

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

PRINTED: 6/15/2026  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/30/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDEN YEARS CASTLE HOME CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2060 ARCANE AVE, RENO, NEVADA ,89503</b>                                 |                                                        |
| (X4)<br>ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
| 0000                                                                     | <p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey and complaint investigation conducted at your facility on 01/30/23. 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 and one discharged resident file was reviewed. Four employee files were reviewed. The facility received a grade of D. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is \$600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. There was one complaint investigated. Complaint #NV00063361 with the allegation a resident was inappropriately discharged was substantiated. (See Tag Y943). 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:</p> | 0000                                                  |                                                                                                                          |                                                        |

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

Date: 06/23/2023

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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| 0053<br>SS= D                                                            | <p>Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.</p> <p>Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure clinical records were complete for 1 of 7 residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 01/26/23, with a diagnosis of cerebral atherosclerosis. Resident #7's clinical record lacked documented evidence of an admission packet, Resident Rights, an Ultimate User Agreement, a History and Physical, an Activities of Daily Living Assessment, a Physician Standard Placement Determination, and a two-step Tuberculosis test. On 01/30/23 at 1:18 PM, the Caregiver confirmed Resident #7's clinical record did not contain an admission packet, Resident Rights, an Ultimate User Agreement, a History and Physical, an Activities of Daily Living Assessment, a Physician Standard Placement Determination, and a two-step Tuberculosis test. On 01/30/23 at 1:36 PM, the Designee confirmed Resident #7's clinical record did not contain an admission packet, Resident Rights, an Ultimate User Agreement, a History and Physical, an Activities of Daily Living Assessment, a Physician Standard Placement Determination, and a two-step Tuberculosis test. Severity: 2 Scope: 1</p> | 0053                                                  | Tag # 0053 The facility will ensure that upon admitting new resident files, all papers, records, requirements are complete and accurate and all admission packet are to be completed in their binders -which we always do except this resident is non complaint in signing all the admission packet that we normally do upon the arrival to the facility. The son who is the nearest relative that can sign has a restraining order that prohibit to visit the resident. | 04/07/2023                                                                               |  |                                                        |  |

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| 0178<br>SS= D                                                            | <p>Health &amp; Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure items were not stored on the front porch. Findings include: On 01/30/23, during a tour of the facility, a walker, bedside commode, and a trapeze bar were located on the front porch. On 01/30/23 at 10:49 AM, the Caregiver verbalized the items had been stored on the porch since November or December 2022 when the resident, the items belonged to, left the facility. The caregiver confirmed the items should be stored inside and not on the porch. Severity: 2 Scope: 1</p> | 0178                                                  | <p>Tag 0178 Facility administrator will ensure to always clear the porch with any foreign objects and put away anything that belong to the storage. the next day the owner of the boxes, commode and the box was pickup by the owner and the porch was cleared.</p> |                                                                                          | 04/07/2023                 |                                                        |  |

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| 0620<br>SS= F                                                            | <p>Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure a resident receiving skilled nursing services was not allowed to admit or remain in the facility for 4 of 7 residents receiving skilled nursing services (Resident #1, #2, #6, and #7). Findings include: Resident #1 Resident #1 was admitted to the facility on 09/26/22, with a diagnosis of dementia without behavioral disturbance. Resident #2 Resident #2 was admitted to the facility on 06/30/22, with a diagnosis moderate cognitive impairment. Resident #6 Resident #6 was admitted to the facility on 12/05/22, with a diagnosis of chronic obstructive pulmonary disease. Resident #7 Resident #7 was admitted to the facility on 01/26/23, with a diagnosis of cerebral atherosclerosis. On 01/30/23 at 1:36 PM, the Designee verbalized Resident #1, #2, #6, and #7 received skilled nursing services through home health or hospice. The Designee confirmed the facility had not submitted waivers to the state agency to admit or retain Residents #1, #2, #6, and 7. Severity: 2 Scope: 3</p> | 0620                                                  | Tag # 0620 Facility will ensure that all the necessary endorsement and bedfast will be submitted to the bureau when it is deemed necessary to properly address their needs from healthcare agencies such as homehealth, hospice. The residents 126&7 needed submission of endorsement and waiver to the state agency.                                              | 04/07/2023                                                                               |  |                                                        |  |
| 0870<br>SS= E                                                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0870                                                  | Tag #0870 The facility/caregiver and staff will ensure that all medication review should be followed in the written medication policy and scheduled to be done every 6 months and not to rely on automatic the review from pharmacy but instead will be check and monitored constantly to avoid the lapses and to keep up with the resident good health and needs. | 04/07/2023                                                                               |  |                                                        |  |

