STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11543	A. BUILDING _____ B. WING _____	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
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 11/18/2025. The facility is licensed for 57 Residential Facility for Group beds for elderly and disabled persons with Assisted Living services, Category II residents. The census at the time of the survey was 38. Ten resident records and ten employee records were reviewed. The facility received a grade of B.			
Y 0172 SS= D	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. 4. To the extentpracticable, the	Y 0172	1) How will you correct the specific findings in the Statement of Deficiencies? Assisted Living Manager and/or Resident Service Director will be in-serviced by Administrator on Assisted Living policy. Assisted Living Manager will in-service Assisted Living Employees. 2) What measures or systematic changes will be put into place to make sure the deficient practice does not recur? Assisted Living staff will do visual checks when taking out trash to make sure the area is free of all debris and ensure garbage container lids are secured. Maintenance will check the area when they are doing their routine walk-about of the facility. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? Assisted Living staff will do visual check when taking out trash to make sure the area is free of all debris and ensure garbage container lids are secure.	12/22/2025

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	premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure a garbage dumpster was covered and trash was not littering the ground Findings include: On 11/18/2025 at 10:38 AM, one garbage dumpster lid was propped open in the refuse area outside of the facility and used gloves, medication cups and paper towels littered the ground. On 11/18/2025 at 2:20 PM, the Administrative Assistant confirmed the trash should not be littering the ground. The Administrative Assistant verbalized the all-dumpster lids should be shut to prevent rodent and pest infestations and all trash should be picked up off the ground. Severity: 2 Scope: 1		Maintenance will check the area when they are doing their routine walk-about of the facility. 4) Who will be responsible for ensuring the plan of corrections is implemented? Assisted Living Manager and/or Resident Service Director. 5) The date the corrective action will be completed: 12/22/2025	
Y 0270		Y 0270		12/22/202

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SS= D	NAC 449.2175 **Service of food; seating; menus; special diets; nutritional requirements; dietary consultants.** 1. A residential facility shall have adequate facilities and equipment for the preparation, service and storage of food. 2. Tables and chairs must be of proper height and of sufficient number to provide seating for the number of residents authorized for the facility. They must be sturdy and have easily washable surfaces. Chairs must be constructed so that they do not overturn easily. 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. 4. A resident who has been placed on a special diet by a physician or licensed dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or licensed dietitian are kept on file for at least 90 days. 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal. 6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board of the Institute of Medicine of the National Academies. 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and 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 in between meals for the residents who are not prohibited by their physicians from eating between meals. 8. A resident must be served meals in his or		1) How will you correct the specific findings in the Statement of Deficiencies? Assisted Living Manager and/or Resident Service Director will be in-serviced by Administrator on Assisted Living Policy. Assisted Living Manager will in-service Assisted Living Employees. 2) What measures or systematic changes will be put into place to make sure the deficient practice does not recur? All Assisted Living staff will be educated on following and complying with dietary accommodation. Assisted Living Staff will work with Resident #7 to ensure they have their dietary preferences met while remaining compliant with the soft food order. This measure includes additional food alternatives and ensures all other foods are cut into small pieces to keep soft food compliance. In the event that Resident #7 expresses difficulties with eating and or refuses food the Assisted Living Manager will consult with Resident #7's physician for further intervention. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? Assisted Living Manager and/or Resident Service Director will meet with Resident #7 to ensure dietary needs are met and will provide necessary alterations. 4) Who will be responsible for ensuring the plan of corrections is implemented? Assisted Living Manager and/or Resident Service Director. 5) The date the corrective action will be complete: 12/22/25	5

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	her bedroom for not more than 14 consecutive days if the resident is temporarily unable to eat in the dining room because of an injury or illness. The facility may serve meals to other residents in their rooms upon request. If a meal is served to a resident in his or her room because the resident is unable to eat in the dining room, the facility shall maintain a record of the times and reasons for serving meals to the resident in his or her room. Inspector Comments: Based on observation, interview, clinical record review, and document review, the facility failed to ensure alternative meals were provided to residents with physician ordered special diets for 1 of 10 sampled residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 04/01/2024, with diagnoses including left femur fracture, hypertension, chronic obstructive pulmonary disease, malnutrition, and rheumatoid arthritis. Resident #7's clinical record included a Physician Certification dated 04/23/2025, documented the resident had special dietary needs and required a soft diet. On 11/18/2025 at 11:10 AM, Resident #7 verbalized the food was hard to chew as the resident’s dentures did not fit appropriately and had to gum the food. Resident #7 explained the physician had ordered a soft texture diet and the facility could not provide the special diet. On 11/18/2025 at 12:07 PM, the Administrative Assistant confirmed the clinical records for Residents #7 documented special diets, however the facility did not provide specialized diet			

