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 _____	08/09/2024

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 08/08/2024. 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 nine. Nine resident files were reviewed and three 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: 09/25/2024

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0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure expired food was removed from the refrigerator and pantry. Findings include: On 08/09/2024 at 9:20 AM, located in the refrigerator were the following items: - One two pound container of yogurt with an expiration date of 05/24/2024. - One container of poppyseed dressing with an expiration date of 10/06/2023. On 08/09/2024 at 9:24 AM, located in the kitchen cabinet were the following items: - 16 bottles of Ensure with expiration dates of 06/01/2024 and 07/01/2024. - A can of yams with an expiration date of 12/16/2023. - A can of green beans with an expiration date of 07/01/2022. - Four cans of black beans with an expiration date of 06/22/2023. On 08/09/2024 at 9:24 AM, a Caregiver verbalized expired food items should be discarded. The Caregiver confirmed the food items listed above were expired and should have been discarded. Severity: 2 Scope: 3	0250	Tag # 0250 The facility administrator will make sure that all foods in the refrigerator, pantry and food storage are properly maintain with the right temperature, clean and check with the dates or expiration and practice the first in first out recorded to make sure all the foods are fresh and safe for consumption. Currently all the foods was check and updated.	09/23/2024

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0515 SS= D	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 interview and clinical record review, the facility failed to develop a person-centered service plan for 1 of 9 residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 06/04/2024, with diagnoses including edema, acute and chronic respiratory failure, and anemia. Resident #6's clinical record lacked a person-centered care plan. On 08/08/2024 at 11:20 AM, the Owner confirmed a person-centered service plan was not developed for Resident #6 and verbalized the Owner was not aware of the regulation. Severity: 2 Scope: 1	0515	Tag #0515 The administrator of the facility will provide a person centered service plan to each of the resident addressing the needs of the resident with the goal to improve and get better and provide assistance needed and a care plan focused area to better assist their needs. Resident#6 is lacking the service plan during the inspection check the downloaded care plan for resident #6	09/23/2024

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1005 SS= D	Adults with Intellectual Disabilities - NAC 449.2762 Residential facility which offers or provides care for adults with intellectual disabilities or adults with related conditions: Application for endorsement; training for caregivers. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with an intellectual disability or a resident with a related condition must obtain an endorsement on its license authorizing it to operate as a residential facility for adults with intellectual disabilities. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure the facility was endorsed to provide care for adults with intellectual disabilities prior to admitting a resident with an intellectual disability for 1 of 9 residents (Resident #9) Findings include: Resident #9 Resident #9 was admitted to the facility on 04/30/2024, with a diagnosis of autism. On 08/09/2024, the Assistant Administrator verbalized the facility did not have an intellectual disability endorsement and confirmed autism was an intellectual disability. The Assistant Administrator verbalized the facility needed either to transfer the resident or obtain an endorsement for intellectual disabilities for Resident #9 to continue to live at the facility.	1005	Tag#1005 The facility administrator will review the H&P during the assessment and admission process and an endorsement that will address the needs of the resident before accepting the resident. Caregivers will have appropriate training to handle resident commensurate with their needs and protective supervision. Resident #9 during the survey have intellectual disability that is not covered by mental illness therefore the facility will seek for training and certification for intellectual disability and apply for endorsement and if not achieve the facility will seek for another facility with intellectual disability endorsement and notify resident #9 and given a 30 days notice to move.	09/23/2024
1600 SS= C	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility	1600	Tag#1600 The administrator will develop a policy for preferred pronoun and ensure that that the resident are address by his or her preferred identity in accordance with his or her gender and preference attached is the policy and each resident face sheet are stated how they want to be called and address. The facility will make sure this will be done to all the current resident and incoming future resident to satisfy their choice of preferred pronoun and identity.	09/25/2024

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	has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not			

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	read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure there were policies developed and resident records in compliance with R016-20 Section 19, regarding resident records to reflect client preferred name, pronoun, gender identity or expression, and sexual orientation, affecting 9 of 9 residents. Findings include: The resident health records for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, lacked documentation of preferred names, pronouns, gender identities, gender expressions, or sexual orientations. On 08/09/2024 at 10:32 AM, the Assistant Administrator confirmed there was no policy or process in place to ensure residents were addressed according to their preferences and no documentation in the residents' records to include preferred names, pronouns, gender identities, gender expressions, or sexual orientations. The Assistant Administrator verbalized the facility needed to update admission forms to include preferences. Severity: 1 Scope: 3			