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 _____	09/09/2024

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a annual State Licensure survey conducted at your facility on 09/09/24. 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 or disabled persons, Category II residents. The census at the time of survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of B. 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		

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 REPRESENTATIVE'S SIGNATURE Name: JOSE CASTILLO Title: Administrator Date: 10/23/2024

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0104 SS= D	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 personnel record review, document review, and interview, the Administrator failed to ensure 1 of 4 employees met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #2). Findings include: Employee #2 Employee #2 was hired as a Caregiver with a start date of 10/17/2023. Employee #2's personnel file documented the employee's hire date. Employee #2's personnel file documented proof of electronic fingerprint submission dated 02/21/24, beyond the 10 day requirement. The Nevada Automated Background Check system report dated 09/06/2024 at 12;41 PM, documented Employee #2 on the employee roster for the facility. On 09/09/2024 at 1:30 PM, the Caregiver confirmed the Employee #2's hire date and fingerprint submission date findings. Severity: 2 Scope: 1	0104	Tag #0104 The Administrator will make sure that all employees that will be hired will complete all required documents such as fingerprint submissions and will not start working until all requirements are submitted and completed within the 10 day window that must be done in accordance to the state. Please see attached background check for employee #2.	10/04/2024
0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on clinical record review, document review and interview, the facility failed to develop a person-centered service plan addressing all required focus areas and interventions for 8 of 8 residents (Resident #1, #2, #3, #4, #5,	0515	Tag # 0515 The administrator of the facility will ensure that health care provider will adhere with a person centered service care plan focus for all resident base on their scheduled and unscheduled interest needs suited to their capacity with goal to improve and get better with timelines, interventions with dates showing action taken. During the survey we prepared a person centered service care plan not only in these facility but 5 out 5 of our facility with different surveyors but we failed in all of our 5 care plans. We have followed the template given to us and as much as we want to comply how you want us as we usually do it is frustrating that there is only limited guideline and we requested sample to surveyors but we did not get anything we seek help with nurses in SNF but was still not accepted a resident upon admission	10/04/2024

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	#6, #7, and #8). Findings include: The following residents lacked a person-centered service plan addressing all required the required elements during the residents' clinical record review: - Resident #1 was admitted to the facility on 04/02/2024, with diagnoses including Parkinson's disease, schizoaffective disorder bipolar type, catatonia and mood disorder. - Resident #2 was admitted to the facility on 04/30/2024, with diagnoses including benign neoplasm of cerebral meninges and cerebral atherosclerosis. - Resident #3 was admitted to the facility on 12/15/2022, with diagnoses including diabetes mellitus to underlying conditions with hypoglycemia, systolic heart failure and anxiety disorder. - Resident #4 was admitted to the facility on 12/22/2023, with diagnoses including dementia, Wernickle encephalopathy, chronic obstructive pulmonary disease, and chronic kidney disease, stage III. - Resident #5 was admitted to the facility on 12/21/2023, with diagnoses including acute post hemorrhagic anemia, debility, systolic chronic heart failure, and depression. - Resident #6 was admitted to the facility on 09/03/2024, with diagnoses including dementia and malignant neoplasm of bladder with metastasis to lymph nodes. - Resident #7 was admitted to the facility on 05/06/2024, with diagnoses including anemia, dysrhythmia, stroke, depression, atrial fibrillation, and hypertension. - Resident #8 was admitted to the facility on 08/14/2019, with diagnoses including schizoaffective disorder, peripheral vascular disease, and severe protein-calorie malnutrition. On 09/09/2024 at 2:04 PM, the Administrator confirmed person-centered service plans did not address all required focus areas and respective interventions for Resident #1, #2, #3, #4, #5, #6, #7, and #8. The Administrator verbalized the facility was having a hard time understanding the requirements. Severity: 2 Scope: 3		has formulated care plan comprehensively done by multispecialty and multidisciplinary team. for us to create that is beyond our scope of duties and responsibility (as guidelines are not well delineated and guidance is limited. We might end up over doing or job which is unsafe for resident even incite lawsuits if desired outcome is not achieved. We hope that we could be given more training and explicit guidance to come up with required service plan and consideration that citation be given if majority of the facilities have already been able to comply as expected. Please see attachments for the previous Plan of Care during the survey as well as the new revised Plan of Care.	
0874 SS= E	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours	0874	Tag #0874 The Administrator and staff will make sure that all medication for the residents are thoroughly processed to everyone needed review such as Doctor, primary physician,	10/04/2024

