Accepted 12/31/25

DEC 17 2025

PRINTED: 12/08/2025
FORM APPROVED

Nevada State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z0000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure Complaint Investigation initiated in your facility on October 28, 2025, and finalized on October 29, 2025, in accordance with Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities. The census at the time of the survey was 45. The sample size was 8. There were five complaints investigated. 1. Complaint 2297831: Deficient practice was identified (See Tag Z230). 2. Complaint 2297832: Deficient practice was identified (See Tag Z473). 3. Complaint 2589743: Deficient practice was identified (See Tag Z230). 4. Complaint 2638711: Deficient practice was identified (See Tag Z370 and Z471). 5. Complaint 2617994: Deficient practice was not identified. The investigation included: Observation included residents' rooms, shower rooms, residents' appearance, staff to resident interactions, resident to resident interactions, call light response, and a tour of the facility. Interviews were conducted with residents, Certified Nursing Assistants, licensed nurses, environmental services staff, a Physician, Director of Maintenance, a Case Manager, Infection Control Nurse, a Social Worker, staffing coordinator, Director of Nursing, Administrator, and a family member. Clinical record review of 8 residents which included	Z0000	**Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by Skye Canyon Post Acute to the allegation or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions set forth in Federal and State law. None of the actions taken by the facility pursuant to the Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the Survey.** **This Plan of Correction serves as our credible Allegation of Compliance with Federal and State Regulations.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE Administrator	(X6) DATE 12-17-25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z0000	Continued from page 1 residents of concern. Document review included facility policy and procedures, staffing schedule, training records, grievances log, facility assessment, and Infection Control Surveillance. The findings and conclusions of any investigation by the Division of Purchasing and Compliance shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	Z0000		
Z230	Standards of Care CFR(s): NAC 449.74469 A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interview, the facility failed to ensure a post-fall assessment was conducted for one of three sampled residents (Resident #2) who experienced a fall. The deficient practice had the potential to result in delayed identification and treatment of injuries, placing the resident at risk for further harm. Findings include: Resident 2 (R2) was admitted 03/17/2025 with diagnoses including right acetabular and rib fractures from recent fall, hypertension, neurocognitive disorder, coronary artery disease, acute kidney injury, and hypoxia. The Minimum Data Set discharge assessment dated 03/20/2025, revealed R2 was dependent for toileting hygiene and needed substantial assistance for toilet transfer. A nursing progress note dated 03/20/2025 revealed R2 had an unwitnessed fall in room at 8:30 PM. R2 was found on the floor lying next to a chair. The note	Z230	**Z 230** ***What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.*** Resident #2 was discharged from the facility at the time the results were received. ***How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.*** Charts of the residents with falls in the past 14 days reviewed to ensure that the Nursing Post Fall Review has been conducted and completed. No negative findings observed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z230	Continued from page 2 indicated a family member came to visit and shouted profanity and began video recording. The note documented R2 was transported to a hospital by the paramedics. A situation, background, appearance and review (SBAR) communication form dated 03/20/2025, documented R2 experienced a change in condition related to a fall. The SBAR documented respiratory, cardiovascular, abdominal, genitourinary, skin, pain, and neurological assessments were not performed because the evaluations were not clinically applicable to the change in condition reported. The medical record lacked documented evidence R2 was assessed by the nurses after the fall. On 10/29/2025 at 10:00 AM, the Director of Nursing (DON) explained on 3/20/2025, three male certified nursing assistants (CNA) were working at night and R2 wanted only female CNAs. R2 called for assistant, a male CNA answered but R2 refused care since CNA was a male. CNA left the room and notified the two female nurses as R2 requested assistance from female staff. At that time, a family member of R2 showed up and found the resident lying near the bed. The DON indicated they watched a video recorded by the family member that was provided by law enforcement. The DON indicated the video showed the two nurses stood motionless while R1 