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
	9431	A. BUILDING _____ B. WING _____	01/23/2023

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 conducted in your facility on 01/23/23. 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 11. Eleven resident files were reviewed and seven employee files were reviewed. The facility received a grade of B. 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:	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: 06/06/2023

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0451 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to ensure the contents of the first aid kit were unexpired and safe for use. Findings include: On 01/23/23 at 9:43 AM, the facility's first aid kit contained two six-ounce spray bottles of Coloplast Sea-Clens Wound Cleanser. Both bottles had an expiration date of 08/01/2017. On 01/23/23 at 9:45 AM, the House Manager confirmed the two wound cleanser bottles were expired and should have been removed from the kit and replaced. Severity: 2 Scope: 1	0451	Tag #0451 the house manager and the facility will ensure that all the first aid kit are complete and will be inspected for expiration and any usage or removal will be replaced and replenish with a new one. first aid kit should be inspected by house manager and staff monthly.	02/14/2023

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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 interview and clinical record review, the facility failed to ensure a general physical examination was completed upon admission for 1 of 11 residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 04/01/22, with diagnoses including seizures, dementia and atrial fibrillation. Resident #5's clinical record documented an admission general physical examination dated 04/12/22, 11 days after admission to the facility. On 01/23/23 at 11:22 AM, the House Manager verbalized all resident physical examinations were to be completed upon admission to the facility and confirmed Resident #5's initial physical examination was not completed upon admission to the facility. Severity: 2 Scope: 1	0859	Tag # 0859 The member and Staff of the facility ensure that before admission to the facility shall obtain the general physical examination by his or her physician. Staff and member will be train and remind to properly identify the History and Physical against Order Summary Report and obtain the necessary documents to use as a guidelines and care plan for every resident admitted. That without H&P documents there will be no admission until satisfied. All of this will be reviewed by manager and administrator before and after the admission and updated from time to time as the condition of the patient changes and physicians assessments.	02/22/2023

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure a medication review was completed at least once every six months for 1 of 11 sampled residents residing in the facility for longer than six months (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 04/12/21, with a diagnosis of cerebral atherosclerosis. Resident #6's clinical record documented a medication review dated 10/06/21, and 04/27/22, however, the resident's file lacked documented evidence of a six-month medication review completed by October 2022 On 01/23/23 at 10:13 AM, the House Manager verbalized the medication reviews were required to be completed every six months and confirmed the medication review was not completed for Resident #6 after 04/27/22. Severity: 2 Scope: 1	0870	Tag#0870 The facility manager and caregiver will ensure that the medication review will be coordinated to the pharmacist and doctors every 6 months with the reminder that it will be done before it lapses and will always be monitored continuously.	02/22/2023

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0874 SS= D	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure a medication profile review, performed by a physician, pharmacist or registered nurse at least once every six months, was initialed by the Administrator for 2 of 11 residents residing in the facility for longer than six months (Resident #1 and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/11/22, with diagnoses including benign prostatic hyperplasia, hyperlipidemia and depression. Resident #1's clinical record documented medication reviews dated 08/29/22 and 11/07/22, however, the medication review lacked documented evidence of the Administrator's or the Designee's signature indicating a review of the reports. Resident #2 Resident #2 was admitted to the facility on 08/01/18, with diagnoses including cerebral vascular accident and dementia. Resident #2's clinical record documented medication reviews dated 05/29/22 and 10/13/22, however, the medication review dated 10/13/22, lacked documented evidence of the Administrator's or the Designee's signature indicating a review of the reports. On 01/23/23 at 10:13 AM, the House Manager confirmed Resident #1 and #2 did not have documented evidence the Administrator or Designee had reviewed the medication reviews and verbalized all medication reviews were required to have the Administrator's signature indicating the medication reviews were reviewed for concerns. Severity: 2 Scope: 1	0874	Tag # 0874 The facility medication management trained staff will ensure that upon medication review for all resident, physicians, pharmacist and administrator will be notified for accuracy and concern and will be reviewed by each of them and the report must be initialed or signed to acknowledged that the review is done appropriately for the resident. This also serves as check and balance that proper medications are given the staff will also be train to see if the medication is working and inform the physician of any changes including the side effects if there is any.	02/22/2023

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to remove a medication no longer in use from a resident's medications for 1 of 11 residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 11/15/18, with a diagnosis of adult failure to thrive. On 01/23/23 at 10:46 AM, the plastic bin containing Resident #7's medications included a prescription bottle, prescribed to Resident #7, containing three suppositories of bisacodyl 10 milligrams (mg), insert one suppository if no bowel movement in three days, as needed. The medication was not documented on Resident #7's Medication Administration Record dated January 2023. A physician's order dated 12/20/22, documented to discontinue hospice and included a list of medications to be discontinued. The list of medications to be discontinued did not include bisacodyl 10 mg. On 01/23/23 at 10:50 AM, the House Manager verbalized the suppositories were ordered for Resident #7 while the resident was on hospice but should have been discontinued when the resident was removed from hospice on 12/20/22. The House Manager confirmed the facility should have obtained a discontinue order from the physician and removed the suppositories from Resident #7's medications. Severity: 2 Scope: 1	0885	Tag # 8805 The caregivers and management will ensure that all medication that resident discharged, medications discontinued ,expired, change will be destroyed and disposed properly in an acceptable method with the present of witness. Comments: Based on the Medical Order attached Patient the physician discontinued Hydrocortisone cream Hyoscyamine Loperamide, Lorazepam, Morphine prochlorperazine, and tramadol and removal destruction were properly done and medication were dispose. except for bisacodyl10 mg. on per needed only to be place by RN. If the physician did not order the disposal then it could not be dispose and still consider as an active medication. (we the facility only follows doctors order) On 01/23/23 we inform the MD and the doctor made an order for disposal and was disposed properly.	02/22/2023

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1305 SS= C	Discrimination prohibited Inspector Comments: Based on Internet search and interview, the facility failed to post a nondiscrimination statement on the facility's advertising Internet website. Findings include: On 01/23/23 at 9:52 AM, the facility's advertising website lacked documented evidence of a nondiscrimination statement. On 01/23/23 at 9:55 AM, the House Manager confirmed the facility's advertising website lacked the notice of a nondiscrimination statement. Severity: 1 Scope: 3	1305	Tag # 1305 the administrator of the facility will ensure that all the information regarding discrimination and policies will be included in the website to welcome all the people with different race, disability, gender and age. The website also have a separate discrimination policy power point please see attached.	02/22/2023
1310 SS= C	Discrimination prohibited Inspector Comments: Based on observation and interview, the facility failed to post the contact information for the Division where a resident, who had experienced prohibited discrimination, may file a complaint. Findings include: On 01/23/23 at 9:52 AM, the facility lacked posted documentation of the Division's contact information where to file a complaint for any resident who may have experienced discrimination. The facility's advertising website lacked documented evidence of the Division's contact information where a discrimination complaint may be filed. On 01/23/23 at 9:55 AM, the House Manager confirmed the facility had not posted the Division's contact information, where a resident may file a discrimination complaint, either within the facility or on the facility's website. Severity: 1 Scope: 3	1310	Tag 1310 The facility will ensure that all the requirements for discrimination requirements will be meet that includes the contact number if there is any discrimination issue including on the website.	02/22/2023