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 _____	07/30/2020

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 07/30/20. 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 ten Category II Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was eight. Eight 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		

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: 09/08/2020

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0178 SS= E	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 ensure the exterior of the house was maintained to be free from trash, debris and hazards. Findings include: On 07/30/20 at 10:08 AM, during a tour of the facility the following was observed: -Trash on the side of the house lacked a lid to cover trash, trash was heaping and had additional trash bags around the trash can. -Cobwebs present at the entry of the facility around the front door and present around the back patio door. The Cobwebs had gnats tangled within. -Spider webs outside the back patio to include a black widow egg. Next to the black widow egg was a table and a chair for a resident to sit. On top of the table were a pack of cigarettes for a resident. -Backyard had two sets of medical gloves scattered on the ground in the garden areas. -On the side of the facility was two wheelchairs, shower chairs, a table, and a treadmill. The items had debris and cobwebs present. The Caregiver confirmed the exterior of the house needed to be maintained and free from the trash, debris and hazards. On 07/30/20 at 11:03 AM, the Administrator confirmed the trash was heaping and did not have a lid, cobwebs were present upon entry and at the exit points of the home, and the furniture buildup on the side of the facility. The Administrator verbalized the hazards and trash debris needed to be removed. Severity: 2 Scope: 2	0178	Tag#0178 Administrator will make sure that all environmental surroundings inside as well as outside of the facility be maintained and in good condition at all times to avoid any infection and hazards that may pose to all residents. caregivers will be routinely making sure that these environmental hazards are also safely monitored and any trash be properly disposed of. Attached are the pictures that address all of the environment issues.	09/08/2020