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
	10979	A. BUILDING _____ B. WING _____	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD OLD DAYS HOMECARE II	**4205 MIRA LOMA DR, RENO, NEVADA ,89502**

(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 a State Licensure annual grading survey conducted at your facility on 07/09/2025, in accordance with Nevada Administrative Code (NAC) 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, three Category I and five Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed, and five employee files were reviewed. The facility received a grade of A. 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		

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, clinical record review, and interview, the facility failed to ensure expired medications were destroyed on or before the medication's discard date for 1 of 7 residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 10/24/2024, with diagnoses including chronic obstructive pulmonary disease and hypertension. On 07/09/2025 at 1:07 PM, during a review of Resident #5's medications and in the presence of the facility Manager, the following as needed medications were stored with the resident's active medications: -Morphine Sulphate 100 milligrams (mg)/5 milliliters (mL) with a discard date of 06/05/2025. -Naproxen delayed release 500 mg tablets with a discard date of 01/02/2025. The Manager verbalized the facility audited resident medications every two weeks and explained expired medications should not be administered because they had the potential to lose effect over time. The Manager confirmed the medications were expired and explained the facility should have discarded and reordered the medications. Severity: 2 Scope: 1	0885	1.) Reordered the Morphine and Naproxen was discontinued. 2.) Make sure to check PRN medications for expirations and report to physician if a PRN medication is not being used. 3.) The manager and the administrator will routinely check expirations of all medications specially the PRN. 4.) The manager and the administrator. 5.) 7/17/2025	07/17/2025

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1505 SS= C	Requirements for posting required information - NAC 449.011921 and R004-24 Requirements for posting certain required information: Contents; size; placement. (NRS 449.0302) The statement required to be posted pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required to be posted pursuant to subsection 3 of NRS 449.101 must: (1) Be not less than 8.5 inches in height and 11 inches in width, with margins not greater than 0.5 inches on any side; and (2) Be written using a single typeface in not less than 22-point type. Inspector Comments: Based on observation and interview, the facility failed to post the State Agency (SA) complaint information in a prominent location of the facility. This deficient practice had the potential to affect all residents in the facility. Findings include: On 07/09/2025 at 9:50 AM, the facility lacked a posting for residents to view, to include how to file a complaint with the SA and the contact information for the SA. On 07/09/2025 at 1:23 PM, the facility Manager confirmed the SA complaint information was not posted in the facility and verbalized being unaware the posting was required. The Manager explained it was important the SA complaint information be posted to ensure residents were able to access resources available to them. Severity: 1 Scope: 3	1505	1.) Posted the contact number of the bureau for complaints. 2.) We try to be up to date with all the regulations, but unfortunately, sometimes we still miss some things. We appreciate surveyors keeping us up to date with everything. We will try to keep up with regulations by paying attention on emails sent by the Bureau. 3.) The poster has been posted on the wall. The deficiency should not reoccur. 4.) The manager posted the poster and the administrator will try to keep up on new regulations through emails sent by the Bureau. 5.) 7/17/2025	07/17/2025