

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2023
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS CASTLE HOME OF FERNLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 575 FARM DISTRICT ROAD, FERNLEY, NEVADA ,89408		
(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 10/18/23. 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 15. Fifteen resident files were reviewed and seven 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiency was 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 Title: Administrator Date: 10/26/2023
REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAG 0920 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 residents' medications were kept secured in the facility. Findings include: On 10/18/23 at 8:45 AM, upon entry to the facility, the medication room door was left unlocked with no supervision. Upon entering into the medication room, there was a bag of refilled medication sitting on the desk inside the room, unattended. On 10/18/23 at 8:50 AM, the Caregiver confirmed the medication room door was left unlocked with no supervision, and a resident's medications were left on the desk within the unlocked room. On 10/18/23 at 9:47 AM, the House Manager confirmed the medication room door was left unlocked with no supervision, and a resident's medications were delivered the night before and had not been stored in a locked area. Severity: 2 Scope: 3	ID PREFIX TAG 0920	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Tag #0920 The facility administrator and caregivers will make sure to secure the medication at all time and need to be locked at all time regardless if it was just received and delivered by the pharmacy staff to avoid unauthorized resident or any person to take it. Always protect and secure mediation at all time.	(X5) COMPLETION DATE 10/26/202 3