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 _____	**09/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS CASTLE HOME OF FERNLEY	**575 FARM DISTRICT ROAD, FERNLEY, NEVADA ,89408**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted in your facility on 09/23/19. 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 sixteen Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II. The census at the time of the survey was 14. Ten resident files were reviewed and five employee files were reviewed. The facility received a grade of C. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. There was one complaint investigated. Complaint #NV00058675 with the following allegations could not be substantiated. Allegation #1: Residents were left wet in briefs for extended amounts of time. Allegation #2: Residents were dehydrated. The investigation into the allegations included: Observation of residents, staff and a tour of the facility. Interviews were conducted with two caregivers and the Administrator. Review of sixteen resident files including the resident of concern. Document review included, Hospital Visit Summaries, Incident Report Forms, Activities of Daily Living Assessments, Progress Notes, History and	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JOSE CASTILLO JR. Title: Administrator Date: 11/03/2019

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.

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	Physicals, Medication Administration Records, and Physician's Orders. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:			
0160 SS= D	Advertising - NAC 449.205 Advertising and promotional materials. (NRS 449.0302) Advertising and promotional materials for a residential facility must be accurate and not misrepresent accommodations, services or programs offered by the facility. Inspector Comments: Based on observation and interview the facility misrepresented assisted living services being provided at the facility on the building monument sign. Findings include: On 12/10/18 during the facilty tour on the Change of Ownership Initial Survey, the Administrator was advised the building monument sign contained verbiage regarding assisted living being provided. The Administrator confirmed the observation and verbalized the monument sign was being changed as part of the change of ownership. On 09/23/19 during the Annual Survey, it was observed the building monument sign had been changed, however, the sign still read "assisted living." The facility failed to obtain an endorsement to advertise assisted living. Severity: 2 Scope: 1	0160	Tag#0160 Administrator will make sure that no assisted living will be used in advertisement and in any promotional materials and will just cover the word assisted living on the signage in front of the building. Comments: Not intentionally done we just followed the signage used by old owner that was not questioned since he owning the facility.	10/18/2019

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0393 SS= D	Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. (NRS 449.0302) 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure a resident had a working auditory call system in their bedroom for 1 of 10 sampled residents (Resident #4). Findings include: On 09/23/19 at 9:35 AM, during a facility tour, the pull chord for the call system in Room #3 was broken off from the box. Resident #4 verbalized it had been that way for awhile. On 09/23/19 at 9:38 AM, the Caregiver confirmed the pull chord to the call system in Room #3 was broken and the call system was not usable. Severity: 2 Scope: 1	0393	Tag #0393 The Administrator will make sure that all the auditory system for each resident will be monitored and check and must be all in good working condition at all times. Room #3 string was immediately fixed and now back to operation. Comments: The string was not broken for a while Resident#4 is in a memory care.	10/18/2019

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 sampled residents were provided a physical examination with a review of systems before admission (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 07/20/19 with diagnoses including dementia, arthritis, gout, anemia and bladder outlet obstruction. Resident #8's record documented a physical exam without a review of systems, dated 07/03/19. Resident #8's record lacked documented evidence of a physical exam with a review of systems prior to admission. On 09/23/19 at 2:10 PM, the Caregiver confirmed Resident #8's record lacked a physical examination with a review of systems prior to admission. Severity: 2 Scope: 1	0859	Tag #0859 Administrator will make sure that all the requirements needed for medical care of the resident must be completed upon admission including Physical Examination and patient must be cared based on the residents condition obtained from Physical exam. Attached are all the Physical exam and quantiferon test.	10/18/2019
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions	0878	Tag #0878 Administrator will continue to monitor the records of all the prescriptions, changes and review all the medications and orders from the doctors before,during and after the admission. Attached is the doctors order of oxygen use 1.5 - and 3.0 respectively for the 2 residents. and being followed as prescribed.	10/18/2019

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	of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure a resident was administered Oxygen with a current physician order for 2 of 10 sampled residents (Resident #7 and #5). Findings include: Resident #7 Resident #7 was admitted to the facility on 07/10/19, with diagnoses including shortness of breath, hypertension, and hyperlipidemia. On 09/23/19, during a tour of the facility, Resident #7 was in room #12 with an Oxygen concentrator with a setting at two liters. Resident #7 verbalized using the Oxygen concentrator continuously at a			

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	setting of two liters via nasal cannula. Resident #7's clinical record lacked documented evidence of a physician order for the administration of Oxygen. On 09/23/19 at 1:14 PM, the Caregiver confirmed there was no physician order for the administration of Oxygen for Resident #7. Resident #5 Resident #5 was admitted to the facility on 10/02/13, with diagnoses including heart failure, hypertension, chronic obstructed pulmonary disease, osteoporosis, anxiety and depression. On 09/23/19, during a tour of the facility, Resident #5 was in room #9 with an Oxygen concentrator set at three liters. Resident #5 verbalized using the Oxygen concentrator at a setting of three liters via nasal cannula. Resident #5's record lacked documented evidence of a physician order for the administration of Oxygen. On 09/23/19 at 1:30 PM, the Caregiver confirmed there was no physician order for the administration of Oxygen for Resident #5. Severity: 2 Scope: 1			

