STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295021	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Health & Rehabilitation Center of LV, LP	2945 Casa Vegas Street Las Vegas, NV 89169

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to obtain a physician order, instructions for use, and monitoring for a soft neck collar for 1 of 17 sampled residents (Resident 95). The deficient practice had the potential to place residents at risk of potential injury from improper use of a soft neck collar.Findings include:Resident 95 (R95) was admitted [DATE], with diagnosis including encounter for surgical aftercare following surgery on the nervous system, complete lesion at thoracic (T) vertebrae T2-T6 level of thoracic spinal cord, and spinal stenosis cervical region.On 08/26/2025 at 10:27 AM, R95 was observed seated in bed wearing a soft neck collar. R95 was manipulating the collar with both hands, freely rotating it around the neck continuously. R95 stated had sustained a fall at home resulting in neck injury and subsequent neck surgery. R95 reported no staff at the facility were checking the placement or use of the neck collar.A Provider Encounter Progress Note dated 08/20/2025, documented patient may need a soft neck collar for support due to neck pain.A Case Management Note dated 08/21/2025, documented patient would benefit from continued therapy, offered soft neck brace ordered by rehabilitation. R95's medical record lacked documented evidence of a physician order, instructions for use, and monitoring for the soft neck collar. On 08/28/2025 at 2:12 PM, R95 was in bed awake. The soft neck collar was observed on R95's bedside table. R95 reported independently putting on and taking off the soft neck collar and stated would not wear in while lying in bed.On 08/28/2025 at 2:23 PM, the Wound Nurse, acknowledge R95's medical record lacked evidence of a physician order, instructions for use, and monitoring for the soft neck collar. The Wound Nurse explained there should have been a physician order including instructions for use and monitoring to prevent skin breakdown.On 08/28/2025 at 2:26 PM, the Rehabilitation Assistant explained if a neck collar was recommended, an order should have been placed for the neck collar including recommendation for R95 to wear the neck collar while out of bed. The order should have included monitoring of the neck collar. On 08/29/2025 at 10:26 AM, the Medical Records Director reported the facility did not have a policy for assistive devices including neck collars. On 08/29/2025 in the afternoon, the Director of Nursing (DON), confirmed the use of a soft neck collar required a physician order.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, document review, and interview, the facility failed to ensure a resident who experienced and reported pain received pharmacological interventions for pain management for 1 of 17 sampled residents (Resident 23). The deficient practice had the potential for residents not to receive pain relief.Findings include:Resident 23 (R23) was admitted [DATE], with diagnosis including multiple fractures of ribs right side, acute pain due to trauma, primary ortho arthritis right shoulder, and anterior displaced fracture of sternal end of right clavicle. The Minimum Data Set, dated [DATE], listed R23's primary medical conditions including acute pain due to trauma. The Minimum Data Set, dated [DATE], documented a Brief Interview for Mental Status score of 15, R23 was cognitively intact. On 08/26/2025 at 9:58 AM, R23 was lying in bed awake. R23 reported was in pain at a level of 8 on a 0/10 pain scale (0= no pain, 10 = worst pain). R23 explained the right shoulder was very painful and the pain medication provided was not strong enough. R23 reported had a painful hernia. On 08/27/2025 at 12:18 PM, R23 explained after admission, R23 was at the facility a few days without pain medication. R23 reported it took the facility a long time to set up pain medication. R23 stated would report pain, staff would say they would go check to see what they could provide for pain and would not return with pain medication. A Care Plan initiated 08/10/2025, revised 08/14/2025, documented R23 was at risk of pain related to fracture, right parietal scalp soft tissue swelling/hematoma (localized collection of blood), right 1st and 2nd rib fracture with accompanying trace apical pneumothorax (a collapsed lung) with adjacent subcutaneous emphysema (a progressive lung disease) and small volume hemothorax (an accumulation of blood), minimally displaced claviculate metaphyseal (part of the bone where growth happens) fracture, right diabetic foot ulcer, acute pain due to trauma, and pain and discomfort related to suspected non-reducible right inguinal hernia. A Pain assessment dated [DATE], documented pain occasionally, pain scale 8, and neck pain.An Encounter Note dated 08/11/2025, documented R23 reported a pain level of 4/10. A Health Status Note dated 08/13/2025, documented resident complained of pain and discomfort at right groin area, noted with slight bulge, swelling, discomfort when straining.A Situation Background Assessment Recommendation (SBAR), communication for changes in condition dated 08/13/2025, documented pain right groin, swelling started 08/13/2025. An Encounter Note dated 08/14/2025, documented patient complained of right groin/lower quadrant pain that had been ongoing for over 2 weeks. R23's medical record lacked documented evidence of a physician order for pain medication from admission to the facility on [DATE] until 08/16/2025.R23's medical record lacked documented evidence, R23 was administered pain medication from admission to the facility on [DATE] until the first administration of pain medication on 08/17/2025. On 08/27/2025 at 12:22 PM, a Licensed Practical Nurse (LPN), confirmed R23's medical record lacked a physician order for pain medication until 08/16/2025, when R23 requested a doctor and said was in too much pain to attend therapy. On 08/27/2025 at 12:36 PM, the Director of Nursing (DON), stated the expectation was R23's pain was to be treated. The DON explained a standing order for acetaminophen (a pain reliever) was available as an order that could have been placed at admission. On 08/27/2025 at 1:40 PM, the Nurse Practitioner (NP), reported there was a standing order for acetaminophen that could have been used for R23. The NP acknowledged an order for pain medication was not placed until 08/16/2025. The NP confirmed no pain medication was on order for R23 between 08/10/2025 and 08/16/2024.On 08/27/2025 at 2:00 PM, the Administrator confirmed the expectation was a resident's pain would be treated appropriately. A facility policy titled Pain Assessment and Management revised January 2025 stated based on the evaluation, the facility, in collaboration with the attending physician and other health care professionals, and the resident and/or his/her representative, develops, implements, monitors and revises as necessary interventions to prevent, reduce or manage each individual resident's pain, beginning at admission.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not follow the Legionella Water Management Plan. Findings include:On 8/26/2025, the Maintenance Director stated the facility's Water Management Plan (WMP) was a work in progress that was in bits and pieces and provided the Legionella Water Management Plan.The Control Measures and Monitoring portion of the WMP stated No complaints about water taste or odor. No complaints about ice taste or odor. Water heaters are drained/flushed monthly. The taste and odor of water and ice was an inaccurate test of the presence of Legionella in water. The Maintenance Director explained there was no documentation of monthly flushes of the water tanks. The Maintenance Director provided logs of monthly water temperature testing. The water temperature logs did not specify an acceptable temperature range. The Ways to Intervene When Control Limits Are Not Met section of the WMP indicated a water specialized company would retest water and provide an assessment to determine if changes were needed.The facility provided a Final Report, dated 7/10/2025, for one environment culture test for Legionella for room [ROOM NUMBER] that was negative. The Maintenance Director explained room [ROOM NUMBER] was the furthest room from the water source.