

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  05/07/2025
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50289</p> <p>Based on interview and document review, the facility failed to ensure resident grievances were investigated and a determination, and/or resolution, was provided to the residents. This deficient practice had the potential to result in a resident having unresolved complaints/grievances.</p> <p>Findings include:</p> <p>On 04/17/2025 in the afternoon, the Social Worker (SW) verbalized the Activity Director takes the issues presented in the Resident Counsel Meeting Minutes and turns them into Grievances by inputting them into the Grievance program on the computer. Since there were a lot of new staff, not everyone had access to go into the computer to input the investigation and resolutions of the grievances. The SW also stated there was no documentation of investigations and/or resolutions for the grievances which needed to be inputted into the Grievance computer program.</p> <p>The Resident Council Meeting Minutes dated 02/19/2025, documented unresolved old issues of night shift not doing rounds every two hours and staff being aggressively rude to residents on night shift. New issues included: agency nurse not giving medication on time to room [ROOM NUMBER]B on dayshift, call lights not answered for at least two hours, and ice water not being passed on both shifts.</p> <p>The January and February Grievance Logs documented the following were unresolved:</p> <p>On 01/15/2025 Multiple residents mentioned CNA was mean with attitude and takes naps in dayroom on the couch while delegating duties to other staff. This CNA also does not like to give showers. This CNA also only changed residents one time through the night when supposed to check residents every two hours.</p> <p>On 02/19/2025 Ice not being passed on both shifts</p> <p>On 02/19/2025 Call lights not answered for at least two hours by staff</p> <p>On 02/20/2025 Resident stated when agency nurse was here, they were always late with their anxiety medication on the day shift.</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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Resident Council Meeting Minutes dated 03/19/2025, documented unresolved old issues of call lights not answered and ice water was not passed every shift. New issues included: Rooms 236A, 207B, 231B, and 237A were soaked with urine; staff stole perfume and body wash and the call lights took too long to be answered; night shift did not change residents every two hours, staff only changed resident once and then had to wait to the next shift to be changed; staff were sleeping on night shift; some CNAs and Nurses could be rude on night shift; residents asked for snacks and hot tea and were told the facility was out; room [ROOM NUMBER]A saw staff take snacks from their room.</p> <p>The March Grievance Log documented the following were unresolved:</p> <p>On 03/19/2025 Were soaked up their backs with urine from not being changed for room [ROOM NUMBER]A</p> <p>On 03/19/2025 Were soaked up their backs with urine from not being changed for room [ROOM NUMBER]B</p> <p>On 03/19/2025 Were soaked up their backs with urine from not being changed for room [ROOM NUMBER]B</p> <p>On 03/19/2025 Were soaked up their backs with urine from not being changed for room [ROOM NUMBER]A</p> <p>On 03/19/2025 Staff stole resident perfume and body wash and sodas from room [ROOM NUMBER]A</p> <p>On 03/19/2025 Call Bells took too long to answer</p> <p>On 03/19/2025 Staff slept on night shift in the cubby hole</p> <p>On 03/19/2025 The resident in room [ROOM NUMBER]A saw staff take snacks from their drawer</p> <p>On 03/19/2025 Night shift did not change resident every two hours and changed them at 7:30pm and would not get changed again until 5:30am.</p> <p>On 04/17/2025 in the afternoon, the Director of Nursing (DON) verified there was no documentation of investigations and/or resolutions for the grievances which needed to be inputted into the Grievance computer program. The DON was able to provide All Staff Meeting Agendas for February and March where resident rounding, respectfulness, tardiness, and call lights were talked about. The DON was not able to provide sign in sheets for those attending the All-Staff Meetings.</p> <p>The facility was unable to provide the documented evidence for grievance investigations/resolutions which included:</p> <ol style="list-style-type: none"> <li>1. The steps taken to investigate the grievance</li> <li>2. A summary of the pertinent findings or conclusions regarding the resident's concerns(s)</li> <li>3. A statement as to whether the grievance was confirmed or not confirmed</li> <li>4. Any corrective action taken or to be taken by the facility as a result of the grievance and the date the written decision was issued</li> </ol> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled, Complaints/Grievances Process, revised 10/23/2019, documented after receiving a grievance/complaint, the facility's Leadership will seek a problem resolution and will keep the patient/resident informed of the progress towards resolution.</p>		

