

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Marquis Plaza Regency Post Acute Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 W. Cheyenne Ave. Las Vegas, NV 89108	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41903</p> <p>Based on observation, interview, record review, and document review, the facility failed to notify the resident representative of an incident, and a skin tear identified for 1 of 5 sampled residents (Resident 1). The deficient practice had the potential to deprive the resident's representative the right to be informed of changes to the resident's health status.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted [DATE], with diagnosis including encounter for attention to gastrostomy, urinary tract infection, and pneumonitis due to inhalation of food and vomit.</p> <p>An Admissions Social Services document effective date 01/03/2025, documented R1's cognitive status was confused. A Brief Interview for Mental Status Assessment (BIMS) was unable to be conducted due to communication deficits. R1 was difficult to be understood and at times responses, when understood, were inconsistent with the questions.</p> <p>A Care Plan initiated 01/13/2025, documented R1 had cognitive deficit characterized by deficit in memory, judgment, decision making and thought process related to Transient Ischemic Attack, short term memory loss.</p> <p>An Admissions Record dated 01/02/2025, listed a family member as R1's representative and emergency contact, along with a phone number provided.</p> <p>A Behavior Note dated 01/24/2025 at 1:18 AM, documented R1 was confused, anxious, agitated, combative, and tried to get out of bed multiple times. R1 was redirected and did not comply. In order to provide a safety environment, R1 was transferred to a wheelchair and moved nearby to the nurse's station. During transfer R1 started kicking and swinging, acquired an open area on R1's left lower leg, and a dressing was applied.</p> <p>A Skin and Wound Evaluation dated 01/24/2025 at 5:27 PM, documented a new skin tear on R1's front, left lateral, lower leg, in-house acquired. A Physician's Assistant was notified. The Skin and Wound Evaluation lacked documented evidence R1's representative was notified of the newly identified skin tear.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's medical record lacked documented evidence R1's representative was notified of the incident and skin tear that took place on 01/24/2025.</p> <p>On 05/06/2027 at 9:42 AM, the Resident Case Manager, reported R1's family was very active and hands on with R1's care.</p> <p>On 05/06/2027 at 1:13 PM, the Resident Case Manager, confirmed the medical record lacked documented evidence the resident's family was notified of the incident and skin tear acquired. The Resident Case Manager acknowledged the family should have been notified of the incident and skin tear, especially because the resident was incoherent.</p> <p>On 05/06/2027 at 1:41 PM, the Administrator confirmed R1's medical record lacked documented evidence the family was notified of the incident and skin tear. The Administrator acknowledged the family should have been notified of the incident and skin tear. The Administrator explained since the incident happened late at night, the family should have been notified by the following morning.</p> <p>A facility policy titled Change in a Resident's Condition or Status revised 08/01/2021, documented the facility shall notify the resident, his or her Attending Physician/Medical Professional, and resident representative of changes in the resident's medical/mental condition and/or status. The Nurse should notify the resident's representative including when the resident was involved in any accident or incident that resulted in an injury, including injuries of an unknown source, and if there was a significant change in the resident's physical, mental, or psychosocial status.</p> <p>Complaint NV00073412</p>		