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
	3867	A. BUILDING _____ B. WING _____	12/13/2021

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 State Licensure annual grading survey conducted at your facility on 12/13/21. 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 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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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 employee file review, document review and interview, the facility failed to ensure a tuberculosis (TB) screening was completed in accordance with Nevada Administrative Code 441A for 2 of 5 employees (Employee #1 and #3). Findings include: Employee #1 Employee #1 was hired as the Administrator with a start date of 08/05/03. Employee #1's personnel file documented an x-ray for a positive TB test read negative dated 08/30/02. Employee #1's personnel record lacked documented evidence of a positive TB test. Employee #3 Employee #3 was hired as the Assistant Administrator with a start date of 08/01/03. Employee #3's employee file documented the following: - an annual TB test given on 11/05/20 at 11:45 AM and read negative on 11/07/20 at 9:15 AM, less than the required 48 to 72 hours reading time. - an annual TB test given on 10/29/21 at 1:20 PM and read negative on 10/31/21 at 10:45 AM, less than the required 48 to 72 hours reading time. Both Employee #1 and Employee #3's lacked documented evidence of completing TB testing requirements and have been working with residents. On 12/13/21 at 11:27 AM, the Caregiver and Administrator confirmed the TB findings for Employee #1 and #3 and verbalized the lack of completing the TB employee screening posed a risk to residents. Severity: 2 Scope: 2	0102	Tag 0102 The administrator will ensure that all records will be kept and and Tuberculin test will be read accurately pertaining to the time that it was given and with the right time reading not earlier or over the time required. Attached is the Tb test for both the employees.	12/30/2021
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the	0878	Tag #0878 The administrator and caregivers certified to give med management will ensure that medication are given based on the physician order accurately by checking the right person, medication, time, route and check what is the result after giving it to resident. Attached is the Physician order and prescription.	12/30/2021

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	facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to administer medications as prescribed for 1 of 10 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/02/21, with diagnosis including atrial fibrillation, hypothyroidism, fatigue, weakness, hypertension, osteomyelitis and hyperlipidemia. A physician order dated 12/03/21, documented acetaminophen 325 milligrams (mg), give two tablets by mouth every six hours. Resident #1's Medication Administration Record (MAR) dated December 2021, documented acetaminophen 325 mg was scheduled and			

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	administered at 6:00 AM, 1:00 PM and 7:00 PM on December 4 through 12 and 6:00 AM on December 13. The second dose was scheduled for seven hours and the fourth daily dose was not scheduled. A physician order dated 12/03/21, documented ibuprofen 600 mg, take one tablet by mouth every six hours. Resident #1's MAR dated December 2021, documented ibuprofen 600 mg was administered at 6:00 AM, 1:00 PM and 7:00 PM on December 4 through 12 and 6:00 AM on December 13. The second dose was scheduled for seven hours and the fourth daily dose was not scheduled. On 12/13/21 at 12:45 PM, the Caregiver confirmed the acetaminophen and ibuprofen was only given three times daily since the physician order was received on 12/03/21 and verbalized Resident #1's medications were not administered per physician's order. Severity: 2 Scope: 1			