PRINTED: 08/21/2008
FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3867AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____ | (X3) DATE SURVEY COMPLETED 07/30/2008 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS CASTLE HOME CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 2060 ARCANE AVE RENO, NV 89503 | | |

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| Y 000 | Initial Comments<br><br>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/30/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.<br><br>The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.<br><br>The following deficiencies were identified: | Y 000 | RECEIVED<br>SEP 08 2008<br>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA<br><br>WE WILL MAKE SURE CEU CREDITS ARE ALWAYS<br>Y 070: ON TIME. | |
| Y 070<br>SS=E | 449.196(1)(f) Qualifications of Caregiver-8 hours training<br><br>NAC 449.196<br>1. A caregiver of a residential facility must:<br>(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 7/30/08, the facility did not ensure 1 of 3 caregivers had received at least eight hours of annual training.<br><br>Findings include:<br><br>The administrator, Employee #1, had evidence of 6.75 hours of annual training in his facility file.<br><br>This was a repeat deficiency from the 7/12/07 annual State Licensure survey. | Y 070 | EMPLOYEE JUST TOOK FIRST RESPONDER REFRESHER FR. 08/25/08 TRU 8/27/08<br>THIS COURSE ALSO PROVIDE GIATRICS, UNDER THE STATE GUIDELINES AND R.E.M.S. A PROVIDED THE TRAINING.<br>ATTACHED SOME TRAINING HIGHLIGHT AND CERTIFICATION WILL BE MAILED.<br><br>OK DB 08 27 08 | |

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 — TITLE: ADMINISTRATOR — (X6) DATE: 08/27/08

ORM 6899 ON9311

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| Y 070 | Continued From page 1<br><br>Severity: 2 Scope: 2 | Y 070 | WILL MAKE SURE C.E.U'S ARE MEET BEFORE THE INSPECTION. | |
| Y 105<br>SS=B | 449.200(1)(f) Personnel File - Background Check<br><br>NAC 449.200<br>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 7/30/08, the facility did not ensure 1 of 3 employees had complete evidence for a background check.<br><br>Findings include:<br><br>Employee #3 was hired in June of 2005. Fingerprint cards dated 7/31/06 were in her facility file along with FBI background check results. The file did not contain State of Nevada background check results.<br><br>Severity: 1 Scope: 2 | Y 105 | EMPLOYEE # 3 TOOK ANOTHER FINGER PRINTING ON 8/18/08<br><br>FOR SOME REASON THE STATE BACKGROUND CHECK WAS NOT AVAILABLE BUT F.B.I & THE CARD IS PRESENT.<br>WILL MAKE SURE IF WE DONT RECEIVE IT ON TIME WE WILL INFORM THE DEPARTMENT | 08/18/08<br><br>OK DB |
| Y 175<br>SS=E | 449.209(4)(b) Health and Sanitation-Hazards<br><br>NAC 449.209<br>4. To the extent practicable, the premises of the facility must be kept free from:<br>(b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. | Y 175 | | |

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| Y 175 | Continued From page 2<br><br>This Regulation is not met as evidenced by: Based on observation and interview on 7/30/08, the facility did not ensure adequate equipment was provided for safe bathroom transfers for 2 of 6 residents. The facility was not free of hazards.<br><br>Findings include:<br><br>1. A bathroom complete with a toilet and tub/shower combination was located in the hallway in the middle of the house. The bathroom had a narrow, galley type set up with the sink cabinet and toilet on the west wall and the tub/shower next to the toilet on the south wall. Caregivers reported they used this hall bathroom for the showering of residents. After observing the bathroom used for showering residents, Resident #4 and the caregivers were asked about the ease of transfers of the resident to the toilet and shower chair. Resident #4 is a wheelchair bond male resident with a history of rheumatoid arthritis (RA) and with secondary joint deformity. The resident and the caregivers reported the resident needed full assistance with transferring from his bed to a wheelchair; wheelchair to the toilet and wheelchair to a shower chair. The resident reported he was no longer able to scoot himself across the slide board used for transfers from his bed to the wheelchair and from his wheelchair to the shower chair.<br><br>The hall bathroom toilet was provided with U-shaped handlebars that were attached to the toilet base. The arms of the unit were not movable. Resident #4 and the caregivers reported they had difficulty with transferring the resident from his wheelchair to the toilet due to the narrowness of the bathroom and because the location of the toilet handlebars. The arms of the toilet handlebars could not be lifted upward to | Y 175 | PURCHASED AN ADJUSTABLE ARM TOILET GUARD THAT COULD BE ADJUSTED WILL BE COMMING VIA ~~MAIL~~ U.P.S CHECK PICTURE | 09/03/08 |

