

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  06/28/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40131</p> <p>Based on observation, interview, record review, and document review, the facility failed to ensure a splint was applied to treat a fractured shoulder as ordered for 1 of 15 sampled residents (Resident 22). The deficient practice may increase the risk of further injury, delayed healing, and potential complications related to the untreated fracture.</p> <p>Findings include:</p> <p>Resident 22 (R22)</p> <p>R22 was admitted on [DATE], with diagnoses including a history of falling and a nondisplaced fracture of the greater tuberosity of the left humerus (left upper arm bone).</p> <p>The Brief Interview of Mental Status dated 05/23/2024, documented a score of 15/15, which indicated R22's cognitive status was intact.</p> <p>A Physician order dated 06/20/2024, documented non-weight bearing of the left upper extremity with the left arm sling on at all times. Release every shift and check for skin integrity.</p> <p>On 06/25/2024 at 12:05 PM, R22 was in bed and indicated having fallen at home, which sustained a left fractured shoulder. R22 indicated could barely walk without assistance. R22 indicated had been using a sling, but it was not applied daily.</p> <p>On 06/26/2024 at 10:00 AM, R22 was in bed, awake, and verbally responsive. No sling was in place. R22 revealed the fractured shoulder continued to cause pain, and the sling was inconsistently applied.</p> <p>On 06/26/2024 at 1:45 PM, a Licensed Practical Nurse (LPN) indicated R22 had a fractured shoulder on the left shoulder due to a previous fall incident at home. The LPN confirmed R22 was required to wear a sling at all times, but it was not in place. The LPN indicated R22 was wearing a sling earlier but could not find the sling in place or in R22's room. The LPN had instructed the Certified Nursing Assistant (CNA) to look for the sling.</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
---	-------	-----------

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  06/28/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/26/2024 at 1:50 PM, the Director of Staff Development (DSD) indicated R22's sling was applied this morning but was uncertain as to why the sling was not in place. The DSD indicated the staff was responsible for applying the sling and should have ensured placement as ordered.</p> <p>On 06/26/2024 at 2:05 PM, another CNA tried to look for a sling and applied it to R22.</p> <p>On 06/27/2024 at 2:30 PM, R22 was in bed with a sling in place. The sling was loose. R22 indicated the sling was not fitting properly, was not the right kind, and was not helping with the fractured shoulder. The LPN confirmed the observation.</p> <p>On 06/28/2024 at 8:58 AM, the Director of Rehabilitation Services (DORS) indicated R22's left fractured shoulder was due to a fall incident at home and the reason for hospitalization . The DORS indicated R22 was weak and required maximum assistance with lower body dressing, toileting, bed mobility, and only ambulating five feet during the initial evaluation. The DORS indicated the licensed nurse or therapist was responsible for ensuring the sling was applied as ordered to immobilize R22's fractured shoulder to prevent further injury.</p> <p>A facility policy titled Assistive Devices and Equipment, revised in January 2020, documented the facility maintained and supervised the use of assistive devices and equipment for residents.</p>		

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  06/28/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40131</p> <p>Based on observation, interview, record review, and document review, the facility failed to ensure fall interventions and management had been implemented when a resident's risk factors were identified upon admission and categorized as high risk for falls for 1 of 15 sampled residents (Resident 22). The deficient practice could have the potential for further fall incidents and inadequate management of existing fall-related injuries.</p> <p>Findings include:</p> <p>Resident 22 (R22)</p> <p>R22 was admitted on [DATE], with diagnoses including a history of falling and a nondisplaced fracture of the greater tuberosity of the left humerus (left upper arm bone).</p> <p>A Care Plan dated 05/16/2024, documented R22 was at risk for falls related to altered balance while standing and/or walking, a history of falls, fractures, weakness, and an unsteady gait. The interventions included keeping the bed in a low position.</p> <p>On 06/25/2024 at 12:05 PM, a yellow star fall indicator was in place by R22's entrance door frame. R22's bed's height was at waist level, no fall mats in place. R22 was in bed and indicated had fallen at home, resulting in a left shoulder fracture. R22 indicated could barely transfer or walk without assistance.