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|                                                                          | <p>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).</p> <p>Inspector Comments: Based on clinical record review and interview, the facility failed to ensure a medication profile review was conducted at least once every six months for 2 of 7 sampled residents (Resident #3 and #5). Findings include: Resident #3 Resident #3 was admitted to the facility on 02/17/21, with diagnoses including chronic obstructive pulmonary disease, pulmonary hypertension, and heart failure. Resident #3's clinical record contained medication profile reviews dated 11/22/21 and 06/06/22. The time period between the November 2021 and June 2022 medication profile reviews exceeded six months. Resident #4 Resident #4 was admitted to the facility on 08/14/19 with diagnoses including cerebral atherosclerosis and schizoaffective disorder. Resident #4's clinical record contained medication profile reviews dated 11/22/21 and 06/06/22. The time period between the November 2021 and June 2022 medication profile reviews exceeded six months. On 01/30/23 at 12:23 PM, the Designee verbalized the medication profile reviews for Resident #3 and Resident #4 were completed beyond the six-month requirement. The Designee confirmed the</p> |                                                       |                                                                                                                          |                                                                                          |  |                                                        |  |

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|                                                                          | medication profile reviews were completed<br>21 days late. Severity: 2 Scope: 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                            |                                                        |  |
| 0871<br>SS= D                                                            | Medication Administration - Plan - NAC<br>449.2742 Administration of medication:<br>Responsibilities of administrator, caregiver<br>and employees of facility. 1. The<br>administrator of a residential facility that<br>provides assistance to residents in the<br>administration of medications shall: d)<br>Develop and maintain a plan for managing<br>the administration of medications at the<br>residential facility, including, without<br>limitation: (1) Preventing the use of<br>outdated, damaged or contaminated<br>medications; (2) Managing the medications<br>for each resident in a manner which<br>ensures that any prescription medications,<br>over-the-counter medications and nutritional<br>supplements are ordered, filled and refilled<br>in a timely manner to avoid missed<br>dosages; (3) Verifying that orders for<br>medications have been accurately<br>transcribed in the record of the medication<br>administered to each resident in<br>accordance with NAC 449.2744; (4)<br>Monitoring the administration of<br>medications and the effective use of the<br>records of the medication administered to<br>each resident; (5) Ensuring that each<br>caregiver who administers a medication is<br>in compliance with the requirements of<br>subsection 6 of NRS 449.037 and NAC<br>449.196; (6) Ensuring that each caregiver<br>who administers a medication is adequately<br>supervised; (7) Communicating routinely<br>with the prescribing physician or other<br>physician of the resident concerning issues<br>or observations relating to the<br>administration of the medication; and (8)<br>Maintaining reference materials relating to<br>medications at the residential facility,<br>including, without limitation, a current drug<br>guide or medication handbook, which must<br>not be more than 2 years old or providing<br>access to websites on the Internet which<br>provide reliable information concerning<br>medications. (e) Develop and maintain a<br>training program for caregivers of the | 0871                                                  | tag# 0871 MedTech and caregiver of the<br>facility giving the medication will make sure<br>that all the instruction from the doctors and<br>pharmacy should be reviewed from time to<br>time and will document and note any<br>changes for reminders and always attached<br>the doctors order to support the changes all<br>the other medtech should also be notified of<br>any changes and the second or third eye to<br>check all medications and changes. |                                                                                           | 04/07/202<br>3             |                                                        |  |

