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
	10646	A. BUILDING _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF CARSON VALLEY	1189 KIMMERLING RD, GARDNERVILLE, NEVADA ,89460

(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 a mandatory re-grading survey completed at your facility on 10/21/2025. The facility is licensed for 86 Residential Facility for Group beds, of which 64 beds provided services to elderly or disabled persons and assisted living services, Category II residents, and 22 beds which provided care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 58. Nine resident files were reviewed. The facility received a grade of A.			
Y 0920 SS= D	NAC 449.2748 Medication Storage. 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 without supervision may keep his	Y 0920	10/21/2025 Resident #1 Physician's name was added to the label to all OTC medications. 10/24/2025 Wellness Director completed MAR to cart audit for current residents. 10/24/2025 Wellness Director completed a re-training with current Med Techs on proper OTC labeling. 10/24/2025 The Wellness Director, or designee, will conduct MAR-to-Cart audits on a regular basis to ensure ongoing accuracy and compliance.	10/21/2025

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	medication in his 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. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure an over-the-counter (OTC) medication was labeled with the prescribing physician's name for 1 of 9 sampled residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/15/2025, with diagnoses including diabetes mellitus type two and hypertension. On 10/21/2025 at 12:25 PM, during a review of Resident #1's medications and in the presence of a Medication Technician (Med Tech), the following OTC medications were found and lacked the prescribing physician’s name: -One bottle of Aspirin Enteric Coated (EC) 81 milligram (mg) tablets. -One container of Benefiber oral powder. -One bottle of Cranberry Plus Vitamin C			

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	4200 mg -20 mg -3 Units oral capsules. -One bottle of Melatonin 5 mg capsules. -One bottle of Senna 8.6 mg tablets. On 10/21/2025 at 12:30 PM, the Med Tech confirmed the medications listed above were not labeled with the prescribing physician's name as required. Severity: 2 Scope: 1			