STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295108	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver State Pediatric Skilled Nursing Facility	2496 W Charleston Blvd Las Vegas, NV 89102

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 39418 Based on observation, interview and document review, the facility failed to ensure the area behind the cooking area was maintained clean and food items were labeled with an open date. The deficient practice had a potential for fire hazard, attract pests and track viability for consumption of food products. Findings include: On 01/28/2025 at 8:32 AM during the kitchen tour, the following food items were noted to be opened and partially consumed with no open date: 1) Truvani plant-based protein powder placed at the counter near the stove. 2) Jar of sundried tomato inside the reach-in refrigerator During the tour, the four drawer-base refrigerators used as the base for cook top stoves were noted to have splatters of dried cooking oil. The handles of the drawer base were tacky to touch. The gap between the cook top base, the oven rack and the back splash all the way to the floor had dried residues of cooking oil and noted gray materials had settled onto the floor. On 01/28/2025 at 8:52 AM, the Kitchen Manager confirmed the findings and indicated all food items should have been labeled with an open date. The Kitchen Manager acknowledged the gap between the cook top and ovens could use further cleaning to address the dried cooking oil and dust build up. The facility policy titled Cleanliness revised October 2008, documented the following: - All equipment, food contact surfaces and utensils shall be washed and kept clean to remove or completely loosen soils. - Kitchen surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime. The facility policy titled Food Receiving and Storage revised October 2017, documented all food stored in the kitchen will be covered, labeled and dated (use by date).

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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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39418 Based on observation, interview, record review and document review, the facility failed to ensure polices were reviewed, updated, were suited to the resident population, and reflected current facility practices. The deficient practice had a potential for residents to receive care not meeting the expectation of the facility guidelines of care; and impede the uniform training of staff on the correct practices for delivering optimum care to the pediatric resident population. Findings include: The facility policy titled Administrative Management (Governing Body) revised October 2017, documented establishment and annual review of policies and procedures governing facility operations. On 01/29/2025, a review of the facility policy for the use of psychotropic medications revealed the policy provided guidance for the intended use of behavioral purposes and lacked guidance for the secondary indications of the medication for pediatric usage. R21 was admitted on [DATE], with diagnoses including muscle spasms and congenital hypertonia. R21's physician's order dated 10/11/202, Diazepam oral solution 1 milligram (mg)/milliliter. Give 0.3 mg via Gastrointestinal Tube every 8 hours for muscle spasms. On 01/29/2025 at 2:26 PM, the Director of Nursing (DON) confirmed the facility policy for psychotropic medication was geared for an adult population. 37718 Residents were observed to be under continuous line-of-sight or contact supervision of staff when out of their cribs or canopy bed. Staff were observed to carry and use walkie-talkies to communicate with other staff. A Certified Nurse Assistant, a Licensed Practical Nurse, and two Registered Nurses indicated the facility practice regarding supervision included: Residents were to be under line-of-sight supervision when out of their secured cribs and must not be left unattended in bouncy chairs or walkers. The staff verbalized each staff was issued a walkie-talkie to be used to alert other staff members when a resident was to be handed off for continuity of supervision. Staff verbalized the corridor double-doors were kept open so not to isolate any care teams. On 01/29/2025 at 10:00 AM, the Director of Nursing (DON) verbalized the facility policy for resident supervision was for all residents to be maintained in line-of-sight of staff when out of their rooms; the corridor double doors were to be kept open at all times to allow the full length of each hall to be visualized, and staff were to use walkie-talkies to communicate with other staff to facilitate the hand-off of residents from one staff member to another. These measures were put into effect on 05/16/2024, following an incident with injury. (continued on next page)

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy and procedure titled Safety and Supervision of Residents, revised 07/2017, indicated the type and frequency of resident supervision was determined by the individual resident's assessed needs and identified hazards in the environment. The policy indicated the type and frequency of resident supervision may vary over time for the same resident. The policy lacked mention of maintaining line-of-sight supervision of all residents when out of their rooms, keeping the large hall doors open for visual access, and the use of the walkie talkie communication system to hand off care of residents. On 01/30/2025 in the morning, the DON acknowledged the Safety and Supervision policy and procedure did not include information regarding maintaining line-of-sight supervision of all residents when out of their rooms, keeping the large hall doors open for visual access, and the use of the walkie talkie communication system to hand off care of residents. The DON verbalized the policy and procedure had not been amended to reflect the changes in the supervision procedures which had been implemented on 05/16/2024. The DON verbalized the written facility policies and procedures should match the actual practices being implemented by staff. On 01/31/2025 at 1:38 PM, the Administrator (ADM) verbalized being responsible for the conduct of the Quality Assurance and Performance Improvement (QAPI) and Governing Body committees. The ADM verbalized the facility revised policies as the need arose, on an irregular basis. The ADM revealed a systematic review of all facility policies had not been conducted. The ADM acknowledged many of the facility policies and procedures had not been reviewed or revised for a long time and may be obsolete or in need of revision. The ADM verbalized the facility was using many policies geared toward adult skilled nursing facility (SNF) residents. The ADM reported it was challenging to adapt SNF policies to the pediatric resident population of the facility. The ADM verbalized it was important that facility policies and procedures accurately reflected the actual staff practices, in order to avoid confusion and to facilitate staff training. Facility policies and procedures reviewed which revealed older revision dates included: Antipsychotic Medication Use, revised 12/2016. Nutritional Assessment, revised 10/2017 Pediatric Enteral Tube Feeding via Continuous Pump, revised 11/2018 Wandering and Elopements, revised 04/2019 Administering Medications, revised 04/2019