was lying on the floor and the family member yelled at them. The DON indicated the nurses did not assess the resident, but the CNAs checked vital signs, then paramedics arrived and R2 was transported to the hospital. The DON expected the nurses to check the resident after the fall, but they did not because the family member was yelling not to move the resident. The facility's policy titled "Falls and Fall Risk, Managing," last revised in March 2018, lacked essential components necessary for effective post-fall management, including guidance on assessing residents for potential injuries and conducting neurological evaluations. Severity: 2 Scope: 1 Complaint 2297831 and Complaint 2589743	Z230	All residents have the potential to be affected by this deficient practice. Inservice for all licensed nurses initiated on 12/11/2025 by the Assistant Director of Nursing (ADON) regarding the facility's policy for *Falls and Fall risk, Managing* with a focus on conducting and completing the Nursing Post Fall Review when a fall occurs. Licensed nurses that were not available for the in-service to be provided 1:1 education on or before next scheduled shift. ***What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.*** In addition to the above inservices, ADON or designee to audit the charts of residents with falls 3x/week x 1 month, then weekly ongoing to ensure that all residents with a fall have a completed Nursing Post Fall Review. ***How the facility plans to monitor its performance to make sure that solutions are sustained.*** DON or designee to review audit of ADON or designee weekly x 6 weeks, then as indicated to ensure that all residents with a fall have a completed Nursing Post Fall Review. Any negative findings to be reported to the QA committee to ensure facility compliance. ***Individual responsible:*** Director of Nursing ***Date when corrective action will be completed:*** December 29, 2025	
Z370	Nursing Staff CFR(s): NAC449.74517 1. A facility for skilled nursing shall ensure that there is a sufficient number of members of the nursing	Z370		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z370	Continued from page 3 staff on duty at all times to provide nursing cafe to and attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient in the facility in accordance with his plan of care. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and document review, the facility failed to ensure sufficient staffing was provided during the night shift for two consecutive nights. This deficient practice had the potential to result in unmet care needs, including delays in toileting and hygiene assistance, which could contribute to skin breakdown, discomfort, and diminished resident dignity. Findings include: Resident 1 (R1) was admitted 08/26/2025, with diagnoses including: acute symptomatic anemia requiring transfusion anemia, iron deficiency and anemia of chronic disease, lung nodule, left thyroid nodule or mass, peripheral neuropathy, acute kidney injury on chronic kidney disease, hyperlipidemia, hypertension, solitary kidney, and post right nephrectomy. On 10/28/2025 at 10:40 AM, R1 expressed the night shift did not answer call lights timely. R1 verbalized that it took an hour for a staff member to answer the call light the night before. On 10/29/2025 at 1:20 PM, during a telephone interview, R1's family member expressed concerns regarding inadequate staffing levels during the night shift. The family member reported that on the night of 10/28/2025, only two certified nursing assistants (CNAs) were on duty, and the resident experienced a prolonged delay in receiving incontinence care, which allegedly resulted in the development of a bleeding rash. A review of the nursing staffing schedule revealed on 10/27/2025 and 10/28/2025, the facility had only two CNAs on duty for the night shift with a census of 45 residents. On 10/29/2025 at 3:00 PM, the Staffing Coordinator confirmed only two CNAs worked during the above mentioned because one of the three CNAs scheduled to work called in sick. The Staffing Coordinator indicated several attempts were made to find a CNA replacement with no success. The Staffing Coordinator stated the facility did not have a contract with a nursing staffing agency and for the last two nights, Registered	Z370	**Z 370** ***What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.*** Resident #1 was discharged from the facility at the time the results were received. ***How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.*** Staffing schedule reviewed by Facility Administrator and Director of Nursing for the past 14 days to ensure that sufficient staffing levels have been provided every shift. No negative findings observed. All residents have the potential to be affected by the deficient practice. Staffing coordinator, DON, and ADON inserviced by the Facility Administrator on 12/12/2025 regarding the facility policy for Staffing, Sufficient and Competent Nursing with a focus on sufficient staff to meet the needs of the residents at any given time. Staffing coordinator, DON, or ADON that were not available for the in-service to be provided 1:1 education on or before next scheduled shift.