

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 03/27/2026
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and document review the facility failed to ensure care and management orders for indwelling Foley catheter were obtained and implemented for 2 of 38 sampled residents (Resident 226 and Resident 199). The deficient practice had the potential to place residents at risk for infection. Findings include: Resident 226 (R226) was admitted on [DATE] and discharged on 01/11/2026 with diagnoses including polyneuropathy, acute respiratory failure and acute pulmonary edema.</p> <p>A Nursing Documentation Evaluation dated 12/19/2025 documented urinary devices: Foley catheter.</p> <p>The admission Minimum Data Set (MDS) dated [DATE] documented R226 had an indwelling Foley catheter.</p> <p>R226's medical record lacked physician orders for the care and management of the Foley catheter.</p> <p>On 03/27/2026 at 9:16 AM, the Director of Nursing (DON) reviewed R226's medical record and confirmed R226 lacked physician orders regarding care and maintenance of the Foley catheter. The DON expected monitoring and maintenance orders for the Foley catheter to have been implemented.</p> <p>Resident 199 (R199) was admitted on [DATE], with diagnoses including prostate cancer, benign prostatic hyperplasia and urinary tract infection (UTI).</p> <p>On 03/24/2026 in the morning, R199 laid awake in bed with family at bedside. A urine meter bag (a specialized drainage device with an integrated calibrated chamber attached to a larger drainage bag) hung on the left side of the bed, filled with 350 milliliters (ml) of clear yellow urine. R199 reported no one had emptied the urinary bag this morning, the Foley catheter had not been replaced since admission and no one cleansed R199's insertion site routinely. The family member indicated visiting R199 often and personally took care of R199's cleaning needs by themselves because staff was not providing care consistently.</p> <p>On 03/24/2026 at 10:32 AM, a certified nursing assistant (CNA) indicated not being assigned to R199 and confirmed R199's urinary bag was full and should have been emptied at start of shift by the assigned CNA. The CNA lifted blanket which revealed R199 had a French 16/10 ml balloon sized Foley catheter with white stabilizer attached to left thigh. The CNA indicated the stabilizer was undated with edges coming loose at the edges.</p> <p>The admission minimum data set MDS dated [DATE], revealed R199 had intact cognition, and was admitted with an indwelling catheter. (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
---	-------	-----------

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 03/27/2026
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An admission history and physical dated 03/03/2026, revealed R199 was treated for urinary tract infection (UTI) at the hospital. A Foley catheter was placed which improved urine retention.</p> <p>A nursing documentation evaluation completed on 03/04/2026, documented R199 was admitted with a Foley catheter device.</p> <p>The medical record lacked documented evidence, care and management orders for R199's Foley catheter were obtained, transcribed into electronic health record (EHR) and carried out.</p> <p>On 03/24/2026 at 10:40 AM, a Registered Nurse (RN) working in the unit indicated not being assigned to R199's but accessed the resident's EHR and confirmed there were no care orders entered for R199's indwelling catheter since admission on [DATE] and therefore no documented routine care.</p> <p>On 03/24/2026 at 10:41 AM, the RN assigned to R199 entered the room while the CNA was emptying the resident's urinary bag. The RN confirmed the stabilizer on R199's left thigh was undated and was loose at the edges. The RN was present when R199 and family stated the Foley catheter had not been replaced since admission and cleansing of site was not being routinely performed.</p> <p>On 03/24/2026 at 10:41 AM, the RN left the resident's room and reviewed R199's EHR. The RN indicated being aware R199 was admitted with a Foley catheter and was treated for UTI at the hospital prior to admission. The RN confirmed care and management orders for R199's indwelling catheter were not obtained from the physician, transcribed into EHR, and therefore there was no documentation routine care was performed for the resident's Foley catheter.</p> <p>On 03/24/2026 at 10:44 AM, the RN explained when a resident was admitted with a Foley catheter, the nurse would obtain the following from the attending physician: 1) justification for continued use, 2) perineal cleansing every shift, 3) Foley and balloon size when device needed to be replaced for dislodgement or leakage, 4) record output if needed, and 5) assessment of site and urine characteristics and reporting abnormal findings to physician. The RN indicated there was an oversight on the part of the admitting nurse which placed the resident at risk for recurrent UTI.</p> <p>On 03/26/2026 at 1:32 PM, the Director of Nursing (DON) confirmed care orders were not obtained and entered by the admitting nurse which would include: 1) general order for Foley size, 2) justification for use 3) irrigation as needed 4) twice daily catheter care which included cleaning around insertion site and emptying the bag. According to the DON, no orders resulted in no documented care in the medication administration record.</p> <p>The Urinary Catheter policy dated 11/15/2021, documented each indwelling catheter must have a valid medical justification for use. Catheters would not be replaced on a routine basis but rather when there was leakage, dislodged or clogged.</p> <p>The facility's admission Assessment and Follow Up: Role of the Nurse policy (undated), documented an admission assessment would be conducted on all new residents and communicate findings of the initial assessment to the attending physician and obtain admission orders based on these findings.</p> <p>Complaint 2715581</p>		