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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295082 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/17/2026 |
| NAME OF PROVIDER OR SUPPLIER Gardnerville Health & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1573 South Muller Pkwy Gardnerville, NV 89410 | |
| 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, employee record review, interviews, and document review, the facility failed to ensure a resident was protected from physical abuse by an employee (Employee #4) while providing care for 1 of 9 sampled residents (Resident #1). This deficient practice has the potential to place residents at risk for further abuse, compromised safety, and unmet care needs. Findings include:Resident #1 Resident #1 was admitted to the facility on [DATE], with diagnoses including acute chronic systolic congestive heart failure, cerebral infarction due to embolism of right middle cerebral artery, anxiety disorder, depression, muscle weakness, difficulty walking, bilateral localized swelling, and unspecified lack of coordination. Employee #4 Employee #4 with a title of Certified Nursing Assistant (CNA) had a start date of 11/04/2025. The employee record documented abuse training had been completed on 11/03/2025. A Facility Reported Incident (FRI) dated 12/17/2025, documented Employee #4 (CNA) was witnessed, by a Physical Therapist, handling Resident #1 roughly during a brief change. On 03/17/2026 at 10:53 AM, the Physical Therapist who witnessed the incident, verbalized having knocked on the resident room door and announced therapy before entering the resident's room. The Physical Therapist verbalized having seen Resident #1 and the CNA in the room and described the resident as having been small in stature. The Physical Therapist described having seen the CNA roll the resident over onto the resident's side, and upon removal of the brief, saw the resident's bottom appear to be red in color. The Physical Therapist verbalized having seen the CNA roughly wipe the resident's bottom and the resident then verbalized, ow, that hurt. The Physical Therapist verbalized the CNA did not respond to the resident after the resident had called out and the CNA continued changing the resident's brief. On 03/17/2026 at 3:16 PM, the Administrator confirmed the Administrator was the facility's abuse coordinator and after having been informed of the incident with Employee #4 and Resident #1, the employee was immediately suspended. The Administrator verbalized the investigation determined the CNA had been rough with Resident #1 during a brief change and was dismissive of the resident's verbal call out when the resident felt pain. The CNA was then terminated for violating facility and State rules. The facility policy titled, Freedom from abuse, neglect, corporal punishment, involuntary seclusion, mistreatment, misappropriation of resident property, and exploitation, updated March 2025, documented each resident had the right to be free from abuse, including physical abuse or mistreatment, the facility would implement processes to ensure residents were not subject to abuse by staff, and any potential or suspected allegation of abuse was to be investigation in accordance with State and federal regulations. FRI #2696215, Complaint #2801751</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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