</p> <p>On 06/26/2024 at 11:07 AM, R22 was in bed, awake and verbally responsive. R22 indicated the fractured shoulder was painful. R22 indicated had fallen at the facility few days ago. A Licensed Practical Nurse (LPN) confirmed R22's bed's height was in high position and should have been lowered because R22 was a high risk for fall.</p> <p>The Nursing Progress Notes dated 06/19/2024, documented R22 had an unwitnessed fall; R22 was found on the floor; an assessment was performed and R22 was put back to bed. R22's bed was set to the lowest position, and the charge nurse and physician were notified.</p> <p>The Post-Fall-Review dated 06/19/2024, documented a score of 17, which indicated R22 was a high risk of falling. R22 suffered a recent fall. R22 exhibited a loss of balance while standing and required hands-on assistance to move from place to place.</p> <p>A Care Plan revised on 06/20/2024 documented R22 had an unwitnessed fall and was at risk for a change in neurological status, fear of falls, injury, loss of range of motion, pain, and recurring falls. The unwitnessed fall occurred on 06/19/2024. The interventions included keeping the bed in a low position.</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/26/2023 at 12:52 PM, another LPN indicated the facility fall protocols utilized a fall indicator: a red star indicating high risk and a yellow star indicating moderate risk. The facility kept the fall risk bracelet from the hospital. The LPN explained the fall risk resident was monitored every hour, and the bed was placed in the lowest position with the fall mat in place. If the resident's fall was unwitnessed, a neuroassessment was initiated, risk management was completed, and the physician and the family were notified.</p> <p>On 06/26/2023 at 1:06 PM, a Registered Nurse (RN) confirmed R22 was at high risk for falling due to a recent fall and had fallen at home, which resulted in a shoulder fracture. The RN confirmed R22's bed was not in the lowest position.</p> <p>On 06/26/2024 at 1:31 PM, a Certified Nursing Assistant (CNA) indicated if a resident was at high risk for falling, the resident's bed should have been in a low position to prevent the impact of a fall. The CNA explained the importance of conducting frequent rounds at least every hour to ensure the safety of the residents.</p> <p>On 06/27/24 at 08:02 AM, R22 was seated at the edge of the bed with the breakfast tray set up at the bedside. R22's bed was in a high position, with the head of the bed elevated at 45 degrees. R22 attempted to transfer to the chair by grabbing the rails. Both lower extremities were hanging off the bed and tiptoeing on the floor. A Physical Therapist (PT) walking by in the hallway was called and assisted R22. The PT confirmed R22's bed was in a high position. The PT indicated the staff would be reminded of R22's fall precautions.</p> <p>On 06/28/2024 at 8:58 AM, the Director of Rehabilitation Services (DORS) indicated R22 had sustained a fractured shoulder due to a fall incident at home, which was the reason for hospitalization . The DORS indicated R22 was weak, required maximum assistance with lower body dressing, toileting, and bed mobility, and could only walk five feet. The DORS indicated R22 was a high risk for falls.</p> <p>A facility policy titled Falls and Fall Risks, Managing, revised March 2018, documented based on previous evaluations and current data, the staff would identify interventions related to the resident's specific risks and causes to prevent the resident from falling and to try to minimize complications from falling. The fall risk factors contributed to the risk of falls included incorrect bed height.</p>		

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  06/28/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40142</p> <p>Based on observation, interview, record review and document review, the facility failed to ensure perineal care (process of washing the genitalia and anal area to maintain hygiene and prevent infections) was provided in accordance with facility procedure for a resident with an indwelling catheter and urinary tract infection (UTI) history for 1 of 15 sampled residents (Resident 15). The deficient practice placed the resident at risk for recurrent UTI.</p> <p>Findings include:</p> <p>Resident 15 (R15)</p> <p>R15 was admitted on [DATE] and readmitted on [DATE], with diagnoses including Alzheimer's disease, chronic kidney disease stage four and urinary tract infection.</p> <p>On 06/25/2024 in the morning, R15 laid awake in bed, was able to respond to simple questions but had difficulty sustaining conversation. A covered indwelling urinary catheter bag was hanging on left side of bed, stabilized by an anchor on left leg.