

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295109 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
| NAME OF PROVIDER OR SUPPLIER Trellis Paradise | | STREET ADDRESS, CITY, STATE, ZIP CODE 4375 S. Eastern Avenue Las Vegas, NV 89119 | |

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51396</p> <p>Based on record review, interview, and document review, the facility failed to ensure coordination of care was maintained with the referred home health agency for 1 of 6 sampled residents (Resident 1). The deficient practice had the potential to place the resident at risk for an unsafe discharge.</p> <p>Findings include:</p> <p>Resident 1 (R1) was admitted to the facility on [DATE], with diagnoses including chronic obstructive pulmonary disease, muscle weakness, multiple sclerosis, difficulty walking, chronic pain and scoliosis.</p> <p>On 03/21/2025 at 3:53 PM via telephone, R1 denied being contacted by the home health agency within 24 to 48 hours as indicated by the facility's case manager upon discharge, and did not receive any form of care by the referred home health agency.</p> <p>The discharge summary dated 12/20/2024, documented the resident was referred to a home health agency for physical therapy, occupational therapy, and nursing services. The agency's name and phone number were recorded in the note.</p> <p>On 03/26/2025 at 12:27 PM, the Licensed Practical Nurse who identified as the Case Manager Director indicated the role of a case manager entailed discharge planning and coordination of care with different organizations such as home health agencies.</p> <p>On 03/26/2025 at 1:20 PM, the Registered Nurse who identified as the Case Manager (CM) conveyed the home health agency would typically contact the resident within 24 to 48 hours after discharge. The CM would follow-up with the home health agency within the next four weeks post discharge to ensure care was being undertaken by the home health agency. The CM indicated the follow-up phone call with home health agency was not charted in the medical record.</p> <p>On 03/26/2025 at 1:32 PM, the CM explained the home health care agency informed the CM the resident was seen for one week but did not open the door for a subsequent visit. The CM could not provide the time period of the visit from today's conversation with the referred home health agency.</p> <p>On 03/26/2025 at 4:15 PM via telephone, the Office Manager from the referred home health agency conveyed R1 was never under the agency's care.</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: 295109 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
| NAME OF PROVIDER OR SUPPLIER Trellis Paradise | | STREET ADDRESS, CITY, STATE, ZIP CODE 4375 S. Eastern Avenue Las Vegas, NV 89119 | |

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 03/26/2025 at 4:23 PM, the CM confirmed the referred home health agency name and phone number documented in the discharge summary dated 12/20/2024 was correct. The CM acknowledged preexisting issues with the home health agency regarding another resident's care prior to R1's coordination of care. The CM admitted a follow-up phone call to the agency and the resident should have been made to ensure services were provided. The CM confirmed there was a breakdown in continuity of care between the facility and the home health care agency.</p> <p>On 03/26/2025 at 4:47 PM, the Director of Nursing (DON) confirmed a follow-up phone call to the resident and home health care agency was crucial to sustaining continued care due to the home health agency's past performance.</p> <p>The facility policy titled, Discharge Summary and Plan revised 10/2022 documented the post discharge plan is developed by the care planning/interdisciplinary team with the assistance of the resident and includes arrangements that have been made for follow-up care and services. Residents who are discharged to a home health agency are assisted in selecting a post-acute care provider relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>Complaint #NV00073111</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295109 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
| NAME OF PROVIDER OR SUPPLIER Trellis Paradise | | STREET ADDRESS, CITY, STATE, ZIP CODE 4375 S. Eastern Avenue Las Vegas, NV 89119 | |