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	menus to accommodate the residents' dietary needs. Severity: 2 Scope: 1			
Y 0590 SS= D	**NAC 449.268** **Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response.** 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility; (b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility; (c) The residents are treated with respect and dignity; (d) The facility is a safe and comfortable environment; (e) Residents are not prohibited from interacting socially; (f) Residents are allowed to make their own decisions whenever possible; (g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such a complaint receives a response in a timely manner; (h) A resident is informed as soon as practicable that he is being moved to a new room or that he is receiving a new roommate; and (i) Residents are afforded the opportunity to initiate an advance directive or power of	Y 0590	1) How will you correct the specific findings in the Statement of Deficiencies? Assisted Living Manager and/or Resident Service Director will be in-serviced by Administrator on Assisted Living policy. Assisted Living Manager will in-service Assisted Living Employees. Assisted Living Manager met with Dietary Manager to review Policy. Assisted Living Manager, Dietary Manager, and Resident #7 met to discuss dietary preferences. 2) What measures or systematic changes will be put into place to make sure the deficient practice does not recur? Assisted Living Manager will meet with the dietary manager to address the failure to provide soft food accommodation. During said meeting, they will discuss Resident #7's food preferences ensuring order compliance. Assisted Living staff will ensure that dietary staff provide all required meal accommodation to meet resident needs. In the event the appropriate accommodation is not met, Assisted Living staff will escalate to Assisted Living Manager to obtain an alternative. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? Assisted Living Manager and Assisted Living staff will monitor all meals provided by dietary staff to ensure order compliance. 4) Who will be responsible for ensuring the plan of corrections is implemented? Assisted Living Manager and/or Resident	12/22/2025

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	attorney for health care and that the employees of the facility comply with the wishes contained in such a document. 2. The administrator of a residential facility shall provide a procedure to respond immediately to grievance, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken. 3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure Resident #7 received the physician-ordered specialized diet, a potential for nutritional compromise. Findings include: Resident #7 Resident #7 was admitted to the facility on 04/01/2024, with a diagnosis of malnutrition. On 11/18/2025 at 11:05 AM, Resident #7 explained the food was not good and was hard to chew up as the resident had ill-fitting dentures and had to gum the food. Resident #7 verbalized having to mash the food to eat it. On 11/18/2025 at 11:10 AM, the Administrative Assistant explain the resident needed a soft foods diet, but staff had been told by the kitchen staff the facility was		Service Director. 5) The date the corrective action will be completed: 12/22/25	

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	unable to follow specialized diets by the physician. On 11/18/2025 at 12:20 PM, Dietary Manager confirmed not providing specialized diets. The Dietary Manager explained if a resident required specialized diets the resident would have to be admitted to Skilled Nursing. A Physician Certification form dated 04/23/2025 documented the resident had special dietary needs and required a soft diet. A Physician Order dated 10/18/2025, documented the resident may have a regular diet, due to limited teeth please make soft food available. On 11/18/2025 at 3:50 PM, the Administrative Assistant explained Resident #7 was offered soft food and frequently requested mashed potatoes. The Administrative Assistant confirmed mashed potatoes were not equal in nutritional value to a full entrée. The facility policy titled “Abuse Training and Policies,” undated, documented neglect was defined as failure to provide goods and services as necessary to avoid physical harm, mental anguish, or mental illness. Signs of physical neglect included malnutrition. Severity: 2 Scope: 1			
Y 0522 SS= D	NAC 449.259 (k) If the resident has Alzheimer’s disease or another form of dementia, measures to address that dementia and ensure the safety of the resident in the facility, including, without limitation: (1) Any measures taken pursuant to NAC 449.2754 or 449.2756; and (2) Provisions for the transfer of the resident pursuant to NAC 449.2706 if: (I) It is determined through an assessment conducted pursuant to paragraph (c) of	Y 0522	1) How will you correct the specific findings in the Statement of Deficiencies? Assisted Living Manager and/or Resident Service Director will be in-serviced by Administrator on Assisted Living policy. Assisted Living Manager will in-service Assisted Living Employees. 2) What measures or systematic changes will be put into place to make sure the deficient practice does not recur? Assisted Living Manager will educate staff	12/22/2025

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	subsection 1 of NRS 449.1845 that the resident meets the criteria prescribed in paragraph (a) of subsection 2 of that section; and (II) The facility does not meet the requirements of NAC 449.2754 or 449.2756 or is otherwise unable to properly care for the resident. Inspector Comments: Based on record review, document review and interview, the facility failed to develop a complete person-centered service plan for a resident with a dementia diagnosis (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 04/01/2025, with a diagnosis of dementia. Resident #6's service plan dated 04/01/2025, lacked documentation of the follow: -the manner in which the resident's behaviors would be managed. -the steps the facility would take to prevent the resident from wandering from the facility and how the facility would respond if the resident did so. -the criteria and provisions for the resident to be transferred or discharged from the facility if the facility did not meet the requirements to care for or were unable to property care for a resident with dementia. On 11/18/2025 at 3:12 PM, the Director confirmed Resident #6 had a diagnosis of dementia and the resident's service plan dated 04/01/2025 was not completed and lacked specific documentation related to the resident's dementia diagnosis. The Director verbalized having been unaware of the required components of service plans for residents with dementia.		on appropriate documentation and service plan details pertaining to dementia residents. Ensuring service plans provide person centered care while reducing wandering and keeping Resident #6 engaged in Activates of Daily Living. Resident #6's service plan will be updated with additional details surrounding person-centered care to promote safe behaviors. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? Assisted Living Staff will be reeducated on appropriate service plan documentation and Assisted Living Manager will review active service plans to ensure compliance and meet resident needs. 4) Who will be responsible for ensuring the plan of corrections is implemented? Assisted Living Manager and/or Resident Service Director. 5) The date the corrective action will be completed: 04/01/2026	

