STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295048	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmon Hospital - Snf	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and document review, the facility failed to ensure 1) the dishwasher reached the proper sanitizing temperature for the wash cycle, 2) the storage of ice and ice scoops intended for resident use in a sanitary manor. The deficient practice had the potential to allow bacteria and germs to survive on dishware and bacteria to form on the ice causing foodborne illness and a source of contamination. Findings include: 1) On 01/07/2026 at 8:30 AM, during a tour of the kitchen with the Dietary Manager, the dishwasher temperature gauge registered 100 degrees Fahrenheit (degrees F) for the wash cycle. The Dietary Manager confirmed the temperature and explained the dishwasher should have reached a minimum of 120 degrees F for the wash cycle. The Dietary Manager indicated the temperature of 120 degrees F was required to ensure bacteria was killed and controlled. The facility policy titled Ware Washing Using Dishwashing Machine, revised 10/15/2025, documented utensils and dishes washed by a mechanical dishwasher were clean and sanitized. Staff were to check the temperature of the wash and rinse cycles verifying that both meet the temperature. Maintenance was to be notified if required temperatures were not reached. 2) On 01/08/2026 at 12:31 PM, a five-gallon round plastic food storage container was filled with ice was observed on top of a four-wheeled, three-tiered cart in the hallway adjacent to the skilled nursing station. A water pitcher liner was observed inside the container sitting on the ice and a black round serving tray sitting on top of the container being used as a lid. On the second tier of the cart, an uncovered plastic ice scoop was observed lying inside a stack of three uncovered gray bath basins. On 01/08/2026 at 12:58 PM, a Certified Nursing Assistant (CNA) was observed accessing the ice by removing a black serving tray from the container and using the water pitcher liner stored in the plastic ice container to scoop ice into resident pitchers. The CNA confirmed a water pitcher liner was being used as an ice scoop and was being stored in the ice container. On 01/08/2026 at 1:13 PM, the Infection Preventionist (IP) verified a five-gallon round plastic food storage container, was being used as an ice chest, covered by a black serving tray as a makeshift lid, and a water pitcher liner stored in the container with the ice, used by staff as an ice scoop. The IP explained residents' ice should have been obtained from the nutrition room on the 400 hall and was unaware staff had been using the container, makeshift lid, and water pitcher liners for ice scooping and distribution. On 01/08/2026 at 2:09 PM, the Resident Care Manager (RCM), and the Director of Nursing (DON) (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295048	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmon Hospital - Snf	2170 East Harmon Ave Las Vegas, NV 89119

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	verified resident ice should have been obtained from the nutrition room located on the unit and not by using the makeshift ice chests, lids and scoops. The facility policy titled: Ice-Storage and Ice making Machines, Sanitary Care and Maintenance policy, revised 05/15/2023, documented only ice scoops were to be used to obtain ice from ice storage containers and ice scoops were to be kept in a covered stainless steel, impervious plastic, or fiberglass tray when not in use.

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	295048	A. Building B. Wing	01/09/2026

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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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, interview and document review, the facility failed to ensure trash was contained and the area surrounding the dumpster was kept clean. The deficient practice had the potential to attract insects and rodents.Findings include: On 01/07/2026 at 8:51 AM, a tour of the dumpster storage area with the Dietary Manager revealed scattered debris on the ground near a dumpster including gloves, Styrofoam cups, and other random debris. The dumpster had a single top opening divided into two independently lifting lids. Half of the left-side lid was missing, leaving part of the dumpster uncovered.The facility policy titled Waste Disposal, revised 10/15/2025, documented waste was disposed of in a manner to prevent transmission of disease, nuisance or breeding place for insects and feeding places for rodents and other mammals. The area around the refuse dumpster was kept clean, odor and rodent free and waste containers were covered and closed.

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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. Based on interview and document review, the facility failed to ensure an up-to-date and complete Water Management Program (WMP) was maintained to prevent the growth and spread of Legionella bacteria. Findings include:On 1/8/2026, the Infection Preventionist and Regional Operations Plant Director explained the facility followed the Center for Disease Control (CDC) guidelines for the prevention of Legionella.The facility's WMP contained only a brief description of the building's water path and included a sample diagram from the CDC publication Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings. The sample diagram included a disclaimer stating it was for illustrative purposes only and not intended to be relevant to all buildings. A current, facility-specific water system diagram could not be located. The most recent document titled Water Safety Management Assessment & Plan was dated 11/22/2021. The Regional Operations Plant Director reported the facility had a contract with a water management vendor and that water testing for Legionella was performed in 2025. Chlorination and flushing were also reported; however, no recent documentation of these prevention measures was available for review.