

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Las Vegas Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2832 S. Maryland Parkway Las Vegas, NV 89109	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review and document review, the facility failed to provide documented evidence foot wound treatments were provided per the physician's order for 1 of 23 sampled residents (Resident 84). The deficient practice had the potential to place the resident at risk for delayed healing of a wound. Findings include: Resident 84 (R84) was admitted on [DATE] with diagnoses including idiopathic peripheral autonomic neuropathy, chronic obstructive pulmonary disease, and arthropathic psoriasis. On 07/16/2025 at 8:52 AM, R84 explained that they had wounds on both feet and back and the staff performing wound care went on leave and no one provided wound treatment. A Physician Order dated 06/19/2025 documented cleanse right foot with normal saline, pat dry, apply Clobetasol 0.05% cream and leave open to air every day for 30 days for diagnosis of psoriasis. A Physician Order dated 06/19/2025 documented cleanse left foot with normal saline, pat dry, apply Clobetasol 0.05% cream and leave open to air every day for 30 days for diagnosis of psoriasis. R84's July 2025 Treatment Administration Record (TAR) lacked documented evidence treatments for the right foot and left foot were completed on 07/01/2025, 07/13/2025, and 07/14/2025. On 07/17/2025 at 2:23 PM, a Wound Care Nurse explained having performed wound treatments for R84 and the wound care was scheduled for daily treatments as ordered. The Wound Care Nurse reviewed R84's TAR and confirmed there were no signatures for 07/01/2025, 07/13/2025, and 07/14/2025. The Wound Care Nurse explained an absence of a signature would indicate the treatment was not performed and was not able to answer for what transpired when not in the facility. On 07/18/2025 at 12:13 PM, the Director of Nursing (DON) explained when a resident had treatment orders the nurse would sign the TAR to indicate the treatment was provided. The treatment nurse was responsible for completing wound treatments. The DON reviewed the July 2025 TAR for R84 and verified the record had no signatures for 07/01/2025, 07/13/2025, and 07/14/2025. The DON explained no signature would indicate the treatment was not performed. The DON explained when treatments were not done it could delay wound improvement or healing. The facility policy titled Wound Care, revised October 2017, documented the facility was to provide wound care to promote healing and provide wound care treatments as ordered.</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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NAME OF PROVIDER OR SUPPLIER  Las Vegas Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2832 S. Maryland Parkway Las Vegas, NV 89109	

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<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>Based on observation, interview and document review, the facility failed to ensure medication was properly labeled and stored. The deficient practice had the potential for non-viable medication to be administered to a resident. Findings include: On 07/17/2025 at 3:44 PM, inside the 300 Hall medication cart was a multi-dose vial of Applisol purified protein derivative (PPD) Tuberculosis (TB) 1 milliliter vial. The box of the vial had a labeled date of 7/10. The nurse in charge of the medication cart was not able to determine if the labeled date was the open date or the discard date. The nurse confirmed the labeling of the medication was not clear and should have been labeled with an open and discard date. The nurse indicated the medication should have been kept in the medication refrigerator and medication kept outside its recommended storage temperature would have rendered it not safe to be administered. The facility policy titled Storage of Medications revised November 2020, documented drugs and biologicals used in the facility are stored in locked compartments under proper temperatures, light and humidity controls.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and document review, the facility failed to ensure preventative maintenance (PM) was performed annually for medical equipment being used for 2 of 23 sampled residents (Resident 30 and 40). The deficient practice had the potential for a resident not to receive the intended function of a medical device. Findings include:1) Resident 30 (R30) was admitted on [DATE], with diagnoses including cerebral infarction and physical debility.R30's physician's order dated 11/12/2024, documented to administer Oxygen at 2 liters via nasal canula continuously.On 07/16/2025 at 10:08 AM, R30's Oxygen concentrator (a medical device that extracts oxygen from ambient air and delivers it to a patient) had a PM sticker documented PM date: 05/23/2023, Due 05/24/2024. R30 received supplemental Oxygen from the same medical equipment.On 07/16/2025 at 10:15 AM, the maintenance personnel checked the medical equipment and confirmed the PM was outdated and should have been serviced more than a year ago.2) Resident 40 (R40) was admitted on [DATE], with diagnoses including atherosclerotic heart disease and myocardial infarction.R40's physician's order dated 04/16/2025, documented to administer Oxygen at 3 liters via nasal canula continuously.On 07/17/2025 at 3:18 PM, R40's Oxygen concentrator had a PM sticker documented PM date: 05/2024, Due 05/2025. R40 was currently receiving supplemental Oxygen from the same medical equipment. The nurse caring for R40 was at bedside and confirmed the finding and indicated the medical device should have been serviced months ago.On 07/18/2025 at 8:21 AM, a maintenance staff member indicated the head of maintenance was out on leave and was responsible for ensuring BioMed (a professional who installs, maintains, and repairs medical equipment in healthcare facilities) completed yearly maintenance of the medical equipment throughout the facility. The maintenance staff member acknowledged the O2 concentrators were out of the yearly PM. The maintenance personnel indicated BioMedical service ensures calibration was correct and the medical equipment performed efficiently for its intended use.The facility policy titled Maintenance Service revised 12/2009, documented the Maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that buildings, grounds, and equipment are maintained in a safe and operable manner.</p>		