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 _____	**03/13/2025**

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 State Licensure survey conducted at your facility on 03/13/2025, in accordance with Nevada Administrative Code (NAC) Chapter 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 seven. Four employee files were reviewed. The facility received a grade of A. Complaint #NV00071556 with the following allegation was substantiated: Allegation #1: Facility staff files were incomplete and missing caregiver training (See Tag Y0065). The following allegations could not be substantiated: Allegation #2: The facility hall shower had a black stain resembling mold. Allegation #3: An employee was working in the facility without a background check. The investigation into the complaint included: Observation of staff and resident interactions and a brief tour of the facility hall bathroom. Interviews were conducted with a Caregiver and the Owner/Administrator. Document review included personnel training. 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 deficiency was identified:	0000		
0065 SS= F	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and	0065	Tag # 0065 The facility administrator will make sure that all the required training related to the needs of the residents of of the facility are done in a timely manner and to be reviewed from time to time from the employee files to make sure that they are updated and are in compliance. Please check the attachments for the training of tier 1 and 2 training.	06/23/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JOSE O CASTILLO Title: Administrator Date: 06/23/2025

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.

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 _____	**03/13/2025**

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
	persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sections 2 to 16 inclusive of this regulation and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and (g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training. Inspector Comments: R043-22 Sec. 6. "Tier 2 training" means training for employees of a residential facility that includes, without limitation, training in: 1. The psychosocial aspects of dementia; 2. Current science concerning dementia; 3. Signs and symptoms of dementia; and 4. Working with persons who have dementia, including, without limitation: (a) Communication; (b) Providing person-centered care; (c) Assessment of persons with dementia; (d) Planning the provision of care; and (e) Assisting with activities of daily living. Based on record review, document review and interview, the facility failed to ensure 4 of 4 employees working at the facility greater than 60 days received the required elements of Tier 2 training within 60 days of hire and annually thereafter (Employee #1, #2, #3, and #4). Findings include: Employee #1 Employee #1 was hired by the facility as Caregiver with a start date of 03/25/2024. Employee #1's personnel file contained documentation of one hour of Tier 2 training completed on 10/5/2023 and one hour of Tier 2 training completed on 01/25/2025;			

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 _____	**03/13/2025**

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
	however, the employee lacked documented evidence of Tier 2 training in 2024, there was not documented evidence the required topics were covered. Employee #2 Employee #2 was hired by the facility as Caregiver with a start date of 08/07/2013. Employee #2's personnel file contained documentation of one hour of Tier 2 training completed on 02/28/2024 and one hour of Tier 2 training completed on 01/05/2025; however, there was not documented evidence the required topics were covered. Employee #3 Employee #3 was hired by the facility as Caregiver with a start date of 03/25/2024. Employee #3's personnel file contained documentation of one hour of Tier 2 training completed on 02/28/2024; however, the employee lacked documented evidence of Tier 2 training in 2025, there was not documented evidence the required topics were covered, and the training was not performed by an approved trainer. Employee #4 Employee #4 was hired by the facility as Owner/Administrator with a start date of 05/2023. Employee #4's personnel file contained documentation of one hour of Tier 2 training completed on 02/20/2024; however, the employee lacked documented evidence of Tier 2 training in 2025, there was not documented evidence the required topics were covered. On 03/13/2025 at 1:15 PM, the Owner/Administrator confirmed the personnel lacked appropriate Tier 2 training and was unaware of the topic requirements. Complaint #NV00071556 Severity: 2 Scope: 3			