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|                                                                          | <p>residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers.</p> <p>Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure a physician notification of pharmacist recommendations was documented for 1 of 7 residents residing in the facility for longer than six months (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/14/19 with diagnoses including cerebral atherosclerosis and schizoaffective disorder. A Pharmacy Medication Review for Resident #4 dated 06/06/22, documented provide indications for as needed medications and discontinue old medications on profile if not being used. The Pharmacy Medication Review lacked documentation of the physician notification of the pharmacist recommendations. On 01/30/22 at 2:05 PM, the Designee confirmed the Pharmacy Medication Review for Resident #4 lacked documentation of the physician notification of the pharmacist recommendations. Severity: 2 Scope: 1</p> |                                                       |                                                                                                                                                                                                                                                       |                                                                                          |  |                                                        |  |
| 0878<br>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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0878                                                  | Tag # 0878 Caregivers Medtech will ensure that upon delivery and acceptance of medication will immediately check, count and log in the medication log. After that it will be transcribed in the MAR and not to wait or presumed always keep checking. |                                                                                          |  | 04/07/2023                                             |  |

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|                                                                          | <p>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.</p> <p>Inspector Comments: Based on clinical record review and interview, the facility failed to ensure medications were administered per a physician's order for 1 of 7 residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 02/17/21, with diagnoses including chronic obstructive pulmonary disease, pulmonary hypertension, and heart failure. On 01/30/23, during medication review, a bottle of Prednisone 10 milligram (mg) tablet was discovered in Resident #3's medication bin. Resident #3's January 2023 Medication Administration Record (MAR) lacked an entry of Prednisone. Resident #3's physician order, dated 01/19/23, documented Prednisone 10 mg tablet. Take</p> |                                                       |                                                                                                                          |                                                                                          |  |                                                        |  |

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|                                                                          | one tablet by mouth once a day for shortness of breath. On 01/30/23 at 1:52 PM, the Caregiver verbalized the Prednisone was not administered to Resident #3 nor was the medication transcribed onto the MAR. The Caregiver explained the Caregiver was not aware the resident received a new medication from hospice. The Caregiver confirmed the medication was received on 01/19/23; however, the Caregiver thought the medication was a generic medication under a different name on the MAR and put the Prednisone in the medication bin as a reserve medication for the resident. Severity: 2 Scope: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                            |                                                        |  |
| 0920<br>SS= F                                                            | Medication: Storage - NAC 449.2748<br>Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure the medications were secured for 7 of 7 residents. Findings include: On 01/30/23, during a tour of the facility, unsecured medications were located in an unlocked | 0920                                                  | Tag # 0920 The facility caregiver and medication staff should lock medication at all time and if the meds needs to be refrigerated they should be in a medication storage with and locked. These should be consistently done every patient should have a separate box. These is written in the medication Policy to avoid mixing with food or taken accidentally by the resident. |                                                                                           | 04/07/2023                 |                                                        |  |

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|                                                                          | medication box in a kitchen refrigerator. - Haloperidol 2 milliliter (ml). Take 0.25 ml by mouth every four hours as needed for agitation. -Lorazepam 2 ml. Take 0.25 ml by mouth every four hours as needed for shortness of breath. -Morphine sulfate 100 milligram (mg)/ 5 ml. Take 0.25 milliliter by mouth every hour as needed for pain. On 01/30/23 at 10:54 AM, the Caregiver confirmed the medication box lacked a padlock or other locking mechanism and residents were able to access the unlocked medications in the refrigerator. The Caregiver explained it was dangerous to have unlocked medications in the facility because a resident could accidentally ingest them and overdose. On 01/30/23 at 11:15 AM, the Designee confirmed the box of medications in the refrigerator was not locked and did not have a pack lock or other mechanism to lock the medications away for resident safety. The Designee verbalized the expectation was medications were to be locked up. Severity: 2 Scope:3                               |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |  |                                                        |  |
| 0943<br>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: (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death | 0943                                                  | Tag #0943 The administrator of the facility will make sure that upon permanent discharge of any resident to the facility a discharge forms must be filled up with specific reasons, if moving to the another the address and phone number will be filled up and must be signed by administrator or facility representative and will acknowledge that all inventory personal, belongings and medications have been received and accounted for. Please check attached documents. |                                                                                          |  | 04/07/2023                                             |  |