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z370	Continued from page 4 Nurses were covering. The facility assessment conducted in June 2025, documented a staffing plan to ensure the facility had sufficient staff to meet the needs of the resident at any time given. The staffing plan documented 3 to 4 CNAs for the night shift. Severity 2 Scope 1 Complaint 2638711	Z370	***What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.*** In addition to the above inservice, DON or Designee to review the nursing schedule (licensed nurses and CNA's) 5x/week x 4 weeks, 3x/week x 2 weeks, then quarterly ongoing days to ensure that sufficient staffing levels are provided every shift to meet the needs of the residents at any given time. ***How the facility plans to monitor its performance to make sure that solutions are sustained.*** Facility Administrator to review the findings of the DON or Designee nursing schedule (licensed nurses and CNA's) review 3x/week x 4 weeks, weekly x 2, then quarterly ongoing to ensure that sufficient staffing levels are provided every shift to meet the needs of the residents at any given time. ***Any negative findings to be reported to the QA committee to ensure facility compliance.*** ***Individual responsible:*** Facility Administrator or designee ***Date when corrective action will be completed:*** December 29, 2025	
Z471	Physical Environment CFR(s): NAC 449.74539 2. Care for each patient in the facility in a manner that promotes the dignity of the patient and his quality of life; This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and document review, the facility failed to ensure timely response to a resident call lights for 1 of 8 sampled residents (Residents #1). This failure has the potential to negatively impact residents' safety, dignity, and quality of care. Findings include: Resident 1 (R1) was admitted 08/26/2025, with diagnoses including acute symptomatic anemia requiring transfusion, iron deficiency and anemia of chronic disease, lung nodule, left thyroid nodule or mass, peripheral neuropathy, acute kidney injury on chronic kidney disease, hyperlipidemia, hypertension, solitary kidney, and post right nephrectomy. On 10/28/2025 at 10:40 AM, R1 verbalized concerns regarding staff answering the call light. R1 indicated had contracted a gastrointestinal infection at the facility that caused diarrhea and needed assistance to be changed because of the debilitated health conditions, but on several occasions the nursing staff takes long time to answer. R1 indicated when briefs were changed, the urine and feces were already dried. R1 verbalized the situation intensified during the night shift. R1 resided in Room 17 located in front of a nursing station. On 10/28/2025 at 2:30 PM, inspectors activated the call light in the restroom at Room 10. It was noted the call light system did not have visible or audible signaling	Z471		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z471	Continued from page 5 to advise staff someone requested assistance. A screen located in the nursing station near Room 17 showed three call lights activate, including Room 10 colored red as emergency call. Ten minutes later, the Director of Physical Therapy answered the call and indicated the signaling only can be seen at the nursing station since there were no lights or audible alarm to advise when a resident requested assistance. The Director of Physical Therapy acknowledged the current status of the call light system could cause delays in the staff response. On 10/29/2025 at 1:20 PM, during a telephone interview, R1's family member expressed concerns regarding inadequate staffing levels during the night shift. The family member reported that on the night of 10/28/2025, only two certified nursing assistants (CNAs) were on duty, and the resident experienced a prolonged delay in receiving incontinence care, which allegedly resulted in the development of a bleeding rash A review of the nurse call history reports (logs that track interactions between residents and staff and provide data on response times) revealed the following call light response in Room 17. On 09/22/2025 at 8:18 AM, call light was activated and staff responded 31 minutes later at 8:49 AM. The system deployed 19 notification pages. On 09/22/2025 at 11:20 AM, call light was activated and staff responded 23 minutes later at 11:43 AM. The system deployed 13 notification pages. On 09/22/2025 at 12:39 PM, call light was activated and staff responded 23 minutes later at 1:03 PM. The system deployed 13 notification pages. On 09/22/2025 at 6:48 PM, call light was activated and staff responded 18 minutes later at 7:07 PM. The system deployed 10 notification pages. On 09/22/2025 at 9:41 PM, call light was activated and staff responded 23 minutes later at 7:07 PM. The system deployed 13 notification pages. On 10/27/2025 at 6:27 AM, call light was activated and staff responded 36 minutes later at 7:04 AM. The system deployed 22 notification pages. On 10/27/2025 at 10:58 AM, call light was activated and staff responded 59 minutes later at 11:57 AM. The system deployed 34 notification pages. On 10/27/2025 at 6:21 PM, call light was activated and	Z471	**Z 471** ***What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.