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	after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on clinical record review, document review, and interview, the Administrator failed to ensure 1) a medication profile review, performed by a physician, pharmacist, or registered nurse at least once every six months, was reviewed and initialed by the Administrator within 72 hours for 3 of 8 residents residing in the facility for longer than six months (Resident #3, #4, and #5) and 2) a resident's provider was informed within 72 hours of a recommendation resulting from a medication profile review for 2 of 8 residents (Resident #5 and #8). Findings include: Administrator's Initials The following residents' medication profile review dated 11/21/2023, lacked the Administrator's review and initials. - Resident #3 was admitted to the facility on 12/15/2022, with diagnoses including diabetes mellitus to underlying conditions with hypoglycemia, systolic heart failure and anxiety disorder. - Resident #4 was admitted to the facility on 12/22/2023, with diagnoses including dementia, Wernickle encephalopathy, chronic obstructive pulmonary disease, and chronic kidney disease, stage III. - Resident #5 was admitted to the facility on 12/21/2023, with diagnoses including acute post hemorrhagic anemia, debility, systolic chronic heart failure, and depression. On 09/09/2024 at 11:42 AM, the Administrator confirmed the Administrator had not initialed the medication profile review dated 01/29/2024 for Resident #3, #4, and #5, and verbalized the Administrator needed to review and initial the report within 72 hours. Provider Notification Resident #5 Resident #5 was admitted to the facility on 12/21/2023, with diagnoses including acute post hemorrhagic anemia, debility, systolic chronic heart failure, and depression. Resident #5's medication profile review		pharmacist, and administrator who will review resident's file in accordance to the state and safety to ensure all information is accurately represented. They will sign and document to further completion after review.	

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	dated 01/29/2024, documented a recommendation from the pharmacist to the resident's physician indicating to provide the areas to apply Diclofenac gel. The facility lacked documented evidence the resident's physician had been notified of the recommendation within 72 hours of the review. Resident #8 Resident #8 was admitted to the facility on 08/14/2019, with diagnoses including schizoaffective disorder, peripheral vascular disease, and severe protein-calorie malnutrition. Resident #8's medication profile review dated 05/15/24, documented a recommendation from the pharmacist to the resident's physician to evaluate rash and discontinue Clotrimazole or change to as needed, if appropriate. The facility lacked documented evidence the resident's physician had been notified of the recommendation within 72 hours of the review. On 09/09/2024 at 11:45, the Caregiver confirmed Resident #5's and #8's physicians had not been notified of the pharmacy review recommendation within the required 72 hours. Severity: 2 Scope: 2			

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0936 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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on document review, clinical record review and interview, the facility failed to ensure 1 of 8 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A.375 (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 12/15/2022, with diagnoses including diabetes mellitus to underlying conditions with hypoglycemia, systolic heart failure and anxiety disorder. Resident #3's clinical record documented an initial 2-step TB test, with the first step given on 10/10/22 and read negative on 10/12/22. The second step was given on 10/21/22 and read negative on 10/23/22. Resident#3's clinical record documented an annual QuantiFERON TB lab test dated 01/15/24 with a negative result. The TB test was given two and one-half months late. On 09/09/2024 at 9:48 AM, the Caregiver confirmed Resident#3's TB test was performed late. Severity: 2 Scope: 1	0936	Tag #0936 The Administrator and staff will ensure that all residents will receive that appropriate procedures regarding their health concerns such as Resident #3's tuberculosis to be completed in a correct and timely manner in accordance to the state. Stay organized, include expirations with resident's files and checking frequently for upcoming check ups that they may need in the future.	10/04/2024

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1830 SS= D	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review, document review, and interview, the facility lacked a designated secondary infection control person with the required infection control training per Legislative Counsel Bureau File Number R048-22, Section 5, with the potential to affect 8 of 8 residents. Findings include: On 09/09/2024 at 1:00 PM, the Owner confirmed the required infection control and prevention training had not been completed by Employee #4, the secondary infection control person for the facility. Severity: 2 Scope: 1	1830	Tag#1830 The administrator of the facility will adhere with all the required training needed for all the caregivers to be completed pursuant to training of healthcare of epidemiology subsection 4 the required 15 hours training infection control for both the primary and secondary in charge and initial training for all respective facility caregivers of the facility. Employee # 4 also have a training prior to the survey. Please see attached and dates.	10/04/2024
1840 SS= E	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use	1840	Tag #1840 The Administrator will make sure that all employees will complete all trainings needed in order to work and be in compliance with the State. The Administrator and staff will organize files and check files frequently. Mark on calendar for documents that need to be completed, updated, or renewed.	10/04/2024

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	of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 2 of 2 employees obtained the required infection control training required per Legislative Counsel Bureau File Number R063-21, Section 4 with the potential to affect 8 of 8 residents (Employees #2 and #3). Findings include: Employee #2 Employee #2 was hired by the facility as a Caregiver with a start date of 10/17/2023. Employee #2's personnel file lacked documented evidence of training concerning the control and prevention of infectious diseases as required by the regulation. Employee #3 Employee #3 was hired by the facility as a Caregiver with a start date of 03/05/2024. Employee #3's personnel file lacked documented evidence of training concerning the control and prevention of infectious diseases as required by the regulation. On 08/29/2024 at 1:30 PM, the Administrator acknowledged the lack of documented evidence of required infection control training in the personnel files for Employee #2 and #3. The Administrator verbalized the infection control training had not occurred. Severity: 2 Scope: 2		Please see attachment for completion of CDC training and certificate for employee #2 and #3.	