

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3867	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS CASTLE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 ARCAN E AVE, RENO, NEVADA ,89503		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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 07/09/19. This 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 and disabled persons Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four 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:			

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 Name: JOSE CASTILLO JR. Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 07/20/2019

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(X4) ID PREFIX TAG 0104 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0104	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 07/20/2019
	Personnel Files - Background Checks - NAC 449.200 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 employees met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #1). Findings include: Employee #1 Employee #1 was hired as a Caregiver and Assistant Administrator on 08/01/03. Employee #1's file documented fingerprints being submitted, dated 10/11/12 and evidence of federal and state Clearance Letters, dated 10/24/12. Employee #1's fingerprints and Nevada Automated Background Check System (NABS) Clearance Letter had not been renewed at least every five years. Employee #1's file documented a NABS Clearance Letter, dated 12/06/17, for a facility with a different address. On 07/08/19 at 10:00 AM, the facility's NABS account lacked documented evidence of Employee #1 being entered and cleared. On 07/09/19 at 12:45 PM, the Caregiver confirmed the employee's file lacked documented evidence of the fingerprints being submitted and the required Clearance Letter at least once every five years and Employee #1 was not entered and cleared in the facility's NABS account. Severity: 2 Scope: 1		Tag # 0104 The administrator will continuously monitor employees background check and provide separate files in each facilities they are working as needed. Should be accomplish to NABS within 6 month after fingerprinting is performed and done. Employee #1 was fingerprinted at Fingerprinting express 7/19/2019 to comply REF TCN#NVPS5B7009548A done ny Kayle H.	

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(X4) ID PREFIX TAG 0870 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0870	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 07/20/2019
	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review, document review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 6 residents residing in the facility for longer than six months (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/31/13 with diagnoses including alcohol persist dementia, lumbago, hypertension, osteoporosis and peripheral vascular disease. Resident #1's record documented a medication profile review, dated 11/08/18 and 06/06/19, however the 2019 review was one month late. On 07/09/19 at 1:20 PM, the Caregiver acknowledged the finding and verbalized the medication profile reviews were to be done at least once every six months. Severity: 2 Scope: 1		Tag #0870 Administrator will constantly check medications and medication review every six months to avoid any gap and harm that will cause the resident.	