

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Marquis Care at Centennial Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  6351 N Fort Apache Rd Las Vegas, NV 89149	

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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51395</p> <p>Based on interview, record review and document review, the facility failed to update discharge instructions and failed to notify the physician of the changes in the discharge plan for 1 of 4 sampled residents (Resident 1). The deficient practice had the potential for a resident not to receive the necessary provisions for continuation of care.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted on [DATE] and discharged on [DATE] with diagnoses including urinary tract infection, atrial fibrillation, and unstageable pressure ulcer site unspecified.</p> <p>The physician discharge summary dated 02/18/2025 documented to discharge R1 home with home health, Registered Nurse (RN), Physical Therapy (PT), and Occupational therapy (OT) for maximizing strength and safety.</p> <p>A discharge order request dated 02/18/2025 documented discharge services of home health, nursing, PT, OT, social worker, bath aide and wound care three times a week for pressure wound on sacrum and right heel.</p> <p>An Interdisciplinary Team (IDT) discharge note date 02/18/2025 at 12:47 PM, documented the social worker received a message from R1's insurance provider indicating R1's family member cancelled the home health consult and reported the family will do wound care themselves.</p> <p>An IDT discharge note dated 02/18/2025 at 1:47 PM, documented R1's family were educated about discharge instructions. The Discharge Instruction document with effective date 02/10/2025 documented home health services consisting of Nursing, PT, OT, Social Worker, bath aid and wound care was the instructions educated to R1 and family.</p> <p>R1's face sheet (demographics) documented date of discharge 02/18/2025 at 3:48 PM.</p> <p>On 02/20/2025 at 12:00 PM, the Director of Nursing (DON) verified staff were notified prior to the discharge that home health and wound care were cancelled. The DON confirmed this was a change in the discharge plan and the facility should have followed up to ensure family was able to manage the care and education was provided if required.</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/20/2025 at 12:45 PM, a social worker confirmed R1's discharge plan changed, and the physician should have been made aware. The social worker stated Adult Protective Services could also have been contacted to follow up.</p> <p>On 02/20/2025 at 1:12 PM, the Director of Rehab (DOR) stated being part of the IDT team and were aware the family had canceled home health. The DOR stated with the services having been canceled the discharge would not be safe as R1 required assistance with transfers, wound care, and activities of daily living. The physician should have been notified and there should be a follow up such as notifying Adult Protective Services for a welfare check.</p> <p>On 02/20/2025 at 1:53 PM, the DON confirmed the discharge instructions provided by the nurse to R1 were for home health and wound care services. The expectation was for the staff to communicate and update the discharge documentation.</p> <p>On 02/20/2025 at 2:42 PM, a Registered Nurse (RN) stated was unaware R1's family cancelled the home health, and the discharge instructions should have been updated.</p> <p>The facility policy titled Anticipated Discharge Summary- Post Discharge Plan with revision date 11/2017, documented discharge instructions were to provide instructions, and to communicate needs for the resident's safe transition to community setting such as home, or independent living.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51395</b></p> <p>Based on interview, record review and document review, the facility failed to provide documented evidence wound care treatments were provided per the physician's order for 1 of 4 sampled residents (Resident 1). The deficient practice had the potential to place the resident at risk for delayed healing of a wound.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted on [DATE] and discharged on [DATE] with diagnoses including urinary tract infection, atrial fibrillation, and unstageable pressure ulcer site unspecified.</p> <p>A physician's order dated 12/05/2024 documented Silvadene External Cream 1 % (Silver Sulfadiazine) apply to sacrum topically every day shift, every other day for skin impairment. Cleanse stage 3 pressure injury to sacrum with normal saline and pat dry, apply no sting skin prep to surrounding skin, apply Silvadene/ Triad mix to wound bed, cover with calcium alginate then cover with dry dressing.</p> <p>R1's Treatment Administration Record (TAR) for the stage 3 pressure area of the sacrum lacked documented evidence wound care treatments were completed on 12/28/2024 and 01/27/2025.</p> <p>On 02/20/2025 at 10:50 AM, a Licensed Practical Nurse (LPN) who identified as the wound care nurse, verbalized wound treatments were documented in the TAR. If treatments were missed a progress note was made. The wound care nurse reviewed the TAR for December 2024 and January 2025 and confirmed the undocumented treatment for 12/28/2024 and 01/27/2025. The wound care nurse verbalized documentation in the record was needed to indicate why the treatment was not signed as being performed, with no signature there was no way to verify the treatment was completed.</p> <p>On 02/20/2025 at 11:38 PM, the Director of Nursing (DON) stated staff were to document performance of wound care treatments on the TAR. If the treatment was refused or staff were unable to complete the treatment, a note would be entered on the TAR. If the TAR was blank, it indicated there was no documentation. The DON stated the expectation was for something to be documented on the TAR regarding what occurred with the resident. The DON confirmed there was no documented evidence the treatment was performed on 12/28/2024 and 01/27/2025 for R1.</p> <p>The facility policy titled Wound Care- Level II with revision date of 03/2017, documented the following information would be recorded in the resident's medical record:</p> <ul style="list-style-type: none"> <li>-Wound care provided (TAR)</li> <li>-The date and time the wound care was given, electronically recorded.</li> <li>-The name and title of the individual performing the wound care.</li> <li>-Notify the Charge Nurse and/or Director of Nursing if the resident refuses the wound care.</li> </ul> <p>(continued on next page)</p>		

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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>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51395</b></p> <p>Based on interview, record review and document review, the facility failed to provide documented evidence a resident's midline (a long, thin, flexible tube inserted into a large vein of the upper arm used to administer medication into the bloodstream) was removed, and a site assessment was performed upon discharge for 1 of 4 sampled residents (Resident 1). This deficient practice had the potential for an increased risk of infection and to compromise the residents' health.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted on [DATE] and discharged on [DATE] with diagnoses including urinary tract infection, atrial fibrillation, and unstageable pressure ulcer site unspecified.</p> <p>A physician's order dated 02/18/2025 documented to discontinue midline related to completion of intravenous (IV) medication regimen.</p> <p>On 02/20/2025 at 2:35 PM, a Registered Nurse (RN) stated when an order for the midline removal was received from the physician, the removal was documented in the progress notes and was to include an assessment indicating the condition of the site, if there was any bleeding, or other concerns noted.</p> <p>R1's medical record lacked documentation the midline was discontinued, and a site assessment was performed.</p> <p>On 02/20/2025 at 3:11 PM, the Director of Nursing (DON) confirmed the midline removal for R1 should have been recorded on the Medication Administration Record (MAR) and a progress note entered to reflect an assessment of the site, any signs of infection and how R1 tolerated the process.</p>