*** Resident #1 was discharged from the facility at the time the results were received. ***How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.*** Room Rounds conducted by the IDT team members on 12/10/2025 to ensure timely response to resident call lights. No negative findings observed. On October 29, 2025 facility installed speakers at each nurse's station to notify staff regarding patient requested assistance. All residents have the potential to be affected by the deficient practice. Inservice for all staff initiated by the Director of Nursing (DON) on 12/15/2025 regarding the facility policy Answering the Call Light with a focus on prioritizing timely call light response time by all staff members and re-education of all staff regarding the audible signaling at each nurse's station notifying the staff regarding patient requested assistance. All staff that were not available for the in-service to be provided 1:1 education on or before next scheduled shift.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z471	Continued from page 6 staff responded 50 minutes later at 7:12 PM. The system deployed 31 notification pages. On 10/27/2025 at 7:59 PM, call light was activated and staff responded 30 minutes later at 8:30 PM. The system deployed 19 notification pages. On 10/28/2025 at 00:22 AM, call light was activated and staff responded 27 minutes later at 00:50 AM. The system deployed 16 notification pages. On 10/28/2025 at 2:35 AM, call light was activated and staff responded 67 minutes later at 3:42 AM. The system deployed 40 notification pages. On 10/28/2025 at 6:19 PM, call light was activated and staff responded 33 minutes later at 6:53 PM. The system deployed 19 notification pages. On 10/28/2025 at 3:00 PM, the Director of Nursing (DON) stated resident call lights were expected to be answered immediately. DON reported the facility previously had pagers in place to alert staff of call light activations but were no longer available. DON acknowledged staff were unable to see or hear call light alerts unless they were physically present at the nurses' station. The DON confirmed the call light system should have been both visible and audible to staff throughout the unit to ensure timely responses to residents' needs. On 10/29/2025 at 9:09 AM, a resident in Room 43 reported that staff response to call lights is often delayed. The resident was unable to specify the exact duration but described the wait as "a long time." The resident acknowledged staff were attending to other residents and delays were more common during mealtimes. The resident expressed although some wait time was expected, it should not have been excessive. The resident stated the night shift had the longest delays, and it often took staff a significant amount of time to respond to the call light during those hours. On 10/29/2025 at 10:45 AM, a Registered Nurse (RN) stated staff were expected to respond to call lights as soon as possible. If certified nursing assistants (CNAs) were unavailable, the nurse was expected to check on the residents and determine their needs. The RN explained the only way to identify active call lights was by checking the call light monitor located at the nurses' station. Staff were required to walk to the nurses' station to determine which room had an active call light, as there was no audio alert or visual indicator available elsewhere on the unit.	Z471	***What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.*** In addition to the above inservice, IDT team members to conduct room rounds with a specific question regarding call light response time 5x/week x 2 weeks, 2x/week x 1 month, then weekly ongoing to ensure that call lights are addressed timely. ***How the facility plans to monitor its performance to make sure that solutions are sustained.*** Administrator or designee to review the findings of room rounds 5x/week x 1 week, then weekly ongoing to ensure that call lights are addressed timely. ***Any negative findings to be reported to the QA committee to ensure facility compliance.*** ***Individual responsible:*** Facility Administrator or designee ***Date when corrective action will be completed:*** December 29, 2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z471	Continued from page 7 The facility policy titled Resident Rights last revised in December 2016, documented the residents were entitled to a dignified existence. The facility policy (undated) titled Answering the Call Light, documented staff to answer resident's call as soon as possible. The policy lacked critical elements necessary to ensure timely and effective response to resident needs. Specifically, the policy did not identify how staff were alerted to nurse call activation, how mobile nurse call devices were distributed and utilized by staff, which staff members were responsible for acknowledging and responding to nurse call activations, established procedures to ensure timely response to nurse call activations. Severity 2 Scope 1 Complaint 2638711	Z471		
