DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **02/20/2025** |

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| **HIGHLAND MANOR OF ELKO ASSISTED LIVING LLC** | **2850 RUBY VISTA DR., ELKO, NEVADA ,89801** |

| (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 |
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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory re-grading and complaint investigation State Licensure survey initiated at your facility on 02/19/2025 and concluded on 02/20/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 57 Residential Facility for Group beds for elderly or disabled persons which provided assisted living services, Category II residents. The census at the time of the survey was 43. Eight resident files and six employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Complaint #NV00073364 with the following allegations could not be substantiated due to a lack of evidence. Allegation #1: The facility failed to provide a balanced daily diet. Allegation #2: The facility food was too cold, not cooked all the way, and the resident's food was not delivered in a timely manner. Allegation #3: The facility staff were unresponsive, not available, and disrespectful to the needs of the resident. Allegation #4: The complaint stated the facility failed to provide the resident with a copy of the grievance documentation regarding the resident's concerns. Allegation #5: The facility staff disregarded the resident's request for privacy by sitting in on the resident's medical appointment. Allegation #6: The facility moved the resident to another room because there were mice in the resident's room and the facility informed the resident it was temporary; however, the resident was not been able to move back to the original room. Allegation #7: The facility failed to keep the resident's room clean and free of mice. Allegation #8: A resident was assaulted by another resident on New Year's Day. Complaint #NV00073521 with the allegation a resident was assaulted by another resident could not be substantiated | 0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: HEATHER DEITRICK Title: Administrator Date: 03/14/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | due to a lack of evidence The investigation into the complaints included: Observation of resident rooms and cleanliness of resident rooms, common areas, and other areas of the facility. Interviews were conducted with four residents, a Medication Technician, a Manager, and the Administrator. Review of eight resident medical files, including the resident of concern's. Document review included physician notes, physician placement determinations, history and physicals, activities of daily living assessments, care plans, diet preference sheets, physician orders, face sheets, admission agreement, and resident rights, and notice to vacate, incident reports. Deficiencies unrelated to the allegation were identified (See Tags Y0276, Y1010). 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: | | | |
| 0102 SS= F | Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; | 0102 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/20/2025 |
| 0104 SS= D | Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. | 0104 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/20/2025 |
| 0276 SS= D | Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and | 0276 | O276<br>1) 1) How will the Facility correct the | 03/14/2025 |

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| | prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.<br><br>Inspector Comments: Based on observation and interview, the facility failed to provide meals in accordance with resident preferences for 2 of 43 residents. Findings include: On 02/19/2025 and 02/20/2025, two of three interviewed residents expressed dissatisfaction with the quality and taste of food served. On 02/20/2025 at 9:19 AM, a resident verbalized the food was horrible and verbalized the facility does not provide balanced meals. The resident verbalized going to the senior center and purchasing meals there because the food was much better. On 02/20/2025 at 9:55 AM, a staff member verbalized the facility food was gross. On 02/20/2025 at 10:01 AM, a resident verbalized the food was horrible and there were no other options provided to the residents. On 02/20/2025 at 10:28 AM, the Manager acknowledged and confirmed the food lacked flavor and did not taste good. The Manager verbalized the facility was going work with the facility cook concerning the taste of the meals in the future and ask residents for more input in the food provided. Severity: 2 Scope: 1 | | specific findings stated in the Statement of Deficiencies.<br><br>Ma Manager and Resident Service Director will be in-serviced by Facility Administrator on NAC 449.2175<br><br>2) 2) What measures or systemic changes will be put into place to make sure the deficient practice does not reoccur.<br><br>Manager / Resident Service Director will meet with Residents upon admission & as requested by Resident.<br><br>3) 3) How will the corrective action be monitored to ensure the deficient practice will not reoccur.<br><br>Manager will meet individually with each resident to discuss and document each resident's individuals' preferences. The Manager will meet with the Dietary Manager to discuss resident preferences. Individual meetings will be scheduled with manager and dietary manager as requested by resident.<br><br>4) Who will be responsible for ensuring the plan of corrections is implemented. | |

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| | | | 5) The Facility Manager and /or Resident Service Director.<br>6) 5) The date the corrective action be complete.<br>03/14/2025<br>I<br>4)<br>4) 4) Who will be responsible for ensuring the plan of corrections is implemented.<br>5) The Facility Manager and /or Resident Service Director.<br>6) 5) The date the corrective action be complete.<br>03/14/2025 | |

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| 0450 SS= F | First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. | 0450 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/20/2025 |

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| 0870 SS= F | Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (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; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). | 0870 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/19/2025 |
| 0874 SS= F | Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. | 0874 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/19/2025 |
| 0878 SS= D | Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement | 0878 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/19/2025 |

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| | may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, | | | |

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| | the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. | | | |
| 0895 SS= D | Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) 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, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. | 0895 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/19/2025 |
| 0923 SS= D | Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 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. | 0923 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/19/2025 |

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| 1001 SS= F | Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. | 1001 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/19/2025 |
| 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.<br><br>Inspector Comments: Based on record review, document review, and interview, the facility failed to obtain an endorsement for Mental Illness (MI), admitted, and retained a resident with a MI diagnosis for 1 of 8 sampled residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 04/01/2024 with diagnoses of mood disorder and bipolar disorder. A History and Physical, dated 11/18/2022, documented Resident #8 had a diagnosis of bipolar disorder and mood disorder. History and Physicals, dated 02/08/2024 and 03/11/2024, documented Resident #8 had a diagnosis of bipolar disorder and mood disorder. A Physician's Assessment for Admission, dated 02/08/2024, documented Resident #8 had a primary diagnosis of bipolar disorder and mood disorder. The facility lacked an MI | 1010 | 1010<br><br>1) 1) How will the Facility correct the specific findings stated in the Statement of Deficiencies.<br><br>Ma Facility Manager will be in-serviced by the Facility Administrator on NAC 449.2764.<br><br>2) 2) What measures or systemic changes will be put into place to make sure the deficient practice does not reoccur.<br><br>The Facility will include the Standard Physician Assessment, Standard Assessment for Cognitive Abilities, Physician Placement Determination forms (10/2018) in admission paperwork and yearly physicals.<br><br>3) 3) How will the corrective action be monitored to ensure the deficient practice will not reoccur.<br><br>Placement Determination Placement card will be reviewed by Facility manager prior to admission | 03/14/2025 |

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| | endorsement to admit and retain residents with a MI diagnosis. On 02/19/2025 at 5:45 PM, the Manager confirmed the resident had a mental illness diagnosis and confirmed the facility was not endorsed for MI. On 02/20/2025 at 8:15 AM, the Administrator confirmed the facility was not endorsed for MI and Resident #8 had diagnosis of bipolar disorder and mood disorder. Severity: 2 Scope: 1 | | and yearly.<br>4) 4) Who will be responsible for ensuring the plan of corrections is implemented.<br>5) The Facility Manager.<br>6) 5) The date the corrective action be complete. 3/14/2024<br>5) | |
| 1540 SS= F | Cultural Competency Training - R004-24 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the | 1540 | Please refer to original Statement of Deficiency/Plan of Correction - Event ID PDKD11. | 02/19/2025 |

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| | agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal. | | | |