

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2021
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS CASTLE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 5175 SLEEPY HOLLOW DR, RENO, NEVADA ,89502		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/30/21. 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 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was ten. Ten 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:			

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 Name: JOSE CASTILLO JR. Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 12/14/2021

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NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS CASTLE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 5175 SLEEPY HOLLOW DR, RENO, NEVADA ,89502		
(X4) ID PREFIX TAG 0102 SS= E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0102	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 12/14/202 1
	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on employee file review and interview, the facility failed to ensure a tuberculosis (TB) test result was in the employee personnel file for 2 of 4 employees (Employees #1 and #4). Findings include: Employee #1 Employee #1 was hired as the Administrator with a start date of 08/05/03. Employee #1's personnel file documented an negative x-ray daetd 08/30/02, ordered for a positive TB test. Employee #1's personnel record lacked documented evidence of a positive TB test. Employee #4 Employee #4 was hired as a Caregiver with a start date of 06/01/05. Employee #4's personnel file documented a negative x-ray, dated 12/13/04, ordered for a positive TB test. Employee #4's personnel record lacked documented evidence of a positive TB test. On 11/29/21 at 12:00 PM, the Caregiver confirmed Employees #1 and #4 personnel files lacked documented evidence of a positive TB test. Severity: 2 Scope: 2		Tag#0102 The Administrator will make sure that all files and records must be kept and secured to be available at anytime upon request and during inspection. uploaded here is employee #1 Tuberculin test with a positive result and a clear negative chest x ray. Employee # 4 is no longer an employee of golden years castle group home.	

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NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS CASTLE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 5175 SLEEPY HOLLOW DR, RENO, NEVADA ,89502		
(X4) ID PREFIX TAG 0936 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0936	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 12/14/2021
	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 and interview, the facility failed to ensure 2 of 10 residents met the requirements concerning annual tuberculosis (TB) testing (Resident #7 and #9). Findings include: Resident #7 Resident #7 was admitted to the facility on 03/31/19 with diagnoses including dementia, adult failure to thrive, and recurrent major depressive episodes. Resident #7's file contained an annual TB test given on 11/24/21 at 4:35 PM and read negative on 11/26/21 at 10:35 AM. The TB test was invalid. The 2021 TB test was not read between 48 hours and 72 hours after the TB test was administered. Resident #9 Resident #9 was admitted to the facility on 11/30/19 with diagnoses including dementia, depression, hypertension, gastroesophageal reflux disease, insomnia and vitamin D deficiency. Resident #9's file contained an annual TB test given on 11/24/21 at 4:15 PM and read negative on 11/26/21 at 10:15 AM. The TB test was invalid. The 2021 TB test was not read between 48 hours and 72 hours after the TB test was administered. On 11/29/21 at 11:21 AM, the Caregiver confirmed the 2021 TB test for Resident #7 and #9 was not valid and verbalized the TB test was not valid since the read date and time was less than 48 hours after the TB test was administered. Severity: 2 Scope: 1		Tag #0936 the administrator will make sure all files for personnel and resident are kept and present upon request and inspections. TB test after step 1 and step 2 step 1 will be done and read annually before it expire. The reading for the TB test should also be done on the right time a which is after 48 hours to 72 window not earlier than 48 hours or over 72 hours. The reading for residents 7 and 9 was read early on this case and the agency was informed about the invalid readings. Today December 14 2021 the first step TB test was administered to both resident #7 and #9 and the second step will follow thereafter. Please see attached uploaded documents. I will provide the completed test result within 10 days and attached it to the documents. Please leave this open for me to download the results.	