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<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> 51395</p> <p>Based on record review and interview, the facility failed to ensure medication was administered per physician order for 1 of 4 sampled residents (Resident 2). The deficient practice had the potential for the resident not achieving the therapeutic effect (specific and desired effect) of the medication.</p> <p>Findings include:</p> <p>Resident 2 (R2)</p> <p>R2 was admitted on [DATE] and discharged on [DATE] with diagnoses including Friedreich ataxia, unspecified symptoms and signs involving cognitive functions and awareness, and functional quadriplegia.</p> <p>A physician order dated 03/25/2025 documented Clonazepam 0.5 milligrams (mg) one tablet oral twice a day at 8:00AM and 8:00 PM.</p> <p>The Medication Administration Record for 03/25/2025 at 9:21PM documented Clonazepam 0.5 mg one tablet oral twice a day at 8:00 AM and 8:00PM not administered: drug/item unavailable Comment: New admit. Awaiting delivery from pharmacy. Will give upon arrival per hospice.</p> <p>On 04/17/2025 at 11:26 AM, a Pharmacist confirmed the pharmacy received the Clonazepam order on 3/25/2025 at 8:14PM. The medication order was filled and delivered to the facility on [DATE] at 9:44PM.</p> <p>On 04/17/2025 at 1:40PM, a Licensed Practical Nurse (LPN) explained the facility had an Omnicell (an automated medication dispensing system) stocked with medications for staff to access if medications were needed. The LPN explained to access the Omnicell staff would call the pharmacy to verify the medication order and get a code, two nurses would then enter the information and code into the Omnicell to obtain the medication. At 1:50 PM, the LPN showed the location of the Omnicell and reviewed the Omnicell inventory list located in a white binder on the side of the Omnicell machine. The LPN confirmed the inventory list documented Clonazepam 0.5mg was available with a supply stock of six tablets in the Omnicell.</p> <p>On 04/17/2025 at 4:20 PM the Director of Nursing (DON) explained medication administration was to be recorded and would be indicated on the Medication administration record (MAR). The DON explained the medication for R2 could have been obtained from the Omnicell or administered after pharmacy delivered the medication. The DON explained staff would need to contact the physician to clarify administration due to the delivery of the medication occurring more than an hour after the scheduled administration time. The DON confirmed the medication had not been administered.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51395</p> <p>Based on observation, interview and document review, the facility failed to ensure that medications were secured for 1 of 3 unsampled residents (Resident 5). The deficient practice had the potential risk of unauthorized access to medication, or misuse of medication within the facility.</p> <p>Findings include:</p> <p>Resident 5 (R5)</p> <p>R5 was admitted on [DATE] with diagnoses including cellulitis of right lower limb, type 2 diabetes mellitus with hyperglycemia, and difficulty in walking.</p> <p>A physician order dated 11/02/2024 documented Latanoprost drops 0.005% administer one drop to both eyes at bedtime.</p> <p>On 04/17/2025 at 7:57 AM, R5 had a prescription bottle on the bedside table labeled Latanoprost 0.005% with directions to apply one drop to both eyes at bedtime. R5 explained the nurse had left the medication on the bedside table the previous night.</p> <p>On 04/17/2025 at 8:05 AM, a Licensed Practical Nurse (LPN) confirmed the medication was present at R5's bedside and removed the medication from the resident's room explaining the medication should be stored in the medication cart due to the medication having specific administration times and it was also a safety issue to ensure others do not obtain the medication.</p> <p>On 04/17/2025 at 4:21PM the Director of Nursing explained medication was not to be left at the bedside and would need to be secured in the medication cart. The DON explained if the medication was not secured staff would not be able to ensure the medication was administered as per the physician orders.</p> <p>The facility policy title Medication Storage, revision date 04/17/2024, documented in accordance with State and Federal Laws, the facility will store all drugs and biologicals in locked compartments under proper temperatures and other appropriate environmental controls to preserve their integrity.</p>		

