

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Green Valley Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 2965 Wigwam Parkway Henderson, NV 89074	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40142</p> <p>Based on interview, record review, and document review, the facility failed to ensure a baseline care plan was developed for an ileostomy (a surgical opening constructed by bringing the end or loop of the small intestine out onto the surface of the skin) for 2 of 4 sampled residents (Residents 1 and 3). The deficient practice placed the residents at risk for complications such as stoma (surgical opening) infection, skin irritation, leakage of fecal contents and patient discomfort.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted on [DATE], with diagnoses including malignant neoplasm of the endometrium and ileostomy.</p> <p>An initial encounter provider note dated 03/08/2024, documented R1 was admitted for pain management and rehabilitation following partial colectomy and ileostomy creation.</p> <p>The medical record lacked documented R1's baseline care plan included care and management interventions for R1's ileostomy.</p> <p>Resident 3 (R3)</p> <p>R3 was admitted on [DATE] with diagnoses including alcohol abuse and ileostomy creation.</p> <p>A hospital discharge summary dated 12/04/2023, documented R3 had an end ileostomy creation on 09/09/2023.</p> <p>The medical record lacked documented R3's baseline care plan included care and management interventions for R3's ileostomy.</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: 295110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Green Valley Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 2965 Wigwam Parkway Henderson, NV 89074	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/18/2024 at 11:56 AM, the Director of Nursing (DON) reviewed R1's and R3's medical record and confirmed there was no baseline care plan developed for R1 and R3's ileostomy on admission. The DON indicated the admitting nurse was responsible for initiating a baseline care plan which included the resident's immediate care needs. The DON indicated care and management of R1 and R3's ileostomy must be included in the baseline care plan and interventions must include monitoring every shift, emptying pouch as needed and replacing ostomy appliance when leaking or loosened.</p> <p>On 09/18/2024 in the afternoon, a Licensed Practical Nurse (LPN) explained there should be a baseline care plan for residents admitted with an ileostomy because it was considered an immediate care need. According to the LPN, interventions in the care plan should include monitoring every shift, emptying the pouch as needed to ensure fecal contents do not come in contact with the stoma, replacing the ostomy appliance as needed when leaking or loose and reporting complications to the physician.</p> <p>On 09/18/2024 at 12:15 PM, the Director of Clinical Services indicated expecting care and management of an ileostomy to be included in the baseline care plan because it was an immediate care need. The Director of Clinical Services indicated interventions in the care plan would minimally include monitoring every shift, emptying pouch as needed, changing ostomy appliance when loose or leaking, and reporting complications to the physician. The Director of Clinical Services indicated not having a baseline care plan for an ileostomy placed R1 and R3 at risk for infection of stoma, irritation to surrounding skin, explosion of ostomy bag and discomfort to the resident.</p> <p>The Person-Centered Care Plan policy revised 06/09/2023, documented a baseline care plan was developed and initiated within 48 hours of a resident's admission to guide facility staff in providing the treatment, care and services necessary for the resident to obtain and maintain the highest physical, mental, and psychosocial well-being possible.</p> <p>Complaint #NV00070761</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Green Valley Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 2965 Wigwam Parkway Henderson, NV 89074	
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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40142</p> <p>Based on interview, record review and document review, the facility failed to ensure care orders were entered and carried out for an ileostomy (a surgical opening constructed by bringing the end or loop of the small intestine out onto the surface of the skin) for 2 of 4 sampled residents (Residents 1 and 3). The deficient practice placed the residents at risk for complications such as stoma (surgical opening) infection, skin irritation, leakage of fecal contents and patient discomfort.</p> <p>Findings include:</p> <p>Resident 1 (R1)</p> <p>R1 was admitted on [DATE], with diagnoses including malignant neoplasm of the endometrium and ileostomy.</p> <p>An initial encounter provider note dated 03/08/2024, documented R1 was admitted for pain management and rehabilitation following partial colectomy and ileostomy creation.</p> <p>The medical record lacked documented evidence care orders were transcribed and carried out for R1's ileostomy.</p> <p>Resident 3 (R3)</p> <p>R3 was admitted on [DATE] with diagnoses including alcohol abuse and ileostomy creation.</p> <p>A hospital discharge summary dated 12/04/2023, documented R3 had an end ileostomy creation on 09/09/2023.</p> <p>A wound consult report dated 12/11/2023, documented R3 underwent an end ileostomy creation.</p> <p>The medical record lacked documented evidence care orders were transcribed and carried out for R3's ileostomy.</p> <p>On 09/18/2024 at 11:56 AM, the Director of Nursing (DON) reviewed R1's and R3's medical record and confirmed there were no care orders for R1's and R3's ileostomy.</p> <p>On 09/18/2024 at 12:06 PM, the DON explained the facility did not have an admission nurse, but each nurse was expected to be able to carry out the admission process. The DON indicated expecting the admitting nurse to enter care orders for residents who were admitted with an ileostomy which may include monitoring every shift, emptying every shift and as needed and replacing the ostomy appliance as needed when leaking or loose.</p> <p>On 09/18/2024 at 12:10 PM, the wound nurse recalled treating R1's other wounds but was not involved with the resident's ileostomy care which were the responsibility of floor nurses. The wound nurse indicated care orders for an ileostomy were the responsibility of the admitting nurse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Green Valley Health and Wellness Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 2965 Wigwam Parkway Henderson, NV 89074	
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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/18/2024 in the afternoon, a Licensed Practical Nurse (LPN) indicated the facility did not have an admission nurse and the LPN would perform admissions for residents assigned to the nurse's unit. The LPN indicated if a resident was admitted with an ileostomy, the admitting nurse was responsible for entering care orders which at minimum should include monitoring every shift, emptying bag as needed, replacing the ostomy bag when loose or leaking and reporting complications to the physician.</p> <p>On 09/18/2024 at 12:12 PM, the Director of Clinical Services indicated when there were no care orders entered for an ileostomy there would be no documented care at least on a routine basis. According to the Director of Clinical Services, ileostomy care orders should include monitoring at least once every shift, emptying pouch as needed, and changing the ostomy appliance when leaking or loosened.</p> <p>On 09/18/2024 in the afternoon, the DON indicated not being able to locate a policy for ileostomy care but indicated the facility followed the [NAME] and [NAME] professional standard of practice for ostomy care.</p> <p>The [NAME] and [NAME] Clinical Nursing Skills and Techniques (10th edition) documented to empty ostomy pouches when one-third to one-half full to avoid leakage which can lead to enzymatic injury to the skin, know the signs of a healthy stoma and surrounding skin. Report when stoma is not red or pink and moist, inspect skin peristomal skin for skin irritation such as blistering, rashes and excoriation.</p> <p>The Admission Orders policy revised 11/01/2017, documented designated licensed staff would obtain physician orders at the time of the resident's admission for the resident's immediate care needs.</p> <p>Complaint #NV00070761</p>		