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|                                                                          | <p>and the dates on which the person responsible for the resident was contacted to inform him or her of the death.</p> <p>Inspector Comments: Based on interview, clinical record review, and document review the Administrator failed to complete a discharge document indicating the date and time, the facility to which the resident discharged, and the summary of circumstances for discharge for 1 of 1 discharged residents (Resident #8). Findings include: On 01/30/23 at 2:47 PM, the Designee verbalized when a resident admitted to the hospital, the facility would continue to charge the resident to hold their bed. The facility would give a resident a 30-day notice for a facility-initiated discharge. The Designee explained the resident was on a Medicaid Waiver program and the resident did not pay the facility when the resident was at the hospital. The resident's room was held for at least 2 months without payment. The Designee verbalized the resident went to the hospital on 02/17/21. The Designee verbalized the Designee was not able to find discharge paperwork for Resident #8. On 01/30/23 at 3:17 PM, the Owner verbalized the facility charged residents to hold their bed when they were in the hospital. The Owner was not aware if the discharge was resident or facility initiated. The Owner verbalized the Administrator completed discharges for residents. The Owner verbalized the Owner did not have access to invoices/payments received from or on behalf of, or refunds issued to Resident #8. The Owner confirmed the Resident Discharge Summary lacked date and time, facility to which the resident discharged, and the summary of circumstances for discharge. The Owner verbalized Resident #8 had Supplemental Security Income (SSI) and was on the Medicaid Waiver Program. The SSI went directly to Resident #8's Payee and the payment from the Medicaid Waiver program went directly to the group home.</p> |                                                       |                                                                                                                          |                                                                                          |  |                                                        |  |

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|                                                                          | The Payee would pay the remaining amount not covered by the medicaid program payment. Resident #8's Resident Discharge Summary, undated, lacked date and time, facility to which the resident discharged, and the summary of circumstances for discharge. Resident #8's Admission Packet dated 10/31/19, documented upon moving into the facility, a deposit of \$4200.00 was required. This amount would be used as a deposit of the last month's rent. In the event of hospitalization, this would be refunded. The Operator would give advance notice of 30 days to the resident that other living arrangements must be made. By mutual arrangement, a resident's room may be held during a temporary absence rate of \$140.00 per day. CPT NV00063661<br>Severity: 2 Scope 1 |                                                       |                                                                                                                          |                                                                                          |  |                                                        |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDEN YEARS CASTLE HOME CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2060 ARCANE AVE, RENO, NEVADA ,89503</b>                                                                                                                                                                                                                                                                                      |                                                        |
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| 1010<br>SS= D                                                            | <p>Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915.</p> <p>Inspector Comments: Based on clinical record review and interview, the facility failed to obtain an endorsement for Mental Illness (MI) and admitted and retained a resident with a MI diagnosis (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/14/19, with diagnoses including cerebral atherosclerosis and schizoaffective disorder. A History and Physical dated 10/19/19, documented Resident #4 had a diagnosis of schizoaffective disorder. The facility lacked a MI endorsement to admit and retain residents with MI. On 01/30/23 at 12:55 PM, the Designee confirmed the facility was not endorsed for MI and Resident #4 had diagnosis of schizoaffective disorder. Severity: 2 Scope: 1</p> | 1010                                                  | Tag # 1010 Facility administrator upon admission and during the stay of the resident in the facility will continually check residents files to ensure that the right care and training needed has been meet and will be provided. Mental illness training has been submitted to BHCQC and training for administrator and employee for mental illness class has been provided. | 04/05/2023                                             |

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

PRINTED: 6/15/2026  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: |                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                     |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/30/2023</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDEN YEARS CASTLE HOME CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2060 ARCADE AVE, RENO, NEVADA ,89503</b> |                            |                                                        |  |
| (X4)<br>ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                    |                                                                                          | (X5)<br>COMPLETION<br>DATE |                                                        |  |
| 1045<br>SS= C                                                            | <p>Placard - Display - NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302) 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to conspicuously display the letter grade placard from the last annual State Licensure survey. Findings include: On 01/30/223, during a tour of the facility, the letter grade placard from the State Licensure survey dated 07/09/19 was displayed. The letter grade placard from the last survey on 12/13/21 was not displayed. On 01/30/23 at 10:30 AM, a Caregiver verbalized the posted grade placard was dated 07/09/19. On 01/30/23 at 11:44 PM, the Designee confirmed the posted grade placard was outdated and the current grade placard should have been posted. Severity: 1 Scope: 3</p> | 1045                                                  | Tag #1045 The facility staff will make sure that the grade placard will be immediately and the right placard placard will be posted upon issuance in a conspicuously place. |                                                                                          | 04/07/2023                 |                                                        |  |