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	The facility policy titled, "Service Plan," revised 04/2010, documented the service plan would include the level of service the resident would be receiving, but lacked documentation of the requirements of the management of behaviors from a resident with dementia, the steps taken to prevent and how to respond to a resident wandering from the facility, and the criteria and provisions for transfer or discharge if the facility did not meet the requirements to care for or were unable to property care for a resident with dementia. Severity: 2 Scope: 1			
Y 0515 SS= F	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling;	Y 0515	1) How will you correct the specific findings in the Statement of Deficiencies? Assisted Living Manager and/or Resident Service Director will be in-serviced by Administrator on Assisted Living policy. Assisted Living Manager will in-service Assisted Living Employees. 2) What measures or systematic changes will be put into place to make sure the deficient practice does not recur? All resident service plans will be rewritten to ensure they are person-centered. Specifically addressing protective supervision notification to caregivers, supervision needs, the permissions to leave and enter the facility, resident mental and physical capabilities, the manner of clothes being laundered, and protections of resident valuables. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? The service plan template is being rewritten to ensure requirements are clearly defined. A service plan audit will occur monthly for the first three months and then move to a quarterly basis thereafter. 4) Who will be responsible for ensuring the	12/22/2025

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	(f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review, document review and interview, the facility failed to develop complete person-centered service plans for 10 of 10 sampled residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10). Findings include: On 11/18/2025, during resident record review, service plans for 10 of 10 sampled residents lacked the following: -the type of protective supervision necessary for each resident. -the manner in which caregivers would be informed of the type of protective supervision for each resident. -the permission to leave and enter the facility, and physical and mental capabilities for each resident do so. -the manner in which each resident's clothes were to be cleaned. -the steps to inform how each resident's valuables would be protected.		plan of corrections is implemented? Assisted Living Manager and/or Resident Service Director. 5) The date the corrective action will be completed: 04/01/2026	

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	On 11/18/2025 at 2:57 PM, the Director confirmed the resident's service plans were not completed with the required information. The Director verbalized the facility had been using the same service plan checklist for years and was unaware of the required components of the service plans. The facility policy titled, "Service Plan," revised 04/2010, documented the service plan would include the level of service the resident would be receiving, but lacked documentation of the requirements of protective supervision, leaving and entering the facility, how clothes were to be cleaned, or how resident valuables would be protected. Severity: 2 Scope: 3			
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 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-	Y 0920	1) How will you correct the specific findings in the Statement of Deficiencies? Assisted Living Manager and/or Resident Service Director will be in-serviced by Administrator on Assisted Living policy. Assisted Living Manager will in-service Assisted Living Medication Technicians. 2) What measures or systematic changes will be put into place to make sure the deficient practice does not recur? Assisted Living Medication Technicians will be reeducated on policy for safe medication storage. 3) How will the corrective action be monitored to ensure the deficient practice will not recur? Assisted Living Manager and Assisted Living Medication Technicians will monitor order compliance. 4) Who will be responsible for ensuring the plan of corrections is implemented? Assisted Living Manager and/or Resident	12/22/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11543	A. BUILDING _____ B. WING _____	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR OF ELKO ASSISTED LIVING LLC	2850 RUBY VISTA DR., ELKO, NEVADA ,89801

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	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, interview and document review, the facility failed to ensure resident medications were kept secured in the facility for 2 of 10 sampled residents (Resident #4 and #8). Findings include: At 11:10 AM, during room inspections with the Administrative Assistant, the following Resident's rooms contained unsecured medications. Resident #4 Resident #4 was admitted to the facility on 10/01/2025 with diagnoses including osteoporosis and neuropathy. Unsecured medications found in Resident #4's room: -bottle of trazadone 50 milligram tablets Resident #8 Resident #8 was admitted to the facility on 02/16/2024 with diagnoses including hyperlipidemia and benign essential hypertension. Unsecured medications found in Resident		Service Director. 5) The date the corrective action will be completed: 12/22/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	#8's room: -one tub of 1% triamcinolone cream -two bottle of eyedrops On 11/18/2025 at 12:15 PM, the Administrative Assistant verbalized residents were unable to keep medications in their room unless there was a physician order. The Administrative Assistant confirmed Resident #4 and #8 had medications in their rooms without a physician order to self-administer medications. The facility policy titled, "Medication Storage," dated 04/11/2025, documented all drugs and biologicals would be stored in locked compartments. Only authorized personnel would have access to the keys to the locked compartments Severity: 2 Scope: 1			