

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295107	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2026
NAME OF PROVIDER OR SUPPLIER  Advanced Health Care of Paradise		STREET ADDRESS, CITY, STATE, ZIP CODE  3455 Pecos-McLeod Interconnect Las Vegas, NV 89121	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review and document review, the facility failed to ensure a resident received the medication as ordered for 1 of 4 sampled residents for medication pass observation (Resident 51); and a resident's follow-up appointment in one to two weeks with Neurology, per the hospital discharge instructions, was facilitated for 1 of 12 sampled residents (Resident 16). The deficient practice had the potential for the resident not to receive the maximum therapeutic effect of the medication and identify neurological issues. Findings include: Resident 51 (R51) was admitted on [DATE], with diagnoses including encephalopathy, anemia, and long term use of oral hypoglycemic drugs.</p> <p>The physician order dated 04/10/2026, documented Megestrol Suspension 400 milligram (mg)/10 milliliter (ml), amount: 5 ml by mouth twice a day from 7:00 AM to 9:00 AM, and from 7:00 PM to 9:00 PM. The indication was for appetite stimulant.</p> <p>On 04/15/2026 at 8:26 AM, during a medication pass observation, a Registered Nurse (RN) prepared the following medications for R51:</p> <ul style="list-style-type: none"> <li>- Amlodipine 10 mg</li> <li>- Metoprolol 100 mg</li> <li>- Valsartan 320 mg</li> <li>- Metformin 1000 mg</li> <li>- Heparin 5000 units</li> <li>- Milk of Magnesia 30 ml</li> <li>- Azelastine Hydrochloride 0.05 MG/ML (eye drops)</li> <li>- Nystatin Suspension 5 ml</li> </ul> <p>The RN confirmed there were four tablets (Amlodipine 10 mg, Metoprolol 100 mg, Valsartan 320 mg, and Metformin 1000 mg) to be administered to R51 in addition to Heparin 5000 units, Milk of Magnesia 30 ml, eye drops, and Nystatin Suspension 5 ml.</p> <p>On 04/15/2026 at 8:27 AM, the RN administered the above-named medications. (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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(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>On 04/15/2026 at 10:36 AM, the RN confirmed Megestrol Suspension 5 ml was not given during the medication pass observation. The RN checked the medication cart, and the bottle of Megestrol Suspension 5 ml was found inside with R51's name. The RN explained the physician orders should have been verified prior to medication administration. The RN acknowledged the physician's order was not followed.</p> <p>On 04/15/2026 at 10:46 AM, the Director of Nursing (DON) explained the medications could be given an hour before and an hour after the scheduled times. The nurses were expected to verify the orders and the list of medications to be given as scheduled, such as from 7:00 AM to 9:00 AM, 1:00 PM to 3:00 PM, and 7:00 PM to 9:00 PM. R51's Megestrol Suspension 5 cc was scheduled to be given from 7:00 AM to 9:00 AM, and from 7:00 PM to 9:00 PM. The DON acknowledged the physician's order was not followed. The resident should have received the medication during the medication pass observation on 04/15/2026 in the morning.</p> <p>The facility's policy titled Medication Administration (undated), documented medications were administered in accordance with a physician's written orders.</p> <p>Resident 16 (R16) was admitted on [DATE] from an acute care hospital (ACH) with diagnoses including encephalopathy, multiple sclerosis, epilepsy and dementia.</p> <p>On 03/18/2026 the ACH discharge summary documented instructions for the patient to follow up in one to two with Neurology.</p> <p>On 04/17/2026 at 11:31 AM, the Admissions Nurse explained when the facility was notified of an incoming transfer, the admissions nurse reviewed the history and physical, the discharge summary, and obtained report from the discharging hospital. The Admissions Nurse explained that if the discharge summary identified required medical follow up, the facility notified physician, arranged transportation, confirmed the upcoming appointment with the doctor's office, and notified the resident or the resident's power of attorney of the appointment. After reviewing the ACH discharge summary, the Admissions Nurse confirmed Resident 16 should have received a neurology follow up appointment within one to two weeks of admission.</p> <p>On 04/17/2026 at 1:29 PM, the Administrator explained the expectation for new admission from an ACH was to follow the hospital discharge instructions. The Administrator indicated potential harm or possible death to the resident could occur if discharge instructions were not followed.</p>		