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| Y 175 | Continued From page 4<br><br>3. There was an accumulation of dust and lint on the hoses, wiring and wall behind the dryer.<br><br>Severity: 2 Scope: 2 | Y 175 | CLEANUP HAS BEEN MADE WITH THE EXPECTATION OF THE HEALTH SURVEYOR. | 7/30/08 OL DM |
| Y 272 SS=B | 449.2175(3) Menus<br><br>NAC 449.2175<br>3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.<br><br>This Regulation is not met as evidenced by: Based on record review and interview on 7/30/08, the facility did not ensure its menus were dated and kept for 90 days.<br><br>Findings include:<br><br>A menu for the current week was posted in the hallway of the facility. The caregiver was unable to provide dated menus for the last 90 days.<br><br>Severity: 1 Scope: 2 | Y 272 | WE HAVE SET OF MENU WE ROTATE DEPENDING ON THE REQUEST OF THE RESIDENT WE DO SOME CHANGES. SEE ATTACHED MENU. WE WILL MAKE SURE WE BE MORE ACCURATE NEXT TIME | 7/30/08 OL DM |
| Y 870 SS=C | 449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration<br><br>NAC 449.2742<br>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:<br>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: | Y 870 | | |

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| Y 870 | Continued From page 5<br><br>(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.<br><br>This Regulation is not met as evidenced by: Based on record review and interview on 7/30/08, the facility did not ensure medication reviews were being completed every six months on 6 of 6 residents who had lived at the facility for longer than six months.<br><br>Findings include:<br><br>Review of the files for Residents #1, #2, #3, #4, #5 and #6 revealed medication regimen reviews were not being completed every six months as required. The administrator reported he did not have an arrangement to ensure the reviews were completed.<br><br>Severity: 1 Scope: 3 | Y 870 | WE WILL MAKE SURE THAT THIS IS MEET ALWAYS<br>ATTACHED ARE THE MED REVIEW FOR ALL RESIDENTS. | AUG 07 2008<br>OK DB |
| Y 878<br>SS=D | 449.2742(6)(a)(1) Medication / Change order<br><br>NAC 449.2742<br>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: | Y 878 | | |

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| Y 878 | Continued From page 6<br>(a) The caregiver responsible for assisting in the administration of the medication shall:<br>(1) Comply with the order.<br><br>This Regulation is not met as evidenced by: Based on record review on 7/30/08, the facility did not ensure 1 of 6 residents received an over the counter (OTC) medication as prescribed.<br><br>Findings include:<br><br>Resident #2 was prescribed Oscal, an OTC supplement containing 500 mg of calcium and 20 IU of Vitamin D by his physician. A bottle of Citracal was being used instead of the Oscal and the caregiver reported the Citracal was delivered to the facility by the resident's family. The Citracal contained 630 mg of calcium and 400 IU of Vitamin D, a dosage different than what was prescribed by his physician.<br><br>Severity: 2 Scope: 1 | Y 878 | Y878 WE WILL MAKE SURE OVER THE COUNTER MED TO GET PRESCRIPTION FROM DOCTOR WITH SPECIFIC DOSAGE SEE ATTACHED CHANGES | 09/02/08 |
| Y 885 SS=E | 449.2742(9) Medication / Destruction<br><br>NAC 449.2742<br>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. Flushing contents of vials, | Y 885 | | |

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| Y 885 | Continued From page 7<br>bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.<br><br>This Regulation is not met as evidenced by: Based on observation and interview on 7/30/08, the facility did not ensure expired medications and medications of discharged residents were destroyed.<br><br>Findings include:<br><br>A cabinet in the kitchen was being used to store resident medications. Knotted bags containing pill bottles were noted in the far back and side of the cabinet. The bags contained expired medications for Resident #4 and medications for two discharged residents. There was also an unlabeled bubble pack of Acetaminophen 500 mg tablets with an expiration date of February 2007.<br><br>Severity: 2 Scope: 2 | Y 885 | WE WILL MAKE SURE THAT ALL THE MEDICATION THAT ARE NOT NEEDED MUST BE DISPOSED IN TIMELY MANNER AND CHECK THE CABINET THAT ITS CLEAR OF MED THAT ARE NOT BEING USE<br><br>ACETAMINO PHEN DISTRUCTED.<br>SEE ATTACHED DISTRUCTION PPER | 09/02/08 OK DB |
| Y 936 SS=E | 449.2749(1)(e) Resident file<br><br>NAC 449.2749<br>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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:<br>(e) Evidence of compliance with the provisions of | Y 936 | | |

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| Y 936 | Continued From page 8<br>chapter 441A of NRS and the regulations adopted pursuant thereto.<br><br>This Regulation is not met as evidenced by: Based on record review on 7/30/08, the facility did not ensure 1 of 6 residents met the requirements for initial tuberculosis (TB) testing.<br><br>Findings include:<br><br>Resident #3 was admitted on 1/7/08 and completed a one-step TB test on 12/1/07. The second step was initiated on 12/8/07 but there was no documentation that it was read. There was a negative chest x-ray in the file dated 4/10/08 but no evidence the resident had tested positive for TB to warrant the chest x-ray. The resident needs to complete another one-step TB test to be in compliance with the requirement.<br><br>This was a repeat deficiency from the 7/12/07 annual State Licensure survey.<br><br>Severity: 2 Scope: 2 | Y 936 | T·B TEST RECORD COULD NO LONGER BE RETRIEVE SHE GOT X RAY BUT IS NOT ACCEPTED. FAMILY SCHEDULED HER FOR STEP 1 & 2 T·B TEST | OK DT |