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
	10418	A. BUILDING _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS CASTLE OF KINGS ROW	1875 KINGS ROW, RENO, NEVADA ,89503

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 08/29/2024. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for eight residential Facility for Group beds for elderly or disabled persons, and/or persons with mental illness and/or persons with intellectual disability, Category II residents. The census at the time of the survey was seven. Seven resident files and four employee files were reviewed. The facility received a grade of B. 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 deficiencies were identified:	0000		

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0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on clinical record review, document review and interview, the facility failed to develop a person-centered service plan addressing all required focus areas and interventions for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: The following residents lacked a person-centered service plan addressing all required the required elements during the residents' clinical record review: - Resident #1 was admitted to the facility on 11/23/2022, with diagnoses including Parkinson's disease and cerebral atherosclerosis. - Resident #2 was admitted to the facility on 11/20/2021, with diagnoses including hypertension, depression, atrial fibrillation and type II diabetes mellitus. - Resident #3 was admitted to the facility on 06/24/2024, with diagnoses including cerebral atrophy and history of stroke. - Resident #4 was admitted to the facility on 01/05/2022, with diagnoses including dementia, muscle weakness, and mild protein/calorie malnutrition. - Resident #5 was admitted to the facility on 06/08/2023, with diagnoses including Parkinson's disease, hypertension, arthritis, and chronic kidney disease, stage III. - Resident #6 was admitted to the facility on 08/09/2024, with diagnoses including dementia, atrioventricular block, hypertension and protein-calorie malnutrition. On 08/29/2024 at 11:14 AM, the Administrator confirmed person-centered service plans did not address all required focus areas and respective interventions for Resident #1, #2, #3, #4, #5, and #6. Severity: 2 Scope: 3	0515	Tag #0515 The Administrator will develop a person-centered service plan to address all the focus areas goal and interventions for all the residents. The Administrator will ensure that the person-centered service plan will have focus area in which facility will insure to attend the religious services of her choice and participate in personal and private pastoral counseling. Focus Area manner which all caregivers will inform of the required supervision Focus plan provision concerning safety, special needs, and recreation needs and involvement of ancillary services. the knowledge to plan and provide options for the residents. This will also be reviewed continuously to better suit the residents of the facility. Unfortunately we have provided a service plan base on the template provided In as much as we would like to comply exactly how you want us to, as we usually do, it is frustrating on our part that there are only limited guidelines (and guidance) being provided by the bureau and no examples that we could follow 5 out of 5 care plan we provided during the survey of our different facility was not acceptable. We hope that we could be given more training and guidance and explicit guidelines to come up with required service plan and consideration that citations be given if majority of the facilities have already able to comply as expected.	10/04/2024

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0874 SS= E	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on clinical record review, document review, and interview, the Administrator failed to ensure a resident's provider was informed within 72 hours of a recommendation resulting from a medication profile review (Review), performed by a physician, pharmacist, or registered nurse at least once every six months, for 3 of 6 residents (Resident #1, #2, and #5). Findings include: The following residents' Review dated 11/22/2023, lacked documented evidence the resident's provider was notified about the recommendation from the Review within 72 hours. The physician signed off on each resident's Review on 04/21/2024, five months late. - Resident #1 was admitted to the facility on 11/23/2022, with diagnoses including Parkinson's disease, cerebral atherosclerosis and severe protein-calorie malnutrition. - Resident #2 was admitted to the facility on 11/20/2021, with a diagnosis of type II diabetes mellitus, depression, atrial fibrillation, and hypertension. - Resident #5 was admitted to the facility on 06/08/2023, with diagnoses including Parkinson's disease, hypertension, arthritis, and stage III chronic kidney disease. On 08/29/2024 at 10:18 AM, the Caregiver confirmed the residents' provider had not been notified of the Pharmacist's recommendations within 72 hours of the Review and confirmed the resident's provider signed off on the review five months late. Severity: 2 Scope: 3	0874	Tag #0874 The Administrator will notify the provider immediately or within the 72 hours with supporting evidence and documentation upon results of medication recommendation. Stay organized and check frequently to make sure everything is up to date as well as marking calendar for next review. Having everyone review and sign at the same time.	10/04/2024
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of	1700	Tag #1700 The Administrator will advise and review	10/04/2024

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	residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)		work of staff that all information for a resident is accurately represented. Before admission The Administrator and Staff will contact resident's provider if clarification is needed as well as obtain documents required such as the Standard Physician Assessment and Placement Determinations. Will make sure to check and review history and physical (H&P) of the residents for discrepancies. all the admission requirements should always be completed prior admission. Please see attached documents (physician assessments)	

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	Inspector Comments: Based on clinical record review, document review, and interview, the facility failed to obtain an appropriate initial Standard Physician Assessment and Placement Determinations for a resident's placement in the facility for 1 of 6 residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 08/09/2024, with diagnoses including dementia, atrioventricular block, hypertension, and protein-calorie malnutrition. Resident #6's clinical record documented a Standard Placement Determination dated 08/09/2024, marked by the physician as the resident needed to be placed in a residential facility to care for residents with Alzheimer's disease equipped with wander control systems in place. On 08/09/2024 at 11:26 AM, the Caregiver verbalized Resident #6 was safe in the facility and confirmed Resident #6's Standard Physician Assessment and Placement Determination was not correctly marked and the Caregiver should have clarified with the resident's provider. Severity: 2 Scope: 1			

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 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. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online 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. Inspector Comments: Based on personnel file review, document review, and interview, the facility failed to ensure the primary infection control person met the required 15 hours of annual infection control training per Legislative Counsel Bureau (LCB) File Number R048-22, Section 5, and a secondary infection control person met the required 15 hours of initial infection control training per LCB File Number R048-22, Section 5, with the potential to affect 6 of 6 residents. Findings include: On 08/29/2024 at 11:47 AM, the Administrator confirmed the Administrator had not completed the required 15 hours of annual infection control and prevention training; and the Caregiver, the designated secondary infection control person, had not completed the initial 15 hours of infection control and prevention training. Severity: 2 Scope: 3	1830	Tag #1830 The Administrator will ensure that the primary and secondary infection control persons will complete the 15 hours of annual infection control training and all the current trainings required must be done yearly thereafter. All other employees will complete the initial infection control training. Please see attachment.	10/04/2024
1840 SS= E	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	1840	Tag #1840 The Administrator will ensure that all employees obtain the required infection control training required by the Legislative	10/04/2024

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	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 personnel file review and interview, the facility failed to ensure 2 of 2 employees obtained the required infection control training required per Legislative Counsel Bureau File Number R063-21, Section 4 with the potential to affect 6 of 6 residents (Employees #2 and #4). Findings include: Employee #2 Employee #2 was hired by the facility as the Assistant Administrator, with a start date of 08/05/2003. Employee #2's personnel file lacked documented evidence of training concerning the control and prevention of infectious diseases as required by the regulation. Employee #4 Employee #4 was hired by the facility as a Caregiver, with a start date of 05/01/2023. Employee #4's personnel file lacked documented evidence of training concerning the control and prevention of infectious diseases as required by the regulation. On 08/29/2024 at 211;47 AM, the Administrator acknowledged the lack of documented evidence of required infection control training in the personnel files for Employee #2 and #4. The Administrator verbalized the infection control training had not occurred. Severity: 2 Scope: 2		Counsel Bureau. Keeping all trainings up to date from then on, to maintain safety and health for the residents. Organize documents to provide evidence to show completion of trainings. Please see attachment.	