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
	444	A. BUILDING _____ B. WING _____	07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING HEIGHTS	2397 EMPIRE RANCH ROAD, CARSON CITY, NEVADA ,89701

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 07/21/2025. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facilities for Groups. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons, eight Category II residents. The census at the time of the survey was six. Six resident files were reviewed and two employee files were reviewed. The facility received a grade A. 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 are deficiencies identified:	0000		
0515 SS= E	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 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.; Inspector Comments: Based on clinical record review, document review and interview, the facility failed to develop a person-centered service plan addressing all required focus areas and interventions for 2 of 6 residents (Resident #1, and #2). Findings include: The following residents lacked a person-centered service plan addressing all the required elements during the residents' clinical record review: - Resident #1 was admitted to the facility on 12/11/2018, with diagnoses including mild	0515	) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); both residents will have peson-care service plan by august 6th 2025 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); the service plan will be part of the documents of the admission package and will be review every time the resident has a change of the lavel of care 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); the service plan will be done upon admission and modified as often as needed the administrator will monitor this monthly 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST	08/06/2025

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	mental retardation, cognitive impairment and attention hyper deficit disorder. - Resident #2 was admitted to the facility on 01/31/2024, with diagnoses including chronic obstructive pulmonary disorder, type II diabetes, hypertension, and chronic kidney disease, stage 3. On 07/21/2025 at 11:37 AM, the Caregiver confirmed the facility lacked person-centered service plans for all residents in the facility. Severity: 2 Scope: 2		ADDRESS); The administrator and the assistant administrator will be responsible for the implementation of the plan 5) The date the corrective action will be completed (MUST INCLUDE); AND August 6th 6) You must attach all supporting documents into the system (MUST INCLUDE). See attached files 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) N/A FAILURE TO ADDRESS THE TOP SIX PLANS OF CORRECTION REQUIREMENTS WILL RESULT IN A NOT ACCEPTABLE PLAN OF CORRECTION. 8) Application of Sanctions: Sanctions, if imposed, will be applied according to NRS 449.163 through 449.170 and NAC 449.9982 through 449.99939. The imposition of sanctions is based on the severity and the scope of the deficiency as defined by NAC 449.99861 and NAC 449.9986. DO NOT INCLUDE PERSONAL NAMES, SOCIAL SECURITY NUMBERS, DATE OF BIRTH OR OTHER PERSONAL IDENTIFYING INFORMATION IN THE POC. If you need to point out a specific individual please use the roster(s) provided with the SOD to do so. For example, Employee #1, Employee #2, Patient #1, etc. Please keep a copy of this document for your records.	