

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Sage Creek Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2350 lone Road Las Vegas, NV 89123	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46265</p> <p>Based on interviews, record review, and document review, the facility failed to ensure wound care physician orders were being implemented daily for two sampled residents (resident 1 and resident 2). The deficient practice increased the risk of further skin breakdown and infections.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted on [DATE] and readmitted on [DATE] with diagnoses including rhabdomyolysis (breakdown of muscle tissue), and sepsis.</p> <p>A physician order dated 08/28/2024 documented to apply ace wraps to bilateral lower extremities due to swelling every shift.</p> <p>A physician order dated 09/06/2024 documented to apply Triad and antifungal powder to right flank and leave open to air.</p> <p>The medical record lacked documented evidence of ace wrap or treatment to right flank was performed on the following dates:</p> <ul style="list-style-type: none"> - 09/07/2024 - 09/08/2024 - 09/12/2024 - 09/13/2024 <p>A physician order dated 09/06/2024, documented to clean left lateral foot with wound cleanser or normal saline, pat dry, apply skin prep and leave open to air every Wednesday, Friday, and Sunday.</p> <p>A physician order dated 09/06/2024, documented to cleanse right heel with wound cleanser or normal saline, pat dry, apply triad and honey, cover with foam dressing every Wednesday, Friday, and Sunday.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 295098	If continuation sheet Page 1 of 3

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician order dated 09/06/2024 documented to clean right lateral foot with wound cleanser or normal saline, pat dry, apply triad and honey, and cover with foam dressing every Wednesday, Friday, and Sunday.</p> <p>A physician order dated 09/06/2024 documented to cleanse coccyx with normal saline or wound cleanser, pat dry, apply triad to peri-wound, honey gel to wound base, and cover with border gauze then a foam dressing every Wednesday, Friday, and Sunday.</p> <p>A physician order dated 09/06/2024 documented to cleanse left heel with normal saline or wound cleanser, pat dry, and cover with a foam dressing every Wednesday, Friday, and Sunday.</p> <p>A physician order dated 09/06/2024 documented to cleanse left lateral knee with betadine, apply calcium alginate and cover with a foam dressing every Wednesday, Friday, and Sunday.</p> <p>A physician order dated 09/06/2024 documented to cleanse spine with normal saline or wound cleanser, pat dry, apply triad to peri-wound, honey-gel to wound base and cover with a border gauze and then a foam dressing every Wednesday, Friday, and Sunday.</p> <p>The medical record lacked documented evidence physician orders were implemented on 09/08/2024 (Sunday) and 09/13/2024 (Friday) regarding multiple wounds for R1.</p> <p>Resident 2 (R2)</p> <p>R2 was admitted on [DATE] with diagnoses including muscle weakness and end stage renal disease.</p> <p>A physician order dated 09/09/2024 documented to cleanse right groin puncture site with normal saline or wound cleanser, pat dry, apply dry dressing daily and as needed.</p> <p>The medical record revealed no regular treatment or as needed treatment was completed on the following dates:</p> <ul style="list-style-type: none"> - 09/13/2024 - 09/14/2024 - 09/15/2024 <p>A physician order dated 09/09/2024 documented to cleanse coccyx with normal saline or wound cleanser, pat dry, apply zinc and leave open to air daily.</p> <p>The medical record lacked documented evidence wound care was performed on the following dates:</p> <ul style="list-style-type: none"> - 09/13/2024 - 09/15/2024 - 09/20/2024 <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 09/21/2024</p> <p>- 09/25/2024</p> <p>On 09/26/2024 at 9:55 AM, a wound care Licensed Practical Nurse (LPN) indicated being familiar with R1 and R2. The LPN verbalized there was coverage every day of the week for wound care. One nurse would work the first part of the week (Monday, Tuesday, and Wednesday) and would double up on Wednesday for weekly rounds with the wound physician. A different nurse would work Wednesday, Thursday and Friday. The wound nurse indicated there would be coverage on the weekend as well.</p> <p>On 09/26/2024 at 12:51 the LPN indicated when treatment was done it would be documented in the treatment administration record (TAR). The LPN acknowledged there were missing dates for R1 and R2. The LPN explained the process would be to document in the TAR or a progress note and if it was not in either place, the treatment would be considered as not being completed.</p> <p>The LPN confirmed for the dates in question, wound care was not completed for R1 or R2 and there were no progress notes to explain the missing dates. The LPN explained there was a period in September where the facility was in the process of replacing a wound nurse and when new staff was in place, some of the wound treatments might have been missed.</p> <p>On 09/26/2024 at 1:49 PM the Director of Nursing (DON) explained the expectation of nursing staff would be to document in TAR when wound care was completed or make a progress note to explain why wound care was not performed as ordered. The DON acknowledged the missing dates in the treatment administration record and verbalized it was not acceptable. The DON indicated consequences of not following the physician orders could potentially cause skin breakdown and further injury.</p> <p>The facility policy titled Wound Care Purpose (revised October 2010) documented to verify physician order, to document type of wound care given, date and time wound care was provided, name and title of person providing wound care, any changes in condition and assessment data of wound observation. The stated purpose of policy was to promote healing of wounds.</p>		