected Resident #9 was discharged from the facility on February 20,2026 and is no longer under the care or supervision of the facility. The Residential Facility Administrator and Facility Licensee (owner) reviewed the facility's admission procedures to ensure that future residents requiring a Mental Illness Endorsement will not be admitted unless the facility has the required endorsement or is otherwise authorized to provide those services. 2. Systemic Measures to Prevent Recurrence The Residential Facility Administrator and Facility Licensee (Owner) excises the	02/20/2026

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	existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. 3. As used in this section, “residential facility for persons with mental illnesses” means a residential facility that provides care and protective supervision for persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders. Inspector Comments: Based on interview, record review, and document review, the facility failed to ensure the facility obtained a mental illness endorsement to care for a resident with mental illness for 1 of 9 sampled residents (Resident #9). Findings include: Resident #9 (R9) R9 was admitted to the facility on 01/12/26, with diagnoses including bipolar disorder and chronic kidney disease. A Discharge Summary Sheet dated 01/12/26 documented R9’s diagnoses included bipolar disorder, malaise and adult failure to thrive. R9 was prescribed Trazodone 50 milligrams (mg) every night at bedtime for mood stabilization. Documentation review revealed a lack of documented evidence the facility had obtained or applied for an endorsement to provide care to persons with mental illnesses. On 06/25/26 in the afternoon, the Owner acknowledged the facility did not have a		admission screening process to verify each prospective resident’s diagnosis before admission. Staff were educated regarding the admission screening process and applicable licensing requirements under NAC 449.2764. 3. Monitoring to Ensure Deficient Practice Does Not Recur The Residential Facility Administrator and/or Facility Licensee (owner), or designee, will review all new admissions before acceptance to verify that each residents diagnosis is consistent with the facility’s licensed endorsements. Any identified deficiencies will be corrected prior to admission. 4. Responsible Party Residential Facility Administrator and Facility Licensee (owner) 5. Date Corrective Action Completed February 20,2026 6. Supporting Documents to Attach Revised Resident Admission Checklist	

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	mental illness endorsement on the license. Severity: 2 Scope: 1			