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 _____	10/22/2025

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 10/22/2025. 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 eleven. Ten resident files and eight employee files were reviewed. The facility received a grade of A.			
Y 0104 SS= D	NAC 449.200 Personnel files (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on employee record review and interview, the facility failed to ensure a 1 of 8 employees obtained fingerprints and a background check clearance per the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #8). Findings include: Employee #8	Y 0104	Tag# Y 0104 The administrator will ensure that every employee will obtain fingerprints and background check requirements of Nevada Revised Statute during the hiring process. Administrator will keep all documents up to date. Please check clearance letter attachment.	12/01/2025

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	Employee #8 had a hire date of 05/01/2022 and a title of staff. Employee #8's record lacked documentation fingerprints had been obtained and submitted, and a background check clearance had been completed. On 10/21/2025 at 4:22 PM, a review of the facility's Nevada Automated Background Check System (NABS) lacked documented evidence of Employee #8 being entered and cleared. On 10/22/2025 at 12:25 PM, the Administrator confirmed Employee #8 had not yet obtained fingerprints for submission for a background check. The Administrator verbalized having been aware of the background check requirements for employees. Severity: 2 Scope: 1			
Y 0250 SS= F	NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. 4. The administrator of a residential facility shall ensure that there is at least a 2-day	Y 0250	Tag # Y 0250 The administrator and staff will ensure that all kitchen equipment is working properly and all expired food is discarded. Staff will inspect all perishables closely to guarantee that nothing is damaged or expired, disposing all that do not meet standard consumption. While maintaining cleanliness to avoid cross contamination and disposing other non expired perishables that may be affected. Administrator will continue to follow up on repairs that need to be made to equipment and retrieve concrete details on timelines on when equipment will be repaired. Attachment letter from Fernley appliance repair stating that parts back ordered arrive but there is other issue that parts was ordered again and taking time because of tariff issue. But will be completely fixed upon parts arrival.	12/01/2025

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	supply of fresh food and at least a 1-week supply of canned food in the facility at all times. 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. Inspector Comments: Based on observation and interview, the facility failed to ensure kitchen equipment was in working order and expired food items were discarded. Findings include: On 10/22/2025 at 9:38 AM, the facility Manager and Caregiver verbalized the dishwasher was not working properly and the staff had to add bleach by hand. The staff was unable to get a reading of the parts per million after a cycle had been conducted. The facility Manager explained a technician had been out to work on the dishwasher and had ordered part approximately three weeks prior and there was no timeframe to when the dishwasher would be fixed. On 10/22/2025 at 10:05 AM, the following food was discovered in the dry storage. -12 cans of spicy chicken noodle soup dated 07/25/2025 -one can of spicy tomato soup dated 09/07/2025 -five cans of jelled cranberry sauce dated 09/07/2025 -one can sliced olives with an illegible date -one dented can of mixed vegetable On 10/22/2025 at 10:20 AM, the facility			

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	Manager verbalized expired food was not good for resident consumption. The facility Manager confirmed the expired food and dented can should be removed from the dry storage and not be onsite. Severity: 2 Scope: 3			
Y 1505 SS= C	**NAC 449.011921 and R004-24** Requirements for posting certain required information: Contents; size; placement. (NRS 449.0302) The statement required to be posted pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required to be posted pursuant to subsection 3 of NRS 449.101 must: (1) Be not less than 8.5 inches in height and 11 inches in width, with margins not greater than 0.5 inches on any side; and (2) Be written using a single typeface in not less than 22-point type. Inspector Comments: Based on observation and interview, the facility failed ensure the nondiscrimination information posted in the facility contained the appropriate verbiage. Findings include: On 10/22/2025 at 10:18 AM, the text of the nondiscrimination information appeared to not include all the appropriate language from the regulation. On 10/22/2025 at 10:18 AM, the facility Manager verbalized being unaware of the appropriate verbiage requirement. Severity: 1 Scope: 3	Y 1505	Tag # Y 1505 The administrator and staff will ensure that the nondiscrimination information posted in the facility contains the appropriate verbiage. The administrator will keep up to date with the regulation for any changes that need to be made.	12/01/2025