Z473	Physical Environment CFR(s): NAC 449.74539 4. Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents; This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure there was a functioning visual or auditory device in place for staff to identify when residents required assistance. This deficient practice had the potential to result in unmet needs or delayed response to residents requiring assistance. Findings include: Resident 3 (R3) was admitted to the facility on 04/16/2025 and discharged on 06/06/2025, with diagnoses including surgery on the nervous system, radiculopathy of the lumbar region, and spinal stenosis. A review of the call light history report dated 05/15/2025 showed the call was initiated at 1:45 AM and canceled at 2:34 AM, indicating a wait time of 39 minutes before the call was answered. On 10/28/2025 at 2:00 PM, Resident 9 (R9) stated staff answered the call light, but not immediately. R9 further explained if the call light was not answered promptly, R9 would continue to press the call light	Z473	**Z 473** ***What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.*** Residents #3, #5, #7, #8, and #9 were discharged from the facility at the time the results were received. Resident #6 interviewed regarding call light response time and stated "it has gotten much better". ***How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.*** Room Rounds conducted by the IDT team members on 12/10/2025 to ensure timely response to resident call lights. No negative findings observed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z473	Continued from page 8 until staff arrived. R9 also stated that response times during the night shift were sometimes even longer. On 10/28/2025 at 2:12 PM, the Licensed Practical Nurse (LPN) stated the call light monitor was located at the nurses' station. The LPN explained when the call light was activated, staff could view it on the monitor, which displayed the room number and the time the light was turned on. The LPN added staff on the shift would walk to the monitor to check for active call lights. The LPN confirmed no visual or auditory alert system was located near the residents' doors to notify staff when assistance was needed. On 10/28/2025 at 2:19 PM, a Certified Nursing Assistant (CNA) explained that the call light monitor was located at the nurses' station, and staff had to walk there to check for active calls. The monitor displayed the room number and the length of time the call light had been on. The CNA further indicated there was a significant amount of walking back and forth between resident rooms and the nurses' station to monitor calls. The CNA added there should be a system in place to show which room had an active call light without requiring staff to constantly return to the nurses' station. On 10/28/2025 at 2:30 PM, a Registered Nurse (RN) stated that the call light monitor was located at the nurses' station and was checked regularly by all staff. The RN explained that the monitor displayed the room number and the duration that the call light had been activated in either the room or the bathroom. The RN reported when passing medications, staff were not at the nurses' station to observe the call light monitor, and that CNAs were responsible for checking the monitor during those times. On 10/28/2025 at 3:00 PM, the Director of Nursing (DON) stated call lights should be answered immediately. The DON reported the facility previously had a pager system, but it was missing. The DON explained upon starting employment in the role, they questioned why the call system relied solely on a monitor at the nurses' station, rather than an audible and visual alert which could be seen and heard by staff throughout the unit. The DON confirmed staff were unable to see or hear the call lights from outside the nurses' station and acknowledged the call light system should provide both visual and auditory notifications accessible to staff when residents called for assistance. On 10/29/2025 at 9:09 AM, Resident 8 (R8) stated that the call light worked, but it often took a while for staff to respond. The resident explained, did not know	Z473	On October 29, 2025 call light monitors at each nurses station inspected and functioning. On October 29, 2025 facility installed speakers at each nurses station to notify staff regarding patient requested assistance. All residents have the potential to be affected by this deficient practice. Inservice for all staff initiated by the Director of Nursing (DON) on 12/15/2025 regarding the facility policy *Answering the Call Light* with a focus on prioritizing timely call light response time by all staff members and re-education of all staff regarding the audible signaling at each nurses station notifying the staff regarding patient requested assistance. All staff that were not available for the in-service to be provided 1:1 education on or before next scheduled shift. ***What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.