

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Alta Skilled Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 555 Hammill Lane Reno, NV 89511	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46301</p> <p>Based on observation, interview, and document review, the facility failed to ensure a wound cart and medication cart containing resident medications was secure. The deficient practice could have facilitated unauthorized access to medications in the carts.</p> <p>Findings include:</p> <p>On 02/24/2025 at 10:27 AM, a wound cart was left unlocked in the 200 hall entrance with four residents sitting in the same area as the cart.</p> <p>On 02/24/2025 at 10:32 AM, a Licensed Practical Nurse (LPN) returned to the unsecured wound care cart and confirmed the cart was left unlocked. The LPN confirmed there were four residents near the unsecured wound cart and could have accessed resident medications.</p> <p>On 02/24/2025 at 10:34 AM, the Director of Nursing (DON), verbalized the floor nurse was responsible to ensure carts were locked. It was important to ensure the cart was not left unlocked or unattended in order to avoid residents taking medication not intended for them.</p> <p>On 02/24/2025 at 1:27 PM, a medication cart was left unlocked in the 100 hall entrance.</p> <p>On 02/24/2025 at 1:29 PM, a Registered Nurse (RN) confirmed the medication cart was left unlocked and was unattended.</p> <p>The facility policy Storage of Medications, adopted 02/01/2019, documented compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing drugs and biologicals shall be locked when not in use and tray or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others.</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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