STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10258	A. BUILDING _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BROOK RESIDENTIAL FACILITY	205 PANCHO VIA DRIVE, HENDERSON, NEVADA ,89012

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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 07/11/24 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 Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files and nine employee files were reviewed. The facility received a grade of D. 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 investigations, 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		
0074 SS= E	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent	0074	HR department will work closely with House Manager and Assistant to the Admin to ensure all employee files are complete and necessary documents are kept at the facility. A file sharing system has been set up to ensure the house manager has access to employee files stored at the home office. HR will ensure state provided education for elder abuse and neglect is included in their training agenda. Corrective action was completed on 8/14/2024.	08/05/2024

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	the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for			

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	groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 8 employees received elder abuse training per regulation NRS 449.196 (Employees #2, #3, and #4). Employee #2 (E2) E2 was hired as a Caregiver on 01/15/23. E2's file lacked documented evidence of initial and annual elder abuse training. Employee #3 (E3) E3 was hired as a Caregiver on 03/31/23. E3's filed lacked documented evidence of initial and annual elder abuse training. Employee #4 (E4) E4 was hired as a Caregiver on 03/14/24. E4's file lacked documented evidence of initial elder abuse training. On 07/11/24 in the afternoon, the House Manager was unable to provide documentation of elder abuse training for E2, E3, and E4 as required per regulation NRS 449.196. Severity: 2 Scope: 2			

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0100 SS= E	Personnel File - NAC 449.200 & R043-22 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee, including, without limitation: (1) Certificates of completion for all training completed by the employee; and (2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on record review and interview, the facility failed to have an employee file on site for 1 of 9 employees (Employee #9). Findings include: Employee #9 (E9) E9 was hired as a Caregiver on 07/03/24. There was no employee file on site for E9. The employee schedule for July 2024 indicated E9 worked on 07/06/24, 07/07/24, and 07/08/24. E9 was on the schedule to work on 07/18/24, 07/20/24, and 07/21/24. In an interview on 07/11/24, the House Manager verbalized E9 worked on 07/06/24, and confirmed there was no employee file on-site for E9. Severity: 2 Scope: 1	0100	Personnel files are kept at the facility's HR home office. Employee #9 was terminated from Golden Brook for insubordination. She did not want to take the necessary trainings for employment. HR department will work closely with House Manager and Assistant to the Admin to ensure all employee files are complete and necessary documents are kept at the facility. A file sharing system has been set up to ensure the house manager has access to employee files stored at the home office. Corrective action was completed on 8/5/2024.	08/05/2024

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0102 SS= E	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 8 employees received a 2-Step tuberculin (TB) skin test or a chest X-ray when required (Employees #3, #6, and #7). Findings include: Employee #3 (E3) E3 was hired as a Caregiver on 03/31/23. E3's employee file recorded a 1-Step TB skin test completed on 11/10/23 with a negative result. There was no documented evidence in E3's file of a second TB step. Employee #6 (E6) E6 was hired as a Caregiver on 11/01/21. E6's file recorded a Quantiferon Gold test performed on 11/02/21 with a positive result. There was no documented evidence of a follow-up chest X-ray to confirm or rule out active TB. E6 completed 1-Step TB skin tests on 11/21/22 and 01/05/24 with negative results, with no documented evidence of second steps for either TB skin test. Employee #7 (E7) Employee #7 was hired as a Caregiver on 06/18/24. E7's employee file recorded a 1-Step TB skin test completed on 11/03/23 with a negative result. There was no documented evidence in E7's file of a second TB step. On 07/11/24 in the afternoon, the House Manager acknowledged there was no evidence of a completed initial 2-Step TB skin test for E3 and E7, and no chest X-ray or completed 2-Step TB skin test to rule out TB for E6. Severity: 2 Scope: 2	0102	HR had removed necessary documents from employee files. Employee files are kept at the facility's home office. HR is to ensure every employee has necessary requirements for employment such as background clearance, physical and TB tests. To ensure this doesn't reoccur, HR has shared employee files via their cloud drive. The assistant to the administrator is to ensure HR has proper paperwork and certification are valid. Corrective action was completed on 8/9/2024.	08/09/2024
0106 SS= F	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 record	0106	We had all employees retake CPR training to ensure certification was compliant with regulations. HR is to ensure every employee has proper certifications and renewals. to ensure this doesn't reoccur, HR has shared employee files via their cloud drive. The assistant to the administrator is to ensure HR has proper paperwork and certification are valid. Corrective action was completed on	08/09/2024

