

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Harmon Hospital - Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 2170 East Harmon Ave Las Vegas, NV 89119	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40142</p> <p>Based on observation, interview, record review and document review, the facility failed to ensure an indication for a midline (an intravenous access inserted into a vein for administration of medications) was obtained from a physician for a resident who was admitted with a midline for 1 of 7 sampled residents (Resident 7). The deficient practice placed the resident at risk for infection related to the invasive medical device.</p> <p>Findings include:</p> <p>Resident 7 (R7)</p> <p>R7 was admitted on [DATE], with diagnoses including cellulitis of left foot and diabetes mellitus.</p> <p>On 01/28/2025 at 9:14 AM, R7 was awake and alert in bed. A left upper arm single lumen midline was observed covered with transparent dressing dated 01/22/2025. R7 indicated being on intravenous (IV) antibiotics while in the hospital for a left foot infection. R7 indicated the midline had not been used at this facility and no staff or provider had discussed whether the midline needed to be maintained or discontinued. There were no IV supplies (pole, pump, empty IV bags) observed in the resident's room.</p> <p>An admission nursing note dated 01/21/2025, documented R7 was admitted with a left upper arm midline.</p> <p>A hospital midline procedural note dated 11/14/2024, revealed a midline was inserted into R7's left upper arm on 11/14/2024 for antibiotic therapy.</p> <p>Review of hospital records revealed R7 was on IV antibiotic therapy from 11/14/2024 until 11/29/2024 and the infectious disease team documented R7's infection status as resolved on 12/08/2024. Hospital records lacked documented evidence on whether R7's midline was to be maintained or removed due to completion of antibiotic therapy and whether a nurse clarified with a physician regarding plans for R7's midline prior to discharge to the skilled nursing facility (SNF).</p> <p>R7's medical record lacked documented evidence nursing staff from the SNF obtained clarification orders from a physician on whether R7's midline was to be maintained or removed due to non-use. The medical record revealed R7 did not have any IV medication orders on admission.</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
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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/29/2025 in the morning, the Registered Nurse (RN) confirmed R7 was admitted with a midline which the RN flushed daily. The RN confirmed R7's midline was not in use because the resident did not have any IV medication orders. The RN indicated not knowing what the plans were for R7's midline and acknowledged not having discussed R7's midline with the provider.</p> <p>On 01/29/2025 at 11:21 AM, the Director of Nursing (DON) reviewed R7's medical record and confirmed the midline was last used in the hospital for antibiotic therapy on 12/08/2024 after the resident's infection status was deemed resolved. The DON stated the admission nurse, or any nurse assigned to R7 should have obtained clarification orders from a physician on whether the resident's midline was to be maintained or removed. The DON verbalized the midline was an invasive device and should not stay longer than needed because it would place the resident at a higher risk for an infection.</p> <p>On 01/29/2025 at 11:41 AM, the DON entered R7's room and confirmed the presence of a left upper arm midline covered with transparent dressing. The DON was present when R7 stated the midline had not been used in weeks and no staff or provider had discussed plans for the midline with the resident.</p> <p>On 01/29/2025 at 12:06 PM, the Nurse Practitioner (NP) indicated expecting nurses to obtain justification orders for midlines especially for residents who were admitted with IV accesses but did not have any IV medication orders. The NP indicated midlines should not be kept longer than necessary because it placed residents at a higher risk for an infection.</p> <p>The Admission Infection Control policy revised 05/15/2023, documented invasive devices would be reviewed for residents who were being admitted with invasive devices.</p> <p>The Admitting a Resident policy revised 05/05/2023, documented the facility utilized Lippincott Nursing Procedures ninth edition as a professional standard of practice.</p> <p>The Lippincott Nursing Procedure (ninth edition), documented midline catheters were used to safely administer medications into the bloodstream and required an indication for use such as parenteral nutrition, IV fluid replacement and IV medications. Midline catheters were removed when no longer needed.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>41903</p> <p>Based on interview and document review, the facility failed to ensure an annual performance evaluation was completed for 3 of 6 Certified Nursing Assistants (Employee 3, 9, and 11). The failure to complete the performance evaluation of the Certified Nursing Assistants (CNAs) in a timely manner could potentially compromise the quality of care provided to the residents.</p> <p>Findings include:</p> <p>The Personnel Records Checklist dated 01/29/2025 documented the following:</p> <p>Employee 3 was hired on 11/22/2019 as CNA. Employee 3 lacked an annual performance evaluation.