STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295077	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta Skilled Nursing and Rehabilitation Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, clinical record review, and document review, the facility failed to ensure a resident was not punched on the side of the face by another resident in the activity room for 1 of 31 sampled residents (Resident #49). This deficient practice had the potential to result in a resident suffering physical injury and emotional distress causing the resident to avoid socializing in the activity room. Findings include: Resident #49 Resident #49 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including acquired absence of right leg above knee and major depressive disorder, recurrent, unspecified. Resident #43 Resident #43 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including major depressive disorder, recurrent, moderate and essential (primary) hypertension. A Facility Reported Incident (FRI) for physical abuse submitted by the facility on 04/26/2026, documented the following: Nursing staff reported having heard an altercation in the activity room. A Nurse responded to the area and Resident #49 reported Resident #43 had punched the resident on the left side of the resident's face. A physical examination of Resident #49 revealed a superficial abrasion to the resident's left, posterior ear with minimal bleeding. A progress note for Resident #43, dated 06/29/2025, documented the resident had thrown a water pitcher at a Physical Therapist as the Physical Therapist was working with the resident's roommate. A progress note for Resident #43, dated 10/07/2025, documented the resident was screaming, cursing, and swinging the resident's fists at a Certified Nursing Assistant (CNA). A progress note for Resident #43, dated 10/23/2025, documented the resident was verbally abusive and behaving aggressively towards staff. A progress note for Resident #43, dated 11/29/2025, documented the resident had slapped a CNA's hand. A progress note for Resident #43, dated 04/26/2026, documented the resident had physically hit another resident in the activity room. The resident stated, I don't care that I did that. The Care Plan for Resident #43 lacked a care plan to address the resident's history of physical aggression prior to the incident on 04/26/2026. On 06/24/2026 at 3:01 PM, Resident #49 recalled Resident #43 had punched the resident in the side of the face when the resident had been in the activity room. The resident had made a comment regarding not being able to hear the movie because residents were talking. Resident #43 reacted to the comment by yelling and punching the resident in the face. Resident #49 verbalized the resident had not had issues with Resident #43 prior to the incident in the activity room, but the resident had observed Resident #43 behaving aggressively towards facility staff prior to the incident. The resident verbalized the resident believed Resident #43 was dangerous and could have hurt someone. Resident #49 explained the resident had changed the resident's behavior after the incident to avoid the activity room. On 06/25/2026 at 8:33 AM, the Director of Nursing (DON) confirmed the Care Plan for Resident #43 did not include a care plan to address physically aggressive behaviors prior to the incident on 04/26/2026, and the Care Plan should have included interventions to address the resident's previous aggressive behavior.The facility policy titled, Abuse Prevention Program, adopted 02/01/2019, documented residents had the right to be free from abuse. Residents would be protected from abuse by other residents.FRI 2994951Cross reference with F656

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