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	review and interview, the facility failed to ensure 6 of 8 employees received cardiopulmonary resuscitation (CPR) and/or first aid training (Employees #1, #2, #3, #4, #5, and #6). Findings include: Employee #1 (E1) E1 was hired on 12/23/21 as a Caregiver. Per documentation in E1's file, E1 completed a certification course on 12/10/23 which provided training in CPR, but not in first aid. E1's file lacked documented evidence of current training in first aid. Employee #2 (E2) E2 was hired on 1/15/23 as a Caregiver. E2 completed CPR and first aid training provided by an online company on 06/28/23. The training failed to have an in-person component. Employee #3 (E3) E3 was hired as a Caregiver on 03/31/23. Per documentation in E3's file, E3 completed a certification course on 09/12/22 which provided training in CPR, but not first aid. E3's file lacked documented evidence of current training in first aid. Employee #4 (E4) E4 was hired on 03/14/24 as a Caregiver. E4 completed CPR and first aid training provided by an online company on 04/03/24. The training through this company did not contain an in-person component. Employee #5 (E5) E5 was hired as a Caregiver on 12/22/21. E5 completed CPR and first aid training provided by an online company on 02/02/24. The training failed to have an in-person component. Employee #6 (E6) E6 was hired as a Caregiver on 11/01/22. E6 completed CPR and first aid training provided by an online company on 11/02/22. The training failed to have an in-person component. On 07/11/24 in the afternoon, the House Manager acknowledged the CPR and/or first aid training completed by E1, E2, E3, E4, E5, and E6 was incomplete. Severity: 2 Scope: 3		8/9/2024.	

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0179 SS= F	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure 7 of 9 windows, which were capable of being opened in the facility, were screened. Findings include: On 07/11/24 in the afternoon, windows which were capable of being opened in the facility were observed without screens in the following rooms: Room 4 (Resident #5's room): one window Room 6 (Residents #2, #3, and #7's room): two windows Living Room: two windows Dining Room: two windows At the end of the on-site survey, the House Manager acknowledged seven windows remained without screens, and expressed determination to complete the replacement job as soon as possible. Severity: 2 Scope: 3	0179	We are correcting this deficiency by purchasing screens for the windows that were missing them. We have paid for the screens and they should be installed on Monday. Assistant to the administrator is to ensure screens are bought and placed on facility windows. Monthly task has been added to House manager's routine to ensure deficiency will not happen again. Corrective action is in process of completion as of 8/12/2024. Action completed on 8/19/2024	08/19/2024

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure the laundry room was free of fire hazards. Findings include: On 07/11/24 at 10:43 AM, as excessive amount of lint was recovered from the lint trap. Lint and a paper towel were found behind the dryer. The house manager confirmed the presence of the lint and the paper towel and acknowledged the laundry room should be kept free from fire hazards. Severity: 2 Scope: 3	0220	Employees were informed of the infraction. A new task was added to their daily routine under "Daily shift checklist" for each shift to sign off that the lint traps and behind the washer and dryer were clear of debris and any other fire hazards. Corrective action was completed on 8/5/2024. House manager and assistant to the administrator are responsible for ensuring tasks are being completed by each shift and checked off the caregivers daily task list. Corrective action was completed on 8/5/2024.	08/05/2024

