STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295097	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Skye Canyon Post Acute	6650 Grand Montecito Parkway 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and document review the facility failed to ensure infection control practices were maintained for 1 of 20 sampled residents (Resident 41). The deficient practice had the potential to increase risk of cross-contamination, spread infectious diseases, and compromise health and safety for residents. Findings include:Resident 41 (R41) was admitted on [DATE] with diagnoses including rheumatoid arthritis, type 2 diabetes mellitus with hyperglycemia, and cognitive communication deficit. A physician order dated 04/04/2026 documented strict isolation precaution via private room / alone in room and not cohort with another resident due to active infectious disease. All services will be provided inside the private room.A physician order dated 04/04/2026 documented Contact Precautions due to clostridium difficile (C. Diff- a highly contagious bacterium that causes diarrhea and colitis) until 04/17/2026.R41 had a sign posted to the right of the door which documented the following:-Contact Precautions: put on gloves and gown before room entry and discard gloves and gown before room exit. A plastic three drawer storage bin stocked with personal protective equipment (PPE) including disposable gloves and gowns was present outside R41's room.A care plan dated 04/04/2026 documented the resident required contact precautions due to C. Diff with interventions including educating the resident and visitor(s) about isolation precautions, stress hand hygiene when visiting resident, and use of personal protective equipment as recommended for type of infection. On 04/09/2026 at 2:39 PM, a visitor who identified themselves as R41's family member, was seated in chair on right side of R41's bed. R41 was lying supine in bed. The chair was positioned within one foot of R41's bed. The family member was barefoot and began applying socks to their feet. The family member was not wearing a disposable gown or gloves. The family member's dog was lying in the bed next to R41's lower right leg. The family member was aware R41 was on isolation for c-diff. and indicated the staff had explained it was optional, if they wanted, to use PPE when visiting. On 04/09/2026 at 2:47 PM, the Infection Preventionist (IP) explained the expectation was to educate and encourage visitors to adhere to use PPE when visiting residents in isolation rooms. The IP explained the use of PPE was not optional for family members.The facility policy titled Isolation-Transmission-Based Precautions and Enhanced Barrier Precautions, revised 09/2022, documented contact precautions staff and visitors wear gloves (clean, non-sterile) when entering the room. Staff and visitors wear disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown removed.

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