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<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>51395</p> <p>Based on observation, interview, and document review, the facility failed to ensure infection control practices were maintained for 2 of 3 unsampled residents (Resident 6 and Resident 7). The deficient practice had the potential to increase risk of cross-contamination, spread infectious diseases, and compromise health and safety for residents.</p> <p>Findings include:</p> <p>Resident 6 (R6)</p> <p>On 04/17/2025 at 8:28 AM a Certified Nurse Assistant 1 (CNA) was inside R6's room with gloves on picking food off R6's chest and placing it onto a meal tray. The CNA 1 picked up the meal tray and exited R6's room. R6 had a sign posted to the left of the door which documented the following:</p> <p>-Contact Precautions providers and staff must: put on gloves and gown before room entry and discard gloves and gown before room exit.</p> <p>The CNA 1 acknowledged the posted sign and explained not having had education on infection control and was just entering the room quickly to pick up the meal tray. The CNA 1 explained being unsure of what infection R6 had and explained a gown should have also been worn as indicated on the sign.</p> <p>On 04/17/2025 at 09:00AM, a Licensed Practical Nurse (LPN) and a Certified Nurse Assistant 2 (CNA 2) were observed entering R6's room with no gloves or gown. A Registered Nurse confirmed the observation explaining the staff should have donned a gown and gloves prior to entering the room.</p> <p>On 04/17/2025 at 1:25 PM a housekeeper was in R6's room mopping with no gown. The housekeeper explained having received training on infection control and was instructed to follow the signs posted but was just mopping the room and did not think a gown was required. The housekeeper read the signage posted on the entry of R6's room and confirmed a gown should have been worn.</p> <p>Gloves and gowns were available and hanging on the outside of R6's room door.</p> <p>Resident 7 (R7)</p> <p>On 04/17/2025 at 7:35 AM, a Registered Nurse (RN) explained residents with Enhanced Barrier Precautions (EBP) signs required staff to put on personal protective equipment prior to entering the resident room.</p> <p>On 04/17/2025 at 8:35 AM, R7's room door was closed. R7's room had a sign posted to the left of the door which documented the following:</p> <p>Enhanced Barrier Precautions providers and staff must wear gloves and gown for the following high-contact resident care activities:</p> <p>-Dressing</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>-Bathing/Showering</li> <li>-Transferring</li> <li>-Changing linens</li> <li>-Providing hygiene</li> <li>-Changing briefs or assisting with toileting</li> <li>-Device care or use: central line, urinary catheter, feeding tube, tracheostomy</li> <li>-Wound care: any skin opening requiring a dressing</li> </ul> <p>Upon knocking on the door, a Certified Nurse Assistant 3 (CNA 3) opened the door. standing at the door threshold with gloves and explained providing care. Another Certified Nurse Assistant 4 (CNA 4) was in the middle of R7's room without gloves or gown standing beside R7 who was seated in a shower chair. CNA 3 explained being a new employee and having received infection control training. CNA 3 acknowledged the sign posted at the entry of R7's room and explained having had a gown on but had removed it in the room. CNA 4 explained having had a gown and gloves on and had removed them in the room after preparing R7 for transport to the shower room. CNA 4 stated being unsure about being able to wear a gown and gloves in the hallway to transport R7.</p> <p>A Registered Nurse present outside of R7's room explained staff would need to have a gown and gloves on to assist R7 to the shower and while performing tasks such as transfers, bathing, and transport.</p> <p>Gloves and gowns were available and hanging on the outside of R7's room door.</p> <p>On 04/17/2025 at 2:00 PM, the Infection Prevention Nurse (IP) explained staff were educated upon hire in orientation and throughout the year regarding infection control and prevention. The expectation was for staff to adhere to signage posted outside the resident room as it was specific to the resident's individual needs. Staff were to avoid the use of personal protective equipment (PPE) such as gloves and gowns in the hallways and PPE was to be removed at the threshold of the resident room prior to staff exiting. The IP explained residents on Enhanced Barrier Precautions required PPE to be utilized during high touch patient care activities. The IP explained picking food off a resident would be a high touch activity requiring PPE. The IP confirmed a housekeeper entering a contact isolation room would need to utilize PPE as listed on the signage. The IP explained the expectation was for staff to follow the signs posted as it would cause a risk for spreading infections by not using the appropriate PPE.</p> <p>The facility policy titled Infection Prevention and Control, revised 05/15/2023, documented the facility would post clear signage on the door or wall outside of the room indicating the type of precautions and required PPE. The facility would perform periodic monitoring and assessment of EBP procedures to determine additional training and education.</p>		