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 _____	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALTERRA SENIOR LIVING AT 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 an annual survey completed at your facility on 05/04/2026. The facility is licensed for 64 Assisted Living, Category II beds, and 22 Alzheimer's disease, Category II beds. The census at the time of the survey was 66. 15 resident files and 15 employee files were reviewed. The facility received a grade of B.			
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 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	Y 0250	5/4/2026 Upon identification, the sanitization bucket was immediately discarded and replaced with a solution at the proper concentration. 5/5/2026 The Dining Services Director re-educated all dietary staff on proper sanitization procedures, including required concentration levels and the requirement to change sanitization buckets every two hours and as needed. 5/5/2026 A sanitation log was implemented to document bucket changes. The Dining Services Director or designee will review and monitor sanitation logs and conduct audits to ensure ongoing compliance.	05/05/2026

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	substances must not be stored in any area in which food is stored. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure the sanitization level in a sanitization bucket in the kitchen was maintained at the proper level. Findings include: On 05/04/2026 at 9:39 AM, a sanitization bucket located in the food preparation area next to the kitchen contained liquid and a small light-colored towel. The Cook tested the liquid in the sanitization bucket with a test strip and compared the test strip to the outside if the test strip container, showing the levels of proper sanitization. The test strip was yellow in color after the Cook removed it from the sanitization bucket. On 05/04/2026 at 9:42 AM, the Cook confirmed the level of sanitization in the sanitization bucket was not at the proper level for effective sanitization and should have been changed. On 05/04/2026 at 10:32 AM, the Dining Services Director verbalized the sanitization buckets should have been changed every two hours and as needed to ensure proper sanitization. The facility policy titled, "Cleaning of Food and Nonfood Surfaces," dated 04/14/2023, documented buckets used for cleaning food surfaces, must maintain the proper level of detergents and/or sanitizer to prevent cross-contamination. Severity: 2 Scope: 3			
Y 0930 SS= D	NAC 449.2749	Y 0930		05/15/2026

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	Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information. 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any		5/4/2026 Resident #5's physician was notified, and appropriate follow-up TB testing was completed. 5/15/2026 Health and Wellness Director completed chart audit to ensure accuracy of resident TB screenings. 5/11/2026 General Manager re-trained the Health and Wellness Director, Memory Care Director, and Resident Care Coordinator on TB testing requirements and follow-up protocols. 5/8/2026 All new admissions and annual testing will be reviewed by the Wellness Director or designee to ensure TB compliance, with tracking maintained in an audit log.	

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	medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year.			

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	(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the			

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	bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 15 sampled residents (Resident #5) met the requirements for tuberculosis (TB) screening in accordance with Nevada Administrative Code (NAC) 441A. Findings include: Resident #5 Resident #5 was admitted to the facility on 01/08/2026, with diagnoses including atrial fibrillation and hypothyroidism. Resident #5's record included a QuantiFERON Gold Plus TB result report. The specimen was collected on 01/09/2026 and the result date was 01/13/2026. The report documented the QuantiFERON TB-Plus result was indeterminate. On 05/04/2026 at 1:35 PM, the Wellness Director (WD) denied any follow up testing had occurred for Resident #5 following the indeterminate TB test result. On 05/04/2026 at approximately 2:30 PM, the WD verbalized the facility did not have a policy related to TB testing for residents. Severity: 2 Scope: 1			
Y 0905 SS= D	**NAC 449.2746** **Administration of medication: Restriction concerning medication taken as needed by resident; written records.** 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless:	Y 0905	5/4/2026 Resident #3's medication orders were reviewed with the prescribing provider and updated to remove non-compliant language and ensure clear, appropriate administration instructions. 5/8/2026 All Medication Technicians and Wellness staff were re-trained on PRN medication protocols, including the prohibition of staff assessment or interpretation of symptoms beyond their scope of practice. 5/8/2026 The Health and Wellness Director	05/08/2026

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	(a) The resident is able to determine his need for the medication; (b) The determination is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given, and the frequency with which the medication may be given. 2. A caregiver who administers medication toa resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse. Inspector Comments: Based on record review and interview, the facility failed to ensure an as needed (PRN) medication included written instructions indicating a specific symptom for which the medication was to be given and did not require an assessment to determine if the medication was appropriate to administer for 1 of 15 sampled residents (Resident #3). Findings include:		completed a MAR-to-cart audit to ensure compliance. 5/8/2026 The Health and Wellness Director or designee will conduct routine MAR-to-cart audits to ensure ongoing compliance with PRN order requirements.	

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	Resident #3 Resident #3 was admitted to the facility on 11/17/2025, with diagnoses including dementia and type two diabetes mellitus. Resident #3's May 2026 Medication Administration Record (MAR) and a physician's order dated 11/17/2025, documented Acetaminophen 325 milligram (mg) oral tablet, take two tablets by mouth every six hours as needed for mild pain. On 05/04/2026 at 1:28 PM, a Medication Technician (Med Tech) confirmed Resident #3 experienced back pain and verbalized the resident asked for pain medication three to four times per week. When Resident #3 asked for pain medication, the Med Tech would give Acetaminophen first and if the Acetaminophen was not effective the Med Tech would administer Norco. The Med Tech confirmed the order for Acetaminophen indicated the medication was to be administered for mild pain and explained the Med Tech would determine if Resident #3 was experiencing mild pain by asking if the pain was radiating or "just barely there". On 05/04/2026 at 1:57 pm, the Memory Care Director (MCD) reviewed Resident #3's MAR and verbalized the indication of mild pain should not be on the MAR. The MCD confirmed determining if a resident was experiencing mild pain would require an assessment and explained staff were not allowed to diagnose mild pain and were not allowed to assess residents. The facility did not have a policy related to administration of PRN medications. Severity: 2 Scope: 1			
Y 1100 SS= C	**NAC 449.1985 Performance of certain tasks by caregiver.** 4. A caregiver may weigh a resident of a residential facility only if:	Y 1100	5/15/2026 Health and Wellness Director completed a chart and assessment audit to review care plans to ensure accuracy of consents.	05/15/2026

