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
	3382	A. BUILDING _____ B. WING _____	12/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN MEADOWS RESIDENTIAL	4119 MEADOWGLEN CIRCLE, LAS VEGAS, NEVADA ,89121

(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 survey conducted at your facility on 12/20/21. This State licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 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: JANET ROQUE Title: Administrator Date: 01/20/2022

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0051 SS= C	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to designate in writing one or more employees to be in charge of the facility during the Administrator's absence. There was no written, posted designation of the employee in charge during the Administrator's absence. The Administrator acknowledged there was no document posted or available identifying who was the designee to be contacted in the Administrator's absence. Severity: 1 Scope: 3	0051	1. The administrator designated employee #1 to be the employee in charge of the facility during those times when the administrator is absent. Attachment #1 tag Y00512. 2. Employee #1 who is designated in charge of the facility must be at the facility at all times and have access to all areas and record kept at the facility . 3. The administrator is responsible for the compliance of this regulation 4. Date of compliance December 21,2021	12/21/2021

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview and document review, the facility failed to ensure current cardiopulmonary resuscitation (CPR) training was completed for 1 of 3 employees (Employee #2). Employee #2 had a CPR training on file that expired 01/14/21. The Administrator confirmed there was no current documented CPR training on file for Employee #2. Severity: 2 Scope: 1	0106	1. Employee #3 has attended the CPR and First aid training on 12/20/21 attachment #2 tag y01062. 2.All employees files will be reviewed every 6 months to ensure that all employees have current CPR training 3. the administrator will monitor for compliance 4. Date 12/20/2021	12/20/2021
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior and interior of the facility was well maintained. Bed frames, mattresses and debris were observed in the backyard. The hallway bathroom was inoperable, and the toilet was not flushing. The Administrator acknowledged there was trash in the backyard and the exterior had not been well maintained and that the hallway bathroom was not working properly. Severity: 2 Scope: 3	0178	1. The facility backyard had been cleaned. Bed frame & mattress are covered. The bathroom toilet was completely replaced. attachment #3 A and B Tag Y0178 2. the administrator will have an inservice with the employees. the procedure to reporting any items inside or outside of the facility that could be held hazard. 3. The administrator is responsible to ensure that the regulation is met. 4. Date of compliance January 31st, 2022	01/31/2022

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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 record review and interview, the facility failed to ensure 1 of 8 residents had completed two-step tuberculosis (TB) testing (Resident #2 - admitted on 03/15/21). Resident #2 completed a first step TB test on 02/23/21. There was no documented evidence a second step TB test was completed. The Administrator acknowledged Resident #2 did not have documented evidence of a second step TB test. Severity: 2 Scope: 1	0936	1. Resident #2 had her second TB test done on 3/11/2021. The result is negative. Attachment #4 Tag Y9362. 2.All residents file will be reviewed twice a year by the administrator and an appointment will be made for compliance. 3. Monitoring will be done by the owner and the administrator. 4. Date January 31, 2022	01/31/2022