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 |
|---|---|---|---|
| | 6414 | A. BUILDING _____ B. WING _____ | 10/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN VILLA CARE HOME | 1505 DUNEVILLE ST, LAS VEGAS, NEVADA ,89146 |

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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.<br><br>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.<br><br>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.<br><br>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.<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 10/05/26.<br><br>The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents.<br><br>The census at the time of the survey was ten. Ten resident files and four employee files were reviewed.<br><br>The facility received a grade of A. | | | |
| Y 0172 SS= F | NAC 449.209<br><br>2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility.<br><br>3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. | Y 0172 | Y 0172<br>1. The facility failed to keep premises well maintained. The lighters on patio table and the flammable black spray paint were removed immediately. In the backyard the cardboard boxes filled will debris were removed from property. The broken chair and bedside table were hauled away. The ladder & paint supplies were stored properly. The pallet and pic axe removed from property. The water bottle with cigarettes butts was removed. See attached<br><br>2. The House Manager is aware of above and will ensure the patio and back yard has no cutter, dangerous items and boxes with debris. All trash must be put out on scheduled days for Republic Service pick up. This will ensure the deficient practice does not recur.<br><br>3.The Administrator on visits will inspect the patio, backyard, and garbage cans along with inspection of the interior of home to ensure that the premises are clean and the interior, exterior and landscape of the facilities are well maintained.<br>4.the Administrator will be responsible to | 10/06/2026 |

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| | 4. To the extentpracticable, the premises of the facility must be kept free from:<br><br>(a) Offensive odors;<br><br>(b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility;<br><br>(c) Insects and rodents; and<br><br>(d) Accumulations of dirt, garbage and other refuse.<br><br>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.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were clean and well maintained.<br><br>Findings include: The following observations were made on 10/05/26 in the backyard:<br><br>- A patio table with two lighters next to a flammable can of flat black spray paint.<br>- Part of door.<br>- Cardboard boxes filled with debris.<br>- 1 discarded chair.<br>- 1 broken bedside table.<br>- Painting supplies which included two paint rollers and two paint trays.<br>- A pallet with a large pickaxe on it.<br>- A large ladder laying on it's side.<br>- A water bottle filled with cigarette butts.<br>- A pack of cigarettes. | | ensure the plan of correction is implemented.<br>5.Date of Compliance: 10/6/2026 | |

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| | On 10/05/26 in the afternoon, the Caregiver acknowledged the premises had not been well maintained and the items in the backyard needed to be cleaned up.<br><br>Severity: 2 Scope: 3 | | | |
| Y 1825 SS= F | **NAC 449.0109 Designation and training of person responsible for infection control.**<br>3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of:<br>(a) A primary person who is responsible for infection control; and<br>(b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times.<br>4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter.<br>5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online | Y 1825 | Y 1825<br><br>1. The required 15 hour annual training for infection control was completed for employee E1 and E2 by a nationally recognized organization for infectious disease. The certificates are now in employees. See Attached<br><br>2. The caregivers are now aware this training is due annually. The administrator will remind caregivers date of this training is is due. They will be given plenty of notice to complete so the deficient practice does not recur.<br><br>3. The administrator will monitor employees files at visits to ensure the deficient does not recur.<br><br>4. The administrator will be person responsible for ensuring the plan of correction is implemented.<br>5. Date Of Compliance: 10/5/2026 | 10/05/2026 |

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| | course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 2 employees, the primary and secondary designees for infection control, obtained the required annual 15 hours of training by a nationally recognized organization concerning the control of infectious disease. (Employee #1 and #2)<br><br>Findings Include:<br><br>Employee #1 (E1)<br><br>E1 was hired as the House Manager on 01/01/11.<br><br>E1's file documented 15 hours of infection control training was last completed on 06/19/25. E1's file lacked documented evidence E1 had completed 15 hours of infection control training annually by a nationally recognized organization.<br><br>Employee #2 (E2)<br><br>E2 was hired as a Caregiver on 12/01/11.<br><br>E2's file documented 15 hours of infection control training was last completed on 01/15/25. E2's file lacked documented evidence E2 had completed 15 hours of infection control training annually by a nationally recognized organization.<br><br>On 10/05/26 in the afternoon, the House Manager indicated they were responsible for the infection control program and were not aware of the required 15 hours of infection control training annually. The House Manager acknowledged E2 was the secondary designee and verbalized E2 had not received 15 hours of infection control training through a nationally recognized | | | |

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| | organization for 2026.<br><br>Severity: 2 Scope: 3 | | | |