*** In addition to the above inservice, ADON or designee to conduct 3 random observations, at random times of the day, 5x/week x 2 weeks, 2x/week x 1 month, then quarterly ongoing to ensure that audio and visual devices are in place for staff to identify when residents require assistance and that call lights are addressed timely.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z473	Continued from page 9 how long it took, but it's a long time before staff came. R8 acknowledged staff cared for other residents, and during mealtimes, expected to wait but it should not have taken long. R8 stated the night shift was the worst. On 10/29/2025 at 9:20 AM, Resident 7 (R7) reported staff did not answer call lights immediately. R7 commented the day shift staff were good, but the night shift staff were not so good. R7 expressed a desire for a communication system which would inform residents how long it might take for staff to respond, especially when residents had urgent needs such as using the bathroom. On 10/29/2025 at 9:30 AM, Resident 6 (R6) stated staff did not answer call lights right away. The R6 added during the day shift, staff did not immediately respond. R6 said they did not usually use the call light during the night, only during the daytime. On 10/29/2025 at 10:45 AM, a RN stated staff were expected to answer call lights as soon as possible. The RN explained that if CNAs were busy and unable to respond immediately, the nurse should check on the residents to determine their needs. The RN reported the only way to know which call light was activated was by checking the call light monitor located at the nurses' station. Staff had to walk to the nurses' station to identify which room had an active call light, as there were no auditory signal or visual indicators outside the rooms. The RN acknowledged call lights with the longest active times should be prioritized for response. On 10/29/2025 at 11:00 AM, Resident 5 (R5) stated it often took staff a long time, sometimes up to an hour to answer the call light, particularly during the night shift. The resident expressed satisfaction with the day shift staff, stating everyone on the day shift is okay, but noted that the night staff took much longer to respond to the call lights. On 10/29/2025 at 11:06 AM, a CNA stated staff were trained to respond to call lights promptly. The CNA explained that to check for call lights, staff must look at the monitor screen located at the nurses' station, as there are no visual or auditory indicators in the hallways or near the residents' rooms. The CNA said, "Every time we come out of a resident's room, we have to walk to the nurses' station to check if there are any calls." The CNA acknowledged a call light system with visual and auditory alerts would be helpful so staff can see and hear where the call is coming from	Z473	IDT team members to conduct room rounds with a specific question regarding call light response time 5x/week x 2 weeks, 2x/week x 1 month, then weekly ongoing to ensure that call lights are addressed timely. ***How the facility plans to monitor its performance to make sure that solutions are sustained.*** Administrator or designee to review the findings of the ADON or designee random observation of the visual and auditory devices for the call light system 5x/week x 1 week, then weekly ongoing to ensure that audio and visual devices are in place for staff to identify when residents require assistance and that call lights are addressed timely. Administrator or designee to review the findings of room rounds 5x/week x 1 week, then weekly ongoing to ensure that call lights are addressed timely. Any negative findings to be reported to the QA committee to ensure facility compliance. ***Individual responsible:*** Facility Administrator or designee ***Date when corrective action will be completed:*** December 29, 2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z473	Continued from page 10 without returning to the nurses' station each time. On 10/29/2025 at 11:15 AM, the Administrator stated the facility's call light system had always been set up this way and that during the last survey, neither the medical Surveyor nor Life Safety Surveyor identified any concerns with the system. The Administrator stated the facility stood by its current call light system and had not made any changes since the previous inspection. Review of the facility's policy titled "Answering the Call Light" (undated) documented that staff were required to answer residents' calls as soon as possible. Severity: 2 Scope: 3 Compliant 2297832	Z473		
Z5015	Compliance with AIA/FGI CFR(s): 449.74543.2(b) 2. Except as otherwise provided in this section: (b) Any new construction, remodeling or change in use of a facility for skilled nursing must comply with Guidelines for Design and Construction of Residential Health, