

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  The Heights of Summerlin, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  10550 Park Run Drive Las Vegas, NV 89144	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50513</p> <p>Based on observation and interview, and record review, the facility failed to ensure medicated wound care barrier cream were secured for 1 of 16 sampled residents (Resident 2). The deficient practice had the potential risk of unauthorized access to medication, or misuse of medication within the facility.</p> <p>Findings include:</p> <p>Resident 2 (R2) was admitted to the facility on [DATE] with a diagnosis including atherosclerotic heart disease, chronic diastolic heart failure, and fracture around the right hip joint.</p> <p>On 01/16/2025 at 4:03 PM, a clear medication cup with an iridescent white cream was observed on R2's overbed tray table.</p> <p>On 01/16/2025 at 4:12 PM, a Licensed Practical Nurse (LPN) confirmed the iridescent white cream was a medicated cream used by the wound care team. The LPN confirmed the medicated cream should not have been left in R2's room.</p> <p>On 01/17/2025 at 8:37 AM, a Wound Care Nurse confirmed the iridescent white cream the wound care team used was Triad Hydrophilic Wound Dressing used to help maintain a skin barrier. The Wound Care Nurse verbalized the wound care team would occasionally leave a medication cup of the Triad Hydrophilic Wound Dressing next to the resident for other nurses to apply during resident care. The Wound Care Nurse acknowledged the barrier cream should not have been left at R2's overbed tray table.</p> <p>On 01/17/2025 at 2:26 PM, the Director of Nursing confirmed the barrier cream was a medication and should have been secured.</p> <p>The facility policy titled Medication Labeling and Storage revised on 02/2023, documented all medications and biologicals must be stored in locked compartments with only authorized personnel having access to keys.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 295083
		If continuation sheet Page 1 of 1