

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Alpine Skilled Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 Plumas St Reno, NV 89509	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46301</p> <p>Based on interview, clinical record review and document review, the facility failed to ensure a resident was free from misappropriation of property when a Housekeeper asked for money from a resident for 1 of 11 Facility Reported Incidents (FRI) (Resident #1).</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 was admitted to the facility on [DATE], with diagnoses including chronic obstructive pulmonary disease, major depressive disorder, and anxiety.</p> <p>A Facility Reported Incident (FRI) final report dated 02/18/2024, documented a staff member had reported to the facility a Housekeeper had asked the resident to borrow money. The resident provided money to the Housekeeper and the Housekeeper had paid Resident #1 back and did not owe the resident anything.</p> <p>An investigation by the facility on 02/13/2024, documented 16 residents were randomly selected and verbalized they were not asked by staff to borrow funds.</p> <p>The Administrator verbalized the Housekeeper was terminated by the facility for a substantiated allegation of misappropriation of resident funds on 02/14/2024.</p> <p>On 06/26/2024 at 10:48 AM, Resident #1 explained the Housekeeper had asked to borrow money from the resident. The resident did not have any issues with loaning the employee the money. Resident #1 confirmed the employee had paid the resident back in full but would not be loaning money to any other employees after the Director of Nursing (DON) informed the resident it was against the facility policy for an employee to borrow money from residents.</p> <p>On 06/26/2024 at 11:10 AM, the DON confirmed the resident had been asked for money by the Housekeeper and the resident provided money to the Housekeeper. The Housekeeper had paid Resident #1 back and did not owe the resident anything. The DON confirmed the Housekeeper had been discharged from employment for violating facility policy.</p> <p>On 06/26/2024 at 11:12 AM, the Administrator verbalized the facility's immediate response to the misappropriation of resident property on 02/13/2024 was corrected by the facility on 02/15/2024.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 was interviewed and ensured no mental anguish and all money was paid back to the resident.</p> <p>The facility staff member of concern was terminated on 02/14/2024, and all facility staff attended the in-service regarding financial exploitation/misappropriation of resident property.</p> <p>All facility staff continues to attend monthly all staff meetings to include financial exploitation/misappropriation of resident property.</p> <p>On 06/26/2024, the Administrator provided the facility's in-service sign-in sheets documenting the training was provided on 02/15/2024.</p> <p>The facility policy titled Abuse Prevention Program, adopted 02/01/2019, documented the residents had the right to be free from abuse, neglect, misappropriation of resident property and exploitation.</p> <p>Facility policy titled Investigating Incident of Theft and/or Misappropriation of Resident Property, adopted 02/01/2019, documented residents had the right to be free from theft and/or misappropriation of personal property. Misappropriation of resident property was defined as the deliberate misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money. The facility would exercise reasonable care to protect the resident from property loss or theft, including implementing policies to strictly prohibit, and pursue to the full extent of the law, staff or employee theft or misappropriation of resident property.</p> <p>The facility policy titled Resident Rights, adopted 02/01/2019, documented employees shall treat all residents with kindness respect and dignity. The resident had the right to be free from abuse, neglect, misappropriation of resident property and exploitation.</p> <p>FRI #NV00070458</p>		