

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Highland Manor of Fallon Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 550 North Sherman Street Fallon, NV 89406	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>49557</p> <p>Based on interview and document review, the Administrator failed to ensure the facility did not employ a Certified Nursing Assistant (CNA) with a disciplinary action against the CNA's license as a result of a finding of abuse of a resident. This deficient practice placed residents in the facility at risk for abuse.</p> <p>Findings include:</p> <p>On 01/22/2025, the Administrator provided a list of current employees for the facility. The list included names, titles, and hire dates of all employees. The CNA of concern was included on the list and had a hire date of 09/18/2024.</p> <p>The facility schedule for January 2025 documented the CNA of concern was scheduled to work in the facility.</p> <p>On 01/22/2025 at 2:01 PM, the Office Manager (OM), who also functioned as the facility's Human Resources Manager (HRM) explained the facility's screening process when hiring staff included performance of background checks and verifying professional licenses. The OM/HRM verbalized findings during the screening process which would make an applicant ineligible for hire included not passing a background check, prior convictions related to sex offenses and any kind of disciplinary action on the applicant's professional license related to abuse.</p> <p>On 01/22/2025 at 2:10 PM, the Administrator verbalized the OM/HRM and the Administrator were responsible for hiring of employees and the Director of Nursing would sometimes help by calling applicants' past employers. The Administrator explained the Administrator's role in the hiring process including recruitment, interviewing candidates and verifying professional licenses. The Administrator explained the facility ensured it did not employ staff with a history of resident abuse by making sure the facility researched the applicant/employee's professional license. If the facility did have any employee with a history of resident abuse, the employee would receive education, and the facility would keep a close eye on the employee.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Highland Manor of Fallon Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 550 North Sherman Street Fallon, NV 89406	
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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Administrator confirmed the Administrator was familiar with the CNA of concern and confirmed the CNA was hired on the date listed on the employee list provided, 09/18/2024. The Administrator denied there were any concerns related to patient abuse found during the screening process when the CNA of concern was hired. The Administrator verbalized the facility had received a letter from the Nevada State Board of Nursing (NV SBON) on 10/08/2024, related to a restriction on the CNA's professional license. The Administrator explained the restriction on the CNA's license was related to an incident at a facility where the CNA worked previously and provided a copy of an Agreement for Probation from the NV SBON, dated 09/19/2024.</p> <p>On 01/22/2025 at 2:26 PM, the Director of Nursing (DON) and the Administrator reviewed a License Verification Report from the NV SBON website and confirmed the report documented a restriction was placed on the CNA of concern's license on 09/19/2024. The basis for action was violation code 14, patient abuse. The DON verbalized the DON had spoken to the CNA of concern regarding the discipline on the CNA's license and had concluded the CNA had been convicted of raising the CNA's voice at a resident.</p> <p>The Administrator and DON reviewed the Agreement for Probation and acknowledged the agreement documented the CNA of concern freely admitted to being verbally abusive toward a resident and being rough with a resident while providing care.</p> <p>The DON denied the facility would hire an applicant with the same discipline on the applicant's license as was noted on the CNA of concern's license if it was found during the pre-hire screening process. The DON verbalized the facility's decision to keep the CNA employed after becoming aware of the discipline was based on positive feedback from residents and staff and the DON's observations of the CNA providing care.</p> <p>On 01/22/2025 at approximately 4:35 PM, the Administrator verbalized the CNA had been suspended.</p> <p>The facility policy titled Abuse Policy, revised 06/11/2024, documented the facility did not condone resident abuse and was to take every precaution to prevent resident abuse. The facility would not knowingly employ any individual who had been convicted of abusing, neglecting, or mistreating individuals.</p> <p>CPT #NV00073081</p>		