DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**02/28/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS CASTLE HOME CARE	**2060 ARCANE AVE, RENO, NEVADA ,89503**

(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 complaint investigation initiated at your facility on 01/30/20 and finalized on 02/28/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was six. The sample size was five. There was one complaint investigated. Complaint #NV00060082 with the following allegation was substantiated: Allegation: A resident had eloped from the facility (See Tag Y515 and Y810). A deficiency unrelated to the complaint was identified (See Tag Y930). 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 investigation, 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		
0515 SS= D	Supervision and Treatment of Residents - NAC 449.259 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary; (b) Inform all caregivers of the required supervision; Inspector Comments: Based on record review and interview, the facility failed to provide protective supervision to prevent a resident from eloping for 1 of 6 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 11/15/19, with diagnoses including metabolic encephalopathy, possibly due to an underlying dementia, anemia, possible intentional medication overdose. A physician's progress note, dated 10/16/19, documented, in part, "...per the patient's family member...the patient was found wandering in the city..." The facility's	0515	Tag # 0515 The administrator will make sure that protective supervision will be provided to all the resident at all time by making sure that they are not harmful to other and to themselves. By monitoring their activities and not letting leave the facilities without proper person to supervise them. Caregivers should be always aware and observance to protect them from hazards and injuries and to report and address any behavioral issue to the patient respective primary doctor and families and administrator to prevent any further harm. Regardless of Standard Placement Determination the facility caregiver should always be watchful and not to be complacent to ignore any signs of danger to the resident by reviewing the history and physical and continuous training required to oversee and protect all resident and their safety.	03/12/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JOSE CASTILLO JR. Title: Administrator Date: 03/13/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Activities of Daily Living Assessment, dated 11/15/19, documented the resident required protective supervision. A facility report, dated 01/18/20, documented Resident #1 requested cigarettes after the facility served breakfast at approximately 8:00 AM. At 11:00 AM, a caregiver was preparing lunch and asked another caregiver to call for Resident #1 to come in and eat lunch, however, the resident was "gone." The resident went to the backyard and opened the backyard door. The facility found the resident and a caregiver documented, "the local police suggested the resident be placed in a memory care of do not allow the resident to go outside without supervision. On 01/30/20 at 1:18 PM, a Caregiver expressed Resident #1 had eloped. At 8:00 AM on the date of the incident, the resident became very agitated after breakfast and wanted to speak to their family. Resident #1 was yelling on the phone and the facility allowed the resident to walk around the facility. Another Caregiver went to check on the resident, however, the resident was missing. A Caregiver had to leave the facility property to locate the resident. The Caregiver expressed, Resident #1 had a history of eloping and had a diagnosis of Alzheimer's. Complaint #NV00060082 Severity: 2 Scope: 1			

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0810 SS= D	Protective Supervision - NAC 449.2732 Residents requiring protective supervision. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is able to follow instructions; (b) The resident is able to make his or her needs known to the caregivers employed by the facility; (c) The resident can be protected from harming himself or herself and other persons; and (d) The caregivers employed by the facility can meet the needs of the resident. Inspector Comments: Based on record review and interview, the facility failed to ensure the caregivers employed by the facility could meet the needs of a resident by not preventing a resident elopement (Resident #1). Findings include: See Tag Y0515. Complaint #NV00060082 Severity: 2 Scope: 1	0810	Tag 0930 Facility administrator should should always emphasis the importance of protective supervision regardless if how long the resident has been in the facility to continually monitor by recording and reporting changes in every resident physical and mental behavior. continuous training and understanding if the resident is not appropriate to stay in the facility and to move to a facility that can accomodate the needs of this resident and avoid further incident to hurt other resident or themselves. To make a determination even before the evaluation if the resident is not appropriate fit to the facility. Comment: The moment it happened the facility imposed the protocol of our actual drill for missing resident call 911 and started search and rescue in which the resident was found immediately before the police arrived . Immediately after eloping the said resident was transferred to a locked unit sister company with the family consent and authorization and now currently safe in his new home.	03/13/2020

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0930 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation and interview, the facility failed to ensure a discharged resident's file was retained for at least five years after the resident permanently leaves the facility (Resident #1). Findings include: On 01/30/20, requested Resident #1's file, however, the file was not located at the facility. On 01/30/20 at 1:11 PM, a Caregiver expressed Resident #1 was transferred to a sister facility and the resident's file was moved to the new facility. The Caregiver confirmed Resident #1's file was no longer on-site as required. Severity: 2 Scope: 1	0930	Tag # 0930 the administrator will make sure the contents of separate files must be maintained for each resident of residential facility and retained for 5 years after he or she permanently leave the facility. Records will be kept in a secured and fire resistance cabinet and protected for unauthorized used and confidentiality always readily available upon his or her request or to any authorized person, agency requiring his or her personal,medical and financial files and will only be permanently destroyed after 5 years. A complete duplicate copy should also be produce and kept as a replacement when moving a resident to a sister company with a different locations tha same procedure should be followed.	03/13/2020