</p> <p>A Physician Order dated 05/25/2024, documented to cleanse indwelling catheter site with warm soap and water. Rinse then pat dry, every shift.</p> <p>On 06/27/2024 at 10:30 AM, a Certified Nursing Assistant (CNA) prepared two basins, one with warm water and the other with soap and water. Upon pulling up R15's gown, the urinary catheter was observed to be kinked and looped around the anchor stabilizer. The CNA confirmed the catheter tubing was kinked and looped around the anchor stabilizer causing urine obstruction and some backed up urine. The CNA unkinked the urinary tubing and proceeded to 1) wash the tubing with soap and water, 2) rinse the tubing with plain water and 3) dry the tubing with clean cloth. The CNA then placed the tubing back into the anchor stabilizer, announced the procedure was complete while placing a new incontinent brief on R15.</p> <p>On 06/27/2024 at 10:47 AM, the CNA acknowledged not washing R15's perineal area.</p> <p>On 06/27/2024 at 11:16 AM, the Infection Preventionist (IP) was present when the CNA acknowledged perineal care was not performed during R15's urinary catheter care this morning. The CNA explained perineal care was part of catheter care and was defined as washing the resident's genital area with soap and water to prevent infections. The CNA verbalized when perineal care was not performed, residents with indwelling catheters were placed at a higher risk for infection and discomfort.</p> <p>On 06/27/2024 at 11:20 AM, the IP indicated the CNA did not follow the facility's procedure for urinary catheter care when the CNA missed to clean R15's perineal area as detailed in the policy. The IP stated R15 was transferred to the hospital on 05/18/2024 for treatment of a urinary tract infection (UTI) and returned to the facility on [DATE] with antibiotic therapy. The IP indicated the CNAs practice placed R15 at a higher risk for another UTI.</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Urinary Catheter Care policy revised August 2022, documented the purpose for this procedure was to prevent catheter-associated complications, including urinary tract infection. Perineal hygiene procedure included washing the urethral meatus (the opening at the end of the urethra where urine exits the body) using a washcloth with warm water and then rinse. Keep the catheter tubing free of kinks.</p>		

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  06/28/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40131</p> <p>Based on observation, interview, record review, and document review, the facility failed to ensure: 1) a resident's baseline weight was obtained upon admission and weekly weights were obtained thereafter for 1 of 15 sampled residents (Resident 168), and 2) a nutritional assessment was completed for residents with significant weight change for 2 of 15 sampled residents (Residents 20 and 16). The deficient practice had the potential for the facility to delay implementing nutritional interventions to prevent weight loss.</p> <p>1) Resident 168 (R168)</p> <p>R168 was admitted on [DATE] and readmitted on [DATE], with diagnoses including an amputation stump, absence of the right and left legs below the knee.</p> <p>Review of R168's medical record revealed the following recorded weights:</p> <p>-01/30/2024: 114.2 pounds (lbs.)</p> <p>-01/24/2024: 114.0 lbs.</p> <p>-01/22/2024 (no weight was obtained on Monday)</p> <p>-01/15/2024 (no weight was obtained on Monday)</p> <p>-01/08/2024 (no weight was obtained on Monday)</p> <p>-01/05/2024 (no baseline weight was obtained upon admission)</p> <p>-11/08/2023: 130.0 lbs. (previous weight before discharge).</p> <p>-11/01/2023: 132.0 lbs.</p> <p>-10/31/2023: 132.0 lbs.</p> <p>Review of R168's medical record revealed the following recorded admissions and discharges:</p> <p>-02/02/2024, R168 was discharged .</p> <p>-01/05/2024: Active status</p> <p>-11/17/2023, R168 was discharged .</p> <p>-10/28/2023: Active status</p> <p>The Admission Nutritional Risk Assessment, dated 01/09/2024, documented a weight loss of 16 lbs. The Registered Dietitian (RD) recommended R168's weight should have been obtained.</p> <p>(continued on next page)</p>

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  06/28/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R168's medical records lacked documented evidence the weight was obtained upon admission and weekly weights were obtained thereafter.</p> <p>On 06/28/2024 at 11:35 AM, the RD started working in the facility in November 2023. The RD indicated the process of weight management was to obtain the resident's weight upon admission and weekly thereafter on Mondays, and to reweigh for any discrepancies on Tuesdays. The RD confirmed R168's weight was not obtained upon admission on 01/05/2024, nor were the weekly weights on 01/08/2024, 01/15/2024, and 01/22/2024. The RD recounted the nursing department was advised verbally but was uncertain as to why R168's weights were not obtained.</p> <p>The RD confirmed the weight was taken on 01/24/2024, which was 19 days after R168's admission. The RD acknowledged R168 had a documented weight loss of 16 lbs. The RD explained the previous weight on 11/08/2024 (previous admission), was 130 lbs., and the weight on 01/24/2024, was 114 lbs. which was more than two months after R168's previous discharge. The RD explained the computation was automatic if no baseline weight was obtained on readmission. The RD conveyed the baseline weight was crucial, as were the weekly weights, to monitor the changes and prevent delayed interventions.</p> <p>On 06/28/2024 at 12:41 PM, the [NAME] Clerk (WC) indicated started obtaining the residents' weights two months ago. The Weight Day was every Monday, and all the residents got weighed. The residents reweigh on Tuesdays for refusal or for any discrepancies. The RD was notified of all the weights in the event of a discrepancy. The WC explained the RD was in charge of monitoring the resident's weight and providing directions.</p> <p>On 06/28/2024 at 1:48 PM, the Charge Nurse (CN) indicated the process was to obtain the weights upon admission and weekly thereafter. The CN confirmed there was no documentation of R168's refusal of the weights or the physician was notified of the missed weights.</p> <p>A facility policy titled Weight Assessment and Intervention March 2022, documented residents were weighed upon admission and at intervals established by the interdisciplinary team.</p> <p>41903</p> <p>2) Resident 20 (R20)</p> <p>R20 was admitted on [DATE] and readmitted [DATE], with diagnosis including dysphagia following unspecified cerebrovascular disease, chronic respiratory failure with hypoxia, and unspecified protein-calorie malnutrition.</p> <p>A Nutritional Risk assessment dated [DATE], documented most recent weight was 218 pounds (lbs) and R20 had inconsistent intake. Weight change was anticipated with edema and diuretic order.</p> <p>A Care Plan initiated 05/01/2024, documented nutritional risk, potential for altered nutrition and hydration status related to recent hospitalization .</p> <p>A Nutritional Risk document, undated, documented R20 had the potential for altered nutrition and/or hydration status related to recent hospitalization . Goal was for R20 not to exhibit signs/symptoms of malnutrition to extent possible. Interventions included Registered Dietician to reassess as indicated and ongoing monitoring.</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R20's medical record revealed the following recorded weights which reflected a significant weight loss of 17 lbs, for a total of 7.80 percent (%) weight loss between 04/22/2024 and 04/29/2024:</p> <p>6/22/2024 19:59 - 200.0 lbs</p> <p>6/17/2024 21:31 - 197.0 lbs</p> <p>6/11/2024 17:58 - 196.2 lbs</p> <p>6/3/2024 17:59 - 197.0 lbs</p> <p>5/27/2024 15:29 - 195.0 lbs</p> <p>5/26/2024 20:16 - 193.0 lbs</p> <p>5/7/2024 19:50 - 205.6 lbs</p> <p>5/6/2024 08:59 - 201.0 lbs</p> <p>4/29/2024 19:08 - 201.0 lbs</p> <p>4/23/2024 18:08 - 218.0 lbs</p> <p>4/22/2024 20:19 - 218.0 lbs</p> <p>A Weights and Vitals Summary dated 05/06/2024, documented 201 lbs. Weight 04/22/2024 was 218.0 lbs, -7.8%, -17 lbs.</p> <p>The medical record lacked documented evidence R20 was reassessed or had a nutritional assessment completed following the significant weight loss of 7.80%.</p> <p>On 06/28/2024 at 10:11 AM, the Registered Dietitian (RD) acknowledged R20 had weight loss identified on 04/23/2024 of 7.8% for 1 week. The RD reported reasons for not reporting a change of condition, or reassessment of R20 included RD was unable to verify weight loss for R20 due to refusal to be reweighed, the RD felt R20 was well with weight loss, and R20 was moving from obese to overweight. The RD reported not concerned with weight loss due to R20's overweight condition. The RD confirmed a nutritional assessment was not completed at the time of significant weight loss and the next nutritional assessment was not performed until 05/30/2024.</p> <p>On 06/28/2024 at 11:07 AM, the RD explained the purpose of a nutritional assessment was to evaluate the resident's risk for malnutrition and to maintain good nutrition status. According to the RD, not completing a comprehensive nutritional assessment for a resident with significant weight loss may result in deterioration of health status.</p> <p>40142</p> <p>Resident 16 (R16)</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident # 16 was admitted on [DATE] and readmitted on [DATE], with diagnoses including unspecified fracture of thoracic vertebra, chronic heart failure and adult failure to thrive.</p> <p>A Risk for Malnutrition form dated 05/02/2024, documented R16 was at risk for malnutrition due to diagnoses including multiple fractures of ribs, recent hospitalization , respiratory issues, and congestive heart failure.</p> <p>The Dietary Interview Pre-screen dated 05/03/2024, documented R16 dietary order was carbohydrate-controlled chopped mixed texture, thin liquids, with fortified foods. The document did not include R16's food preferences likes and dislikes.</p> <p>The five-day scheduled prospective payment system (PPS) minimum data set (MDS) dated [DATE], revealed R16 had moderately impaired cognition and required set up assist with supervision for eating.</p> <p>Review of R16's medical record revealed the following recorded weights which reflected a significant weight loss of 13.3 percent (%) in a span of 30 days from 05/03/2024 to 06/03/2024:</p> <p>05/03/2024: 132.9 pounds (lbs.)</p> <p>05/04/2024: 131.6 lbs.</p> <p>05/06/2024: 129.1 lbs.</p> <p>05/14/2024: 123.0 lbs.</p> <p>05/20/2024: 117.4 lbs.</p> <p>05/27/2024: 115.2 lbs.</p> <p>06/03/2024: 115.2 lbs.</p> <p>A nutrition narrative note dated 05/29/2024, documented R16's weight change was not significant for the week but a significant change in weight was being anticipated the following week on R16s monthly weights. R16's current weight was normal as well as body mass index (BMI). R16's oral intake was greater than 75 % and dietary manager had met with R16 to update dietary preferences.</p> <p>The point of care (POC) meal consumption report dated 05/04/2024 to 05/31/2024 revealed R16 had six recorded meal consumptions of 0%-25% and 29 recorded meal consumptions of 26%-50%.</p> <p>The medical record lacked documented evidence the dietary manager met with R16 to update the resident's food preferences after 05/03/2024.</p> <p>On 06/28/2024 at 9:38 AM, a Registered Nurse (RN) indicated being familiar with R16 who was admitted with multiple fractures and was oftentimes alert and oriented. R16 was placed on one-on-one feeding assistance beginning readmission on 06/25/2024 due to arm injuries and poor meal consumptions.</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/28/2024 at 9:42 AM, a Certified Nursing Assistant (CNA) who was frequently assigned to R16 indicated R16's meal consumptions fluctuated because R16 was very picky with food. According to the CNA, R16 liked morning cereal like cheerios, rye bread and disliked eggs in any form. The CNA indicated R16's average meal consumption was 50%.</p> <p>On 06/28/2024 at 11:15 AM, R16 laid in bed watching television. R16 looked down on bilateral hands which were covered with white gauze and explained staff needed to assist the resident with meals due to hand injuries from a recent fall. R16 indicated being picky with food and would love to be served more salads which the resident seldom got and expressed a dislike eggs. R16 verbalized not being able to recall if anyone had come to ask the resident about food preferences and dislikes.</p> <p>On 06/28/2024 at 10:11 AM, the Registered Dietitian (RD) explained newly admitted resident were weighed by nursing staff on admission. Weekly weights were done each Monday and if there was a variance of five percent or more from week to week, the nursing staff were expected to re-weigh the resident and alert the RD. The RD indicated the Dietary Manager was expected to obtain each resident's food preferences, disliked and allergies within 24 hours from admission and date collected was reflected in the Dietary Interview/Pre-Screen form. Admission nutritional assessments were completed by the RD within seven days of the resident's admission, but the RD was uncertain whether a nutritional assessment needed to be completed when a significant weight loss or gain was identified.</p> <p>On 06/28/2024 at 10:18 AM, the RD reviewed R16's weight and confirmed R16 had a significant weight loss of 13.3 % from 05/03/2024 to 06/03/2024. The RD reviewed R16's admission nutritional assessment which contained: 1) Type of assessment, 2) Pertinent diagnoses, 3) Physical and mental functions, 4) skin conditions, 5) relevant labs, 4) Height/Weight/BMI and weight change, 5) Nutritional Intake, 6) Diet order, 7) supplement order, 8) Estimated nutritional needs, 9) Recommendations, and 10) Care plan revision.</p> <p>The medical record lacked documented evidence a nutritional assessment was completed when R16 had a significant weight change on 06/03/2024.</p> <p>On 06/28/2024 at 10:49 AM, the RD explained residents were weighed on Mondays and the inter-disciplinary team (IDT) identified and addressed weight changes on Wednesdays. The RD confirmed a nutritional assessment was not initiated nor completed for R16 when the resident's significant weight change was identified during the RD's visit with the resident on 05/27/2024 and later confirmed by the resident's monthly weight on 06/03/2024. The RD indicated not being aware the Dietary Manager did not document R16's food preferences and dislikes as noted in the RD's note dated 05/27/2024. The RD indicated not being aware R16 disliked eggs and liked cereals, salads, and rye bread.</p> <p>On 06/28/2024 at 11:07 AM, the RD explained the purpose of a nutritional assessment was to evaluate the resident's risk for malnutrition and to maintain good nutrition status. According to the RD, not completing a comprehensive nutritional assessment for a resident with significant weight loss may result in deterioration of health status.</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/28/2024 at 11:40 AM, the dietary manager indicated performing R16's dietary screening on 05/03/2024 where the resident did not state any food preferences and dislikes. The dietary manager recalled meeting with the resident on 05/08/2024 and 05/13/2024 to review preferences, likes and dislikes but the dietary manager failed to document the information in the resident's electronic health record. The dietary manager acknowledged unless information obtained during dietary screening was entered into the resident's medical record, this would not populate in the resident's meal ticket and would not be viewable by other members of the IDT.</p> <p>On 06/28/2024 at 1:08 PM, the Regional Director of Clinical Services indicated a nutritional assessment was expected to be completed upon identification of a significant weight change (gain or loss). The assessment was expected to be completed within of 24 hours from identification. According to the Regional Director of Clinical Services, the purpose of completing a nutritional assessment after a significant weight loss was timely identification of root cause and contributory factors for the weight change which would lead to appropriate interventions. The Regional Director of Clinical Services indicated when meal consumptions were being reported as low and accompanied by downward trending weights, the dietary manager and/or the RD could visit with the resident to review and update the resident's food preferences and dislikes as indicated. The Regional Director of Clinical Services indicated the dietary manager's revisits on 05/8/2024 and 05/13/2024 should have been documented in R16's medical record.</p> <p>The Nutritional Assessment policy dated 2001, documented a comprehensive assessment, a nutritional assessment, including current nutritional status and risk factors for impaired nutrition, shall be conducted for each resident. The RD in conjunction with the nursing staff and healthcare practitioners will conduct a nutritional assessment for each resident upon admission and as indicated by a change of condition that placed residents at risk for impaired nutrition.</p> <p>Complaint #NV00070487</p>		

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  06/28/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40131</p> <p>Based on observations, interviews, record reviews, and document review, the facility failed to ensure 1) the ordered parameters were followed to manage the resident's pain for 1 of 15 sampled residents (Resident 12), and 2) the pain medication was administered prior to wound care treatment for 1 of 15 sampled residents (Resident 20). The deficient practice could have the potential to result in discomfort, and prolonged or unmanaged pain.</p> <p>Findings include:</p> <p>1) Resident 12 (R12)</p> <p>R12 was admitted on [DATE] and readmitted on [DATE], with diagnoses including urinary tract infection and immunodeficiencies.</p> <p>A Care Plan dated 06/14/2024, documented R12 was at risk for pain or discomfort due to general body pain, neuropathies, recent fall, urinary tract and weakness or surgical aftercare. The interventions included to administer medication as ordered.</p> <p>On 06/25/2024 at 10:10 AM, R12 was in bed with facial grimacing. R12 indicated was in frequent pain and unsure what pain medication had been receiving. R22 indicated the pain was not managed.</p> <p>On 06/25/2024 at 1:05 PM, R22 was in bed restless and agitated. R22 indicated the pain medication was not helping and ineffective.</p> <p>A Physician order dated 06/09/2024, documented Norco oral tablet 5-325 milligram (mg) to give one tablet by mouth every 6 hours as needed for pain (moderate pain level 4-6/10).</p> <p>A review of the MAR revealed the Norco was administered when the pain level was out of the ordered parameter:</p> <ul style="list-style-type: none"> <li>-06/10/2024 at 10:53 AM, pain level of 7</li> <li>-06/10/2024 at 11:35 PM AM, pain level of 3</li> <li>-06/11/2024 at 10:39 AM, pain level of 7</li> <li>-06/12/2024 at 10:13 AM, pain level of 7</li> <li>-06/17/2024 at 10:13 AM, pain level of 7</li> <li>-06/18/2024 at 10:28 AM, pain level of 7</li> <li>-06/18/2024 at 5:09 PM, pain level of 7</li> <li>-06/18/2024 at 11:35 PM, pain level of 3</li> </ul> <p>(continued on next page)</p>		