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0301 SS= F	Bedrooms - Window Requirement - NAC 449.218 Bedrooms: Floor space; windows and doors; privacy; storage space; bedding; personal furnishings; lighting. (NRS 449.0302) 2. Each bedroom in a residential facility must have one or more windows to the outside that can be opened from the inside of the room without the use of tools or a door to the outside which is at least 36 inches wide and can be opened from the inside. Inspector Comments: Based on observation and interview, the facility failed to ensure 2 of 6 bedrooms had operational windows that opened to the outside (Bedroom #3 and Bedroom #5). Findings include: On 07/11/24 in the morning, Resident #4's bedroom (Bedroom #3) was observed with one resident bed. The window inside Bedroom #3 could not be opened to the outside. On 07/11/24 in the afternoon, Resident #1's bedroom (Bedroom #5) was observed with one resident bed. The window inside Bedroom #5 could not be opened to the outside. On 07/11/24 in the afternoon, the House Manager confirmed the windows in Bedrooms #3 and #5 could not be opened to the outside. Severity: 2 Scope: 2	0301	We contacted HCQC to see what else could be done. We were sent a Variance application. Application was sent to the facility owner for supporting documentation. Once the owner receives the quotes from several contractors, owner will then submit to HCQC to be added to the Board's agenda. Variance application was submitted on 8/8/2024.	08/08/2024

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0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to store oxygen tanks securely. Findings include: On 07/11/24 at 10:00 AM, five oxygen tanks were found unsecured and free-standing in the garage. The House Manager acknowledged the oxygen tanks were not stored properly. Severity: 2 Scope: 3	0690	Staff was re-educated on proper storage of Oxygen tanks. Oxygen Tanks were empty and scheduled for pickup the following day. Tanks were empty and belonged to a resident that had recently passed. House manager is to ensure on a daily basis that O2 tanks are stored properly. A task was added to the daily shift checklist to ensure regulations are followed. Corrective action was completed on 8/12/2024.	07/12/2024

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1825 SS= F	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 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: (a) A primary person who is responsible for infection control; and (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. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person responsible for the facility's infection control program were identified. Findings include: There was no documentation the facility had designated who would be in charge of their infection control program. On 07/11/24 in the afternoon, the House Manager was unable to produce documentation identifying the primary and secondary persons responsible for the facility's infection control program. Severity: 2 Scope: 3	1825	The 2 officers needed for Infection prevention were already assigned at the time of the survey. The house manager informed the surveyor that Prescila Barcelon and Susan Scheidler were the officers for Infection Prevention. Both the administrator and her assistant's files will be kept on property until their entire files have been uploaded into the digital filing system which has been set up to ensure all employee files can be accessed at all times by a facility representative. Both officers CDC training is attached to the POC.	07/11/2024
1840 SS= F	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	1840	HR department will work closely with House Manager and Assistant to the Admin to ensure all employee files are complete and necessary documents are kept at the facility. A file sharing system has been set up to ensure the house manager has access to employee files stored at the home office. HR will ensure state provided education for infection control is included in their training agenda. Corrective action was completed on 8/14/2024.	08/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10258	A. BUILDING _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BROOK RESIDENTIAL FACILITY	205 PANCHO VIA DRIVE, HENDERSON, NEVADA ,89012

(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
	provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 8 employees obtained the required infection control training (Employees #1, #2, #3, #5, and #6). Findings include: Employee #1 (E1) E1 was hired on 12/23/21 as a Caregiver. E1's file lacked documented evidence of training concerning the control and prevention of infectious diseases, as required by the regulation. Employee #2 (E2) E2 was hired on 01/15/23 as a Caregiver. E2's file lacked documented evidence of training concerning the control and prevention of infectious diseases, as required by the regulation. Employee #3 (E3) E3 was hired on 03/31/23 as a Caregiver. E3's file lacked documented evidence of training concerning the control and prevention of infectious diseases, as required by the regulation. Employee #5 (E5) E5 was hired on 12/22/21 as a Caregiver. E5's file lacked documented evidence of training concerning the control and prevention of infectious diseases, as required by the regulation. Employee #6 (E6) E6 was hired on 11/01/21 as a Caregiver. E6's file lacked documented evidence of training concerning the control and prevention of infectious diseases, as required by the regulation. On 07/11/24 in the afternoon, the House Manager acknowledged the lack of documented evidence of required infection control training in E1, E2, E3, E5, and E6's files. Severity: 2 Scope: 3			