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 _____	10/02/2024

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

(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 10/02/24. 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 or disabled persons and/or persons with Alzheimer's disease, Category II. The census at the time of the survey was 13. Ten 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 deficiency was identified:	0000		
0178 SS= C	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior premises was maintained. Findings include: On 10/02/2024 at 9:38 AM, during a facility tour, the side yard contained six chairs, a kitchen table, a broken small wooden table, a portable commode, and a dryer. The items had an accumulation of dust and spider webs on them. On 10/02/2024 at 9:40 AM, the Designee verbalized the items had been stored in the side yard for about a month and were to be discarded. The Designee confirmed the items had accumulated dust and spider webs and needed to be discarded. Severity: 2 Scope: 1	0178	Tag#0178 The administrator of a facility shall ensure that the facility are clean inside and out including the landscaping. And a scheduled dumping date for materials that are no longer being used and continuous monitoring of all the surroundings to avoid accumulation of objects that are no longer needed. Attached on the documents are the photo of the cleaned area of all of the accumulated objects outside the facility.	11/01/2024
0520 SS= F	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS	0520	The issue for the residents regarding service plans was corrected by revising	01/30/2025

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	449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (e) Permission for the resident to rest in his or her room at any time; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to ensure a person-centered service plan (care plan) was developed to address the facility's treatment of residents for 10 of 10 residents reviewed for service plans (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/25/2020, with diagnoses including dementia, depression and anxiety. Resident #1's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive		them, please see attached Revised Service Plans of Residents #1,#2,#3,#4,#5,#6,#7,#8,#9 and #10. The corrective action that was put in place is to make the House Manager responsible for making sure that all residents have an individual Service Plan. The House Manager will likewise be responsible for the periodic monitoring of the corrective actions to review and revise the plans. The Administrator will be responsible for ensuring correction is done to the service plans. Correction will be completed once approved and signed by the Administrator for implementation.	

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	devices, special needs, social and recreational needs and involvement of ancillary services. Resident #2 Resident #2 was admitted to the facility on 07/26/2024, with diagnoses including schizoaffective disorder bipolar type and alcohol use disorder. Resident #2's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. Resident #3 Resident #3 was admitted to the facility on 03/11/2022, with diagnoses including dementia, hyperlipidemia and depression. Resident #3's clinical record contained a care plan initiated 08/18/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. Resident #4 Resident #4 was admitted to the facility on 09/23/2023, with diagnoses including memory issues, hypothyroid and hypertension. Resident #4's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. Resident #5 Resident #5 was admitted to the facility on 05/01/2024, with diagnoses including anxiety, anemia, hyperlipidemia and depression. Resident #5's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. Resident #6 Resident #6 was admitted to the facility on 09/10/2024, with diagnoses including dementia, hypertension and repeated falls. Resident #6's clinical record contained a care plan initiated 09/10/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. Resident #7 Resident #7			

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	was admitted to the facility on 08/16/2023, with a diagnosis of dementia unspecified. Resident #7's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. Resident #8 Resident #8 was admitted to the facility on 08/14/2024, with diagnoses including alcohol abuse, jaundice, hepatic encephalopathy. Resident #8's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. Resident #9 Resident #9 was admitted to the facility on 12/14/2021, with diagnoses including anxiety, alcoholism and mood disorder. Resident #9's clinical record contained a care plan initiated 09/05/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. Resident #10 Resident #10 was admitted to the facility on 03/15/2010, with diagnoses including seizure disorder, depression and dementia. Resident #10's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services. On 10/02/2024 at 10:17 AM, the Designee verbalized the service plan only contained the main concern with the residents and confirmed the service plans lacked the key components required to be on the service plan for all 10 of 10 sampled residents. Severity: 2 Scope: 3			
0522 SS= F	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: (k) If the resident has Alzheimer ' s disease or	0522	The issue for the residents regarding service plans was corrected by revising them, please see attached Revised Service Plans of Residents #1,#3,#6,#7 and #10. The corrective action that was put in place is to make the House Manager responsible for making sure that all residents have an	01/30/2025

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	another form of dementia, measures to address that dementia and ensure the safety of the resident in the facility, including, without limitation: (1) Any measures taken pursuant to NAC 449.2754 or 449.2756; and (2) Provisions for the transfer of the resident pursuant to NAC 449.2706 if: Inspector Comments: Based on clinical record review and interview, the facility failed to ensure a person centered care plan contained interventions for a resident with dementia/memory loss for 5 of 10 sampled residents (Resident #1, #3, #6, #7, and #10). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/25/2020, with diagnoses including dementia, depression and anxiety. Resident #1's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked interventions for the care and treatment of dementia. Resident #3 Resident #3 was admitted to the facility on 03/11/2022, with diagnoses including dementia, hyperlipidemia and depression. Resident #3's clinical record contained a care plan initiated 08/18/2024, however the care plan lacked interventions for the care and treatment of dementia. Resident #6 Resident #6 was admitted to the facility on 09/10/2024, with diagnoses including dementia, hypertension and repeated falls. Resident #6's clinical record contained a care plan initiated 09/10/2024, however the care plan lacked interventions for the care and treatment of dementia. Resident #7 Resident #7 was admitted to the facility on 08/16/2023, with a diagnosis of dementia unspecified. Resident #7's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked interventions for the care and treatment of dementia. Resident #10 Resident #10 was admitted to the facility on 03/15/2010, with diagnoses including dementia, depression and seizure disorder. Resident #10's clinical record contained a care plan initiated 09/01/2024, however the care plan lacked interventions for the care and treatment of dementia. On 10/02/2024 at 10:17 AM, the Designee verbalized the required components of a care plan were focus, goals, and		individual Service Plan. The House Manager will likewise be responsible for the periodic monitoring of the corrective actions to review and revise the plans. The Administrator will be responsible for ensuring correction is done to the service plans. Correction will be completed once approved and signed by the Administrator for implementation.	

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	interventions. The confirmed the care plan for Resident #1, #3, #6, #7 and #10 lacked interventions for dementia. Scope: 2 Severity: 3			
1010 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. 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 clinical record review and interview, the facility failed to obtain an endorsement for Mental Illness (MI) and admitted and retained a resident with a MI diagnosis for 1 of 6 sampled residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted on 07/26/2024, with diagnoses including schizoaffective disorder bipolar type, and alcohol use disorder. A History and Physical dated 01/29/2024, documented Resident #2 had a diagnosis of schizoaffective disorder bipolar type. The facility lacked an MI endorsement to admit and retain residents with MI. On 10/02/2024 at 10:32 AM, the Designee confirmed the facility was not endorsed for MI and Resident #2 had diagnosis of schizoaffective disorder bipolar type. Severity: 2 Scope: 1	1010	Tag#1010 The administrator will make sure that every residents before admission will be screen based on their needs and place them to the facility they belong with the right training with the right endorsement facility Based on their History and physical and supervision needed. Resident #2 has been discharged to our Golden Years Castle Fernley facility as soon as the Veterans hospital admitted him. He came from our Golden Years Castle Kings Row facility with mental illness endorsement trying to keep him back to the community but he was eloping and the said facility is not a lockdown facility. We keep him in our GYC Fernley for safety that works but just decided to let him go back to the Veterans mental institution with a proper endorsement. See Attached Discharged Summary	11/01/2024