

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER El Jen Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W Duncan Dr Las Vegas, NV 89130	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>50513</p> <p>Based on interview, record review and document review, the facility failed to ensure an alleged incident of verbal abuse was reported to the State Agency (SA) within the required timeframes for 1 of 12 sampled residents (Resident #11). The deficient practice had the potential to place residents at risk for incidents of verbal abuse to not be adequately protected.</p> <p>Findings include:</p> <p>Resident #11 (R11) was admitted to the facility 03/09/2023 with a diagnosis including parkinsonism, dysphagia, cognitive communication deficit, and depression.</p> <p>A Behavior Note dated 10/10/2024, documented R11 was standing in the hallway with a butter knife in their sleeve threatening to harm another resident.</p> <p>A Facility Reported Incident (FRI) was submitted to the SA on 10/15/2024, documenting the resident's alleged verbal abuse on 10/10/2024.</p> <p>On 12/18/2024 at 3:46 PM, the Administrator/Abuse Coordinator verbalized abuse without serious bodily harm should be reported to the SA within 24 hours of the incident. The Abuse Coordinator confirmed the FRI was not reported to the SA within the required timeframes.</p> <p>The facility policy titled Freedom from Abuse, Neglect, Corporal Punishment, Involuntary Seclusion, Mistreatment, Misappropriation of Resident Property, and Exploitation, revised 10/2022, documented allegations of verbal abuse, which include threats, would be reported to the appropriate State or Federal agencies within two hours if the allegation involves abuse.</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: 295008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER El Jen Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W Duncan Dr Las Vegas, NV 89130	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51395</p> <p>Based on observation, interview, and record review, the facility failed to ensure physician's orders for the application of heel protectors were followed for 1 of 12 sampled residents (Resident 5). The deficient practice had the potential to lead to the development of skin breakdown.</p> <p>Findings include:</p> <p>Resident 5 (R5) was admitted on [DATE], with diagnoses including [NAME] syndrome and peripheral vascular disease.</p> <p>Physician's orders dated 09/02/2023 documented:</p> <p>-Bilateral heel protectors on at all times when in bed every shift for pressure relief and skin prophylaxis.</p> <p>The wound care progress note dated 11/12/2024, documented R5 was treated for a chronic non-healing arterial ulceration of the left anterior fifth toe. This was a 30 day follow up for a previously healed wound. Wound remains healed. Please continue using preventive measures which can include turning and repositioning, offloading, and nutritional supplementation.</p> <p>On 12/18/2024 at 11:15 AM, R5 was noted to be lying on their back, on an air mattress in bed. One pair of blue heel protectors, a device used to minimize pressure to heels, was sitting on top of a three-drawer organizer located at the foot of R5's bed.</p> <p>On 12/18/2024 at 11:30 AM, R5's room door was closed, at 11:32 AM, two Certified Nurse Aides (CNA's) exited the room and R5 was noted to be lying on their back, slightly tilted to left side, with a wedge-shaped pillow under R5's right shoulder. One pair of blue heel protectors were sitting on top of a three-drawer organizer located at the foot of R5's bed.</p> <p>On 12/18/2024 at 2:02 PM, R5 was lying in bed on their back. One pair of blue heel protectors were sitting on top of a three-drawer organizer located at the foot of R5's bed.</p> <p>On 12/18/2024 at 11:43 AM, a CNA expressed R5's heel protector boots are applied and removed at different times during the day.</p> <p>On 12/18/2024 at 11:50 AM, a Licensed Practical Nurse (LPN) expressed R5 does not currently have wounds, the heel protectors were to be applied at night if a resident had wounds.</p> <p>On 12/18/2024 at 12:05 PM, the Wound Treatment Nurse expressed R5 was seen by wound care providers once a week. R5 previously had an area to the left pinky toe that was being treated but was currently healed as of 11/12/2024. The Wound Treatment Nurse verified R5 had a current order for bilateral heel protectors at all times and confirmed due to R5's history of prior wounds to their foot and R5's risk for skin breakdown, the heel protectors should be applied as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER El Jen Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W Duncan Dr Las Vegas, NV 89130	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/18/2024 at 2:05 PM, the Director of Nursing (DON) verbalized the CNA's role for wound care prevention was to anticipate resident needs and provide turning and repositioning, place any supportive equipment such as heel protectors, and report any new skin issues to the licensed nurse. The DON verified R5 would require heel protectors to be in place as indicated in the physician's orders.</p>		