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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 resident medications were secured from a census of 14 of 14 residents in an Alzheimer's/dementia endorsed facility. Findings include: On 09/23/18 at 8:46 AM, during a tour of the facility, the medication cabinet was unlocked in the office and the office door was unlocked. The medications were accessible to all of the residents in the facility. On 09/23/19 at 8:48 AM, the Caregiver confirmed the medications were not secured and verbalized the medication cabinet should be locked. Severity: 2 Scope: 3	0920	Tag#0920 Administrator will order all the caregivers to securely lock all the medication storage and not to leave medications unattended at all times. This is a must for everyone who work and have an access to the storage. a policy was in place that all medication will be lock at all time failure to do will subject for termination.	10/18/2019

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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 1 of 10 sampled residents completed Tuberculosis (TB) Skin Tests in accordance with Nevada Administrative Code (NAC) 441a (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 07/20/19 with diagnoses including dementia, arthritis, gout, anemia and bladder outlet obstruction. Resident #8's record documented two step TB testing prior to admission. The first step was given on 06/19/19 and read negative on 06/23/19, beyond the 48 to 72 reading time parameter. On 09/23/19 at 11:30 AM, the Administrator confirmed the first step TB testing was read outside of the 72 hours and the TB testing was not in compliance. Severity: 2 Scope: 1	0936	Tag#0936 Administrator will monitor that all test given are accurate and in compliance with the regulations and should be reviewed to avoid mistake that will cause harm to residents. Attached a 2 step TB test done and completed for compliance	10/18/2019

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the Administrator failed to ensure sharp objects in the facility were secured from the residents. The sharp objects had the potential to to affect the 14 residents. Findings include: On 09/23/19 in the morning, during a tour of the facility, the following items were observed: - Thumb pins holding the staff schedule, activity schedule, and menu on the wall by the office. - A bulletin board by the kitchen with thumb pins holding eleven different paper items. - Thumb pins held a caregiver notice in the bathroom. - A hand saw and drill in the closet next to Room #11. - Shaving razors in the bathroom in an unlocked cabinet. On 09/23/19 at 10:20 AM, the Caregiver confirmed the aforementioned items were located in areas of the facility residents had access to without caregiver supervision. The Caregiver verbalized all of the items should have been secured from the residents to keep the residents safe. Severity: 2 Scope: 3	0994	Tag#0994 Administrator will provide training for safety standard to all caregivers and personnel the proper handling of harmful objects such as pins. knives,drills,and any sharp objects that could be use to harm others or the residents themselves and to have a checklist of what to watch for and will be monitored and checked by the supervisor and the administrator to avoid any harm to the resident, employees and visitors and outside contractors that are coming in to the facility. Comments: Any help training that the bureau could provide is very much appreciated.	10/18/2019

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the Administrator failed to ensure toxic substances were inaccessible to residents. The toxic substance had the potential to affect the 14 residents. Findings include: On 09/23/19 in the morning, during a facility tour, the following toxic substances were identified as unsecured: - The unlocked bathroom contained shampoo, body wash, deodorant, conditioner, skin cleanser, Calazime lotion and aftershave on the counter next to the shower. - The unlocked bathroom cabinet contained disinfectant, aftershave, shaving cream, body cleanser, and lotion. - Unlocked Room #12 bathroom contained shaving cream, hair mousse, aftershave, hand soap and toothpaste. - The unlocked laundry room contained an unlocked cabinet with carpet cleaner, shout stain remover, 409 cleaner, wd 40 lubricant, furniture spray, ant baits, mouse traps and insecticide. - The unlocked laundry room contained a spray bottle labeled bleach and laundry soap on the counter. - Unlocked Room #6 contained lotion, shampoo and deodorant on a side table and lotion and skin cream in the bathroom. - Unlocked Room #8 contained small batteries in the nightstand. On 09/23/19 at 10:20 AM, the Caregiver confirmed the aforementioned toxic items were located in areas accessible to residents without staff supervision and should be secured from the residents. Severity: 2 Scope: 3	0999	Tag #0999 Administrator will make sure employee training for locking of all washing and harmful chemicals including bath and hygiene supply must be secured by putting a single motion lock to this rooms and bathrooms. we will also have a storage with locks to secure other chemicals for cleaning, insecticides spray to make sure that it will not be access by residents to be safe with dementia patients.	10/18/2019