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	(a) The caregiver has received training on the manner in which to weigh a person that meets the requirements of subsections 5 and 6; and (b) The resident has consented to being weighed by the caregiver. Inspector Comments: Based on record review and interview, the facility failed to obtain resident or resident representative consent to obtain monthly resident weight measurements from the facility census. Findings include: On 05/04/2026 at 12:09 PM, the Wellness Director verbalized Medication Technicians obtained weight measurements from residents during a health clinic in the facility. On 05/04/2026, during the survey, 15 of 15 resident records lacked documented evidence the facility obtained consents for weight measurements from any resident or resident representative. On 05/04/2026 at 12:48 PM, the Wellness Director confirmed obtaining weight measurements from residents during a health clinic in the facility and the facility had not obtained consents for weight measurements from any resident or resident representative. The Wellness Director verbalized no consents were obtained as this was not mandatory for the residents to participate in the health clinic. The facility policy titled “Assessment Policy (Licensed Apartments),” revised 02/2026, documented each resident receiving assisted living services would have had blood pressure and weights monitored and documented monthly in the designated medical record. Vital sign reading would be		5/15/2026 Consents will be obtained upon admission in initial care plan and assessment process. Then at each renewal of care plans. 5/15/2020 Wellness Director or Designee will complete ongoing monitoring and routine chart and care plan audits to ensure all required consents are maintained and remain compliant.	

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	monitored by the Health and Wellness Leader, and appropriate steps would be taken for any unusual changes in the reading which would include notification to their physician. Nevada Specific Considerations – A caregiver may only weigh a resident if they had received training as required by administrative code and the resident consents to being weighted by the caregiver. Severity: 1 Scope: 3			
Y 1810 SS= C	**NAC 449.0109** **Program and policy for control of infection; designation and training of person responsible for infection control. (NRS439.200, 449.0302)** 1. A facility for the dependent shall: (a) Develop and carry out an infection control program to prevent and control infections within the facility; (b) Review the infection control program, including, without limitation, the infection control policy adopted pursuant to subsection 2, at least annually to ensure that the program meets current evidence-based standards for infection control plans and the safety needs of residents, staff and visitors; and (c) Develop and carry out a comprehensive plan for emergency preparedness. 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection	Y 1810	5/5/2026 The Emergency Preparedness, Infection Prevention, and Control Plan was reviewed and updated. 5/5/2026 A schedule was implemented to ensure the plan is reviewed annually, with documentation of review maintained. 5/11/2026 Leadership staff were re-educated oncompliance requirements for annual review of infection control programs. 5/11/2026 The General Manager or designee willmaintain a compliance calendar to ensure timely annual review.	05/11/2026

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	Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations. 6. The plan for emergency preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases. Inspector Comments: Based on observation, document review and interview, the Administrator failed to ensure the facility's Emergency Preparedness, Infection Prevention and Control Plan was reviewed annually. Findings include: On 05/04/2026 at 12:09 PM, the facility's Emergency Preparedness, Infection Prevention and Control Plan, dated 04/14/2023, was provided by the Wellness Director. The Emergency Preparedness, Infection Prevention and Control Plan lacked documented evidence the plan was reviewed annually. On 05/04/2026 at 12:48 PM, the Wellness Director confirmed the facility's Emergency Preparedness, Infection Prevention and Control Plan lacked documented evidence of being reviewed annually. Severity: 1 Scope: 3			
Y 1840 SS= E	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a	Y 1840	5/4/2026 All associates missing required training will complete infection control training through an approved evidence-based program by 6/30/2026. 5/5/2026 A process was implemented to ensure all new hires complete required	06/30/2026

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	nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on interview and personnel record review, the facility failed to provide documentation of evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases, for unlicensed caregivers, for 9 of 15 sampled employees (Employee #2, #3, #4, #5, #7, #8, #9, #10, and #11). Findings include: On 05/04/2026 at 1:07 PM, Employee #2, #3, #4, #5, #7, #8, #9, #10, and #11 lacked documented evidence of training for the control of infection diseases for unlicensed caregivers had been completed. On 05/04/2026 at 1:10 PM, the Business Office Manager (BOM) verbalized none of the direct care staff had completed the training for the control of infection diseases for unlicensed caregivers. The BOM confirmed Employees #2, #3, #4, #5, #7, #8, #9, #10, and #11 had not completed the training for the control of infection diseases for unlicensed caregivers.		infection control training upon hire and annually thereafter. 5/5/2026 The Business Office Manager ordesignee will track training completion monthly and report compliance to theGeneral Manager.	

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