</p> <p>Employee 9 was hired on 08/19/2019 as CNA. Employee 9 lacked an annual performance evaluation.</p> <p>Employee 11 was hired 09/13/2019 as CNA. Employee 11 lacked an annual performance evaluation.</p> <p>On 01/29/2025 at 11:39 AM, the Human Resources Director confirmed the Personnel Records Checklist was accurate and the three CNAs listed lacked an annual performance evaluation. The Human Resources Director acknowledged an annual performance evaluation should have been completed.</p> <p>On 01/30/2025 at 11:55 AM, the Administrator acknowledged CNA annual performance evaluations should have been completed annually on the month of the CNA's hire date. The Administrator explained the annual performance evaluation would have assisted the facility to ensure the CNAs training was up to date and identify areas where the CNAs needed more training and education.</p> <p>A facility policy titled Performance Evaluations revised 01/2007, documented performance evaluations would be completed at the 90-day introductory period and annually according to entity practices. The purpose of the performance evaluations were to assess an employee's achievements, determine areas where improvement may be needed, and establish goals for the upcoming performance period.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40142</p> <p>Based on observation, interview and document review, the facility failed to ensure the kitchen was maintained in a sanitary manner, food items were stored in accordance with facility protocol and expired food items were discarded. The deficient practice had the potential to place residents at risk for food borne illnesses.</p> <p>Findings include:</p> <p>On [DATE] at 7:40 AM, a tour of the kitchen revealed the following concerns:</p> <ol style="list-style-type: none"> 1. A tin can with no handle was observed inside a bulk container of flour. <p>The Kitchen [NAME] indicated the bulk container had a 50-pound (lb.) capacity and contents must be accessed with a scooper with handle to prevent hand contamination. Furthermore, the hand scooper must never be left inside the bulk container for sanitary reasons.</p> <ol style="list-style-type: none"> 2. A commercial-size double oven with five racks each was described by the [NAME] to be very dirty, with heavy grease build-up on oven doors and racks and crumbs on oven floor. <p>The [NAME] indicated the oven should be cleaned at least once a week but had not been cleaned for two weeks due to resignation of the former dietary manager two weeks ago. The [NAME] indicated a dirty oven placed food at risk for cross contamination and was a fire hazard due to heavy grease build-up.</p> <ol style="list-style-type: none"> 3. The topmost rack inside the walk-in freezer was observed to have dirt build-up. <p>The [NAME] confirmed the topmost rack which had food items stored underneath had dust build-up because delegation of cleaning tasks had not been clearly assigned since the former dietary manager resigned two weeks ago.</p> <ol style="list-style-type: none"> 4. A metal pan containing cooked ground meat was observed uncovered inside the freezer. <p>The [NAME] indicated the metal pan contained 20 lbs. of cooked ground beef which would be used later in the day. The [NAME] acknowledged all food items in the freezer must be covered until time of actual use for sanitation reasons and to preserve food quality and taste.</p> <p>On [DATE] at 8:15 AM, the Lead [NAME] confirmed the following observations inside the dry storage room of the kitchen:</p> <ul style="list-style-type: none"> -Six bottles Dijon mustard with expiration date [DATE] -Fifteen boxes of powdered sugar with expiration date [DATE] -Two bottles of salted caramel syrup with expiration date [DATE] <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Seven pouches of chocolate pie filling expiration [DATE]</p> <p>On [DATE] at 8:20 AM, the Lead [NAME] confirmed the expired food items and explained the former dietary manager resigned two weeks ago and the lead cook was new to the job role. The Lead [NAME] indicated delegation of kitchen tasks which included cleaning and inspection of storage areas for discarding of expired food items was a process the Lead [NAME] was still learning.</p> <p>On [DATE] at 9:17 AM, the Administrator explained the Kitchen Sanitation Audit Tool was a form which itemized all necessary kitchen tasks from cleaning to inspection of equipment and food storage areas. The Administrator explained the former dietary manager was responsible for completion of the form, but the dietary manager resigned two weeks ago which may have resulted in kitchen tasks not being done. The Administrator indicated the Lead [NAME] was new to the position and was still in the process of learning how to delegate kitchen tasks.</p> <p>The Sanitation and Food Safety policy revised [DATE], documented sanitation practices were followed to minimize the risk of contamination of food preventing food borne illnesses. The Dietary Manager monitored sanitation of the kitchen and developed, implemented and monitored a cleaning schedule wherein tasks were assigned to specific individuals which would include a cleaning schedule for each area and piece of equipment in the kitchen.</p> <p>The Food Safety - receiving and storage policy revised [DATE], documented staff would check for expiration dates to assure dates were within acceptable parameters. Refrigerated foods were properly covered, labeled and dated.</p>		