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  06/28/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-06/19/2024 at 10:22 AM, pain level of 7</p> <p>-06/19/2024 at 5:35 PM, pain level of 7</p> <p>-06/20/2024 at 11:35 PM, pain level of 10</p> <p>-06/27/2024 at 9:43 AM, pain level of 7</p> <p>A Physician order dated 06/10/2024, documented Tylenol oral tablet 325 mg to give two tablets by mouth every 4 hours for pain (pain level 1-3/10).</p> <p>A review of the Medication Administration Record (MAR) revealed the Tylenol was administered when the pain level was out of the ordered pain level parameters:</p> <p>-06/17/2024, Tylenol was administered when the pain level was 7/10.</p> <p>-06/25/2024, Tylenol was administered when the pain level was 4/10.</p> <p>A Physician order dated 06/10/2024, documented Norco oral tablet 5-325 milligram (mg) to give two tablets by mouth every 6 hours as needed (PRN) for severe generalized body pain (severe pain level of 7-10/10).</p> <p>A review of the MAR revealed the Norco was administered the Norco was administered when the pain level was out of the ordered pain level parameters:</p> <p>-06/24/2024: Norco was administered with pain level of 3 out 10 (3/10).</p> <p>On 06/27/2024 at 12:45 PM, during the Wound Care Treatment Nurse (WCTN) indicated R12 had a lot of pain due to multiple wounds. The WCTN indicated R12's pain should have been managed effectively to promote resident's comfort.</p> <p>On 06/27/2024 at 12:52 PM, a Licensed Practical Nurse (LPN) confirmed the ordered parameter to manage R12's pain was not followed. The LPN indicated the physician's order should have been verified and administered as ordered.</p> <p>On 06/27/2024 at 12:57 PM, the Charge Nurse (CN) confirmed the ordered pain parameters had not been followed. The staff were expected to adhere to the orders to ensure the resident's pain was managed appropriately, avoiding both overmedication and undermedication.</p> <p>On 06/28/2024 at 9:42 AM, the Director of Rehabilitation Services (DORS) indicated the resident's pain should have been managed appropriately as ordered to ensure the resident's compliance and participation in therapy. The DORS indicated R12 had complained of pain in the lower back and shoulder during therapy.</p> <p>On 06/27/2024 at 2:36 PM, during a telephone interview the Attending Physician conveyed the importance of adhering to the prescribed parameters for effective pain management. The attending physician indicated the staff members should not have administered opioids unless the pain level was moderate to severe, as ordered.</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled Pain Assessment and Management revised October 2022, indicated to appropriate assessment and treatment of pain. Pain management was defined as the process of alleviating the resident's pain based on the clinical condition and established treatment goals. Pain management was a multidisciplinary care process included implementing approaches to pain management.</p> <p>A facility policy titled Administering Medications revised April 2019, indicated medications were administered as prescribed.</p> <p>2) Resident 20 (R20)</p> <p>R20 was admitted on [DATE], and readmitted on [DATE], with diagnoses including stage 4 pressure ulcer of sacral region, osteomyelitis of vertebra, and sacral region, and chronic pain.</p> <p>On 06/25/2024 at 12:03 PM, R20 was lying in bed in a supine position. R20 was alert and verbally responsive and indicated had suffered with multiple wounds. R20 indicated the pain medications were ineffective. R20 indicated was on frequent pain.</p> <p>On 06/27/2024 at 1:45 PM, wound care treatment observation was conducted at bedside. The WCTN provided the wound care with the assistance of a Certified Nursing Assistant (CNA). R20's sacral wound had extended across the sacrum and buttocks with severe tissue damage. R20 was grimacing and groaning of pain while being turned to the side. R20 requested for pain medication. The WCTN requested the pain medication to the Registered Nurse (RN).</p> <p>On 06/27/2024 at 1:55 PM, the RN entered the room with the pain medication, but R20 was repositioned on the right side and R20 did not want to be turned back and forth because of the severe pain. The LPN waited until the wound care was completed. When R20 was asked what was the level of pain, R20 responded a pain scale of 10/10.</p> <p>On 06/27/2024 at 2:36 PM, the WCTN indicated R20 was admitted with wounds, status post debridement. The WCTN assumed the pain medication was administered already since R20 had just completed the therapy. The WCTN confirmed the pain medication should have been requested prior to the wound care for at least one hour ensuring the comfort of R20. The WCTN confirmed R20 was in severe pain during wound care.</p> <p>On 06/27/2024 PM at 3:40 PM, the RN explained the WCTN did not ask or communicate the wound care would be provided at the time. The RN indicated pain medication should have been administered prior to wound care because R20 had severe pain issues.</p> <p>On 06/28/2024 at 9:27 AM, the Director of Rehabilitation Services (DORS) indicated R20 was in and out of the facility and had a lot of pain. The DORS indicated on 06/25/2024, R20 declined to exercise due to pain issues.</p> <p>On 06/27/2024 at 2:36 PM, during a telephone interview, the Attending Physician indicated it was appropriate to administer the pain medication at least an hour before wound care treatment to manage the pain and ensure R20's comfort.</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled Pain Assessment and Management revised October 2022, indicated to appropriate assessment and treatment of pain. Pain management was defined as the process of alleviating the resident's pain based on the clinical condition and established treatment goals. Pain management was a multidisciplinary care process included implementing approaches to pain management.</p>		

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  06/28/2024
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41903</b></p> <p>Based on interview, record review and document review, the facility failed to ensure 1 of 15 sampled residents (Resident 60) was free of unnecessary pain medication. The deficient practice had the potential to further the resident's opioid dependency.</p> <p>Findings include:</p> <p>Resident 60 (R60)</p> <p>R60 was admitted [DATE], with diagnosis including metabolic encephalopathy, opioid dependence uncomplicated, and chronic pain.</p> <p>Care Plan initiated 05/27/2024, documented Pain: R60 was at risk for pain or discomfort due to depression, neuropathies, chronic back pain, migraines and dorsalgia. Interventions/tasks included assess pain every shift and as indicated, offer nonpharmacological interventions to relieve discomfort or pain.</p> <p>A Physician Order dated 06/09/2024, documented Acetaminophen Tablet 325 mg. Give 2 tablets by mouth every 4 hours as needed for general discomfort.</p> <p>A Physician Order start dated 06/16/2024, discontinued 06/23/2024, documented Norco oral tablet 5-325 mg (Hydrocodone-Acetaminophen). Give 1 tablet by mouth every 6 hours as needed for pain (7-10).</p> <p>A review of the Medication Administration Record for June 2024 revealed R60 was administered Norco oral tablet 5-325 mg (Hydrocodone-Acetaminophen) outside physician ordered parameters of pain (7-10) on the following occasions:</p> <p>06/17/2024 at 10:39 AM, pain level 6</p> <p>06/17/2024 at 7:28 PM, pain level 6</p> <p>06/18/2024 at 3:52 AM, pain level 6</p> <p>06/18/2024 at 2:00 PM, pain level 6</p> <p>06/19/2024 at 9:44 AM, pain level 6</p> <p>06/19/2024 at 4:07 PM, pain level 6</p> <p>06/20/2024 at 1:11 PM, pain level 3</p> <p>A Physician Order start dated 06/23/2024, discontinued 06/26/2024 documented Norco oral tablet 5-325 mg (Hydrocodone-Acetaminophen. Give 1 tablet by mouth every 4 hours as needed for pain (7-10).</p> <p>(continued on next page)</p>		

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  06/28/2024
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Medication Administration Record for June 2024 revealed R60 was administered Norco oral tablet 5-325 mg (Hydrocodone-Acetaminophen) outside physician ordered parameters of pain (7-10) on the following occasions:</p> <p>06/24/2024 at 9:18 AM, pain level 5</p> <p>06/24/2024 at 2:35 PM, pain level 6</p> <p>06/24/2024 at 7:44 PM, pain level 6</p> <p>06/25/2024 at 9:22 AM, pain level 5</p> <p>06/25/2024 at 1:33 PM, pain level 6</p> <p>06/25/2024 at 5:35 PM, pain level 6</p> <p>06/26/2024 at 4:57 AM, pain level 6</p> <p>On 06/27/2024 at 2:36 PM, the Medical Director (MD) conveyed the importance of adhering to the prescribed parameters for effective pain management. The MD indicated the staff members should not have administered opioids unless the pain level was moderate to severe, as ordered.</p> <p>A facility policy titled Administering Medications revised April 2019, documented the individual administering the medication checks the label three (3) times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication.</p>