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
	5231	A. BUILDING _____ B. WING _____	09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS CASTLE 2	5175 SLEEPY HOLLOW DR, RENO, NEVADA ,89502

(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 an annual State Licensure survey conducted in your facility on 09/19/19. This State Licensure 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 nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II. The census at the time of the survey was nine. Nine resident files were reviewed, and four 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 deficiencies were identified:	0000		
0178 SS= D	Health & 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. Inspector Comments: Based on observation and interview, the Administrator failed to properly maintain hand rails on a ramp. On 09/19/19 at 8:40 AM, there was a ramp leading to the front door of the facility. The rails attached to the ramp were loose and could be maneuvered back and forth. On 09/19/19 at 9:40 AM, a Caregiver confirmed the rails attached to the ramp were loose and verbalized it was a safety concern. Severity: 2 Scope: 1	0178	Row #2 (Tag-0178) The administrator will maintain the facility in a good condition and all the surroundings and the environment are safe. The rail has been reinforce to be more sturdy and to be safe with everyone.	10/08/2019

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 JR. Title: Administrator Date: 10/08/2019

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0920 SS= F	Medication: Storage - NAC 449.2748 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. Inspector Comments: Based on observation and interview, the facility failed to ensure a medication was secured. Findings include: On 09/19/18 at 9:15 AM, during a tour of the facility, Polyethylene Glycol 3350 was located in an unlocked cabinet in the kitchen. The medication was accessible to all of the Residents in the facility. On 09/19/19 at 9:20 AM, the Caregiver confirmed the medication was not secured and verbalized the cabinet was not where medication should be stored. Severity: 2 Scope: 3	0920	Row #3 (tag #0920) The administrator will make sure that the caregiver should put any kind of prescribe or over the counter medication in the safe and lock storage provided at all times and not to leave them anywhere in the facility unattended. this will be the practice and this policy will be followed without exemption.	10/08/2019

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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 record review and interview, the facility failed to ensure the first step Tuberculosis (TB) test was read within 72 hours from administration for 1 of 9 residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/01/18, with diagnoses including multiple sclerosis, diabetes mellitus II and hypertension. Resident #4's clinical record documented a first step TB test administered on 05/02/18 and a read date of 05/07/18. On 09/19/19 at 10:51 AM, a Caregiver confirmed the TB test was read later than the 72 hour requirement and verbalized the TB test was not appropriate. Severity: 2 Scope: 1	0936	Row#4 (Tag-0936) The administrator will make sure that all medical records should be double check at all time to make sure it is in compliance and acceptable in medical industry. Resident #4 TB test was read after the 72 hours for 2018 but now Resident #4 is currently updated with his TB test administered 05-02-19 9:30 AM and was read on 5-04-2019 at 9:30 AM result was negative as it was in his record files during the survey.	10/08/2019