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51342</p> <p>Based on observations, document review and staff interview, the facility failed to secure 2 of 4 medication carts and 1 of 2 treatment carts. This deficient practice had the potential to compromise residents' safety and cause harm from unauthorized access to controlled substances.</p> <p>Findings include:</p> <p>On 03/26/2025 at 8:21 AM, a treatment cart was left outside of the nourishment room across from the clean linen room, unlocked and unattended. The drawers were easily accessible to a resident or visitor walking by the cart. The contents inside the treatment cart were scissors, various ointments, creams and various sized dressings.</p> <p>On 03/26/2025 at 10:33 AM, a medication cart was left unattended and unsecured in front of room [ROOM NUMBER] with a 50 milliliter (ml) intravenous bag of Saline with a 1mg of Meropenem (an antibiotic medication) laying on the counter of the cart. The Registered Nurse (RN) was inside of room [ROOM NUMBER] without view of the medication cart. The RN indicated this is only the employees fourth day and is in training.</p> <p>On 03/26/2025 at 12:00 PM, in front of room [ROOM NUMBER], an unattended medication cart was open. A Registered Nurse (RN) confirmed the medication cart was unlocked and verbalized the lock system to the medication cart could potentially be broken. The RN indicated the medication cart should be locked so residents don't come around and take the medications.</p> <p>On 03/26/2025 at 8:23 AM, a Certified Nursing Assistant (CNA), verified the treatment cart was unlocked and stated the cart belonged to wound care and it should not be unlocked because of the safety concerns for the residents due to the cart containing ointments, scissors and gauze.</p> <p>On 03/26/2025 at 8:30 AM, a Registered Nurse (RN), verbalized the treatment cart was unsecured and indicated the cart stays unlocked for treatment needs and supplies. The RN voiced the key was lost and the cart should be locked because residents could have unauthorized access to the cart.</p> <p>On 03/26/2025 at 12:01 PM, the wound care nurse confirmed the treatment cart contains medications.</p> <p>On 03/26/2025 at 12:02 PM, the Assistant Director of Nursing (ADON), confirmed the medication cart in front of room [ROOM NUMBER] should have been locked. The ADON was unaware a treatment cart and medication cart located in the south hallway could not be locked.</p> <p>The facility policy titled Security of Medication Cart revised in April 2007, documented the cart must be securely locked at all times when out of the nurse's view. The cart must be parked against a wall with all doors and drawers facing the wall and locked before the nurse enters a resident's room.</p> |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295109 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
| NAME OF PROVIDER OR SUPPLIER Trellis Paradise | | STREET ADDRESS, CITY, STATE, ZIP CODE 4375 S. Eastern Avenue Las Vegas, NV 89119 | |
| 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51342</p> <p>Based on observation and staff interview, the facility failed to protect a residents protected health information. This deficient practice had the potential to cause unauthorized disclosure or misuse of protected health information (PHI).</p> <p>Findings Include:</p> <p>On 03/26/2025 at 10:33 AM, a medication cart was left unattended and unsecured in front of room [ROOM NUMBER] with a 50 milliliter (ml) intravenous bag of Saline with one milligram (mg) of Meropenem (an antibiotic medication) laying on the counter of the cart. The Registered Nurse (RN) responsible for the cart, was in room [ROOM NUMBER] and had left the laptop computer screen on the cart open with the resident name, medication profile and diagnoses of room [ROOM NUMBER]'s resident exposed to the public or other residents walking by.</p> <p>The RN returned to the medication cart from room [ROOM NUMBER], and indicated this is only the employees fourth day and is in training. The RN explained the computer screen should have been locked to protect the residents' medical information.</p> <p>On 03/26/2025 in the afternoon, a Licensed Practical Nurse (LPN), stated nurses are trained to close the laptops or to place the screen on lock before walking away from a medication cart to ensure no one could view resident information.</p> <p>On 03/26/2025 in the afternoon, a Registered Nurse (RN), stated the nurses were trained to protect protected health information (PHI) by ensuring laptops were locked or closed to prevent others from viewing.</p> <p>The facility policy titled Confidentiality of Information and Personal Privacy revised in October 2017, documented the facility would protect and safeguard the confidentiality and personal privacy of all residents' personal and medical records.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295109 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
| NAME OF PROVIDER OR SUPPLIER Trellis Paradise | | STREET ADDRESS, CITY, STATE, ZIP CODE 4375 S. Eastern Avenue Las Vegas, NV 89119 | |

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51396</p> <p>Based on observation, interview and document review, the facility failed to maintain proper linen handling procedures. This deficient practice placed patients at risk for exposure to infections.</p> <p>On 3/26/2025 at 8:48 AM, Certified Nursing Assistant (CNA1) was observed walking into room [ROOM NUMBER] with clean linen held beneath the CNA's left arm and up against the staff member's uniform.</p> <p>On 03/26/2025 at 10:40 AM, two CNAs were observed walking out of the linen room while holding clean linen against their chest and uniform. Both CNAs confirmed they were transporting the clean linen to resident rooms. CNA2 acknowledged staff should hold clean linen away from their body or place clean linen in a plastic bag during transport to prevent contamination.</p> <p>The Assistant Director of Nursing (ADON) who had observed the incident from the nurse's station, indicated the CNAs should have transported the clean linen away from their body to prevent infection or contamination from the clean linen being against their uniform, which may not be clean.</p> <p>The facility policy titled Soiled Laundry and Bedding revised on 09/2022, documented clean linen is protected from dust and soiling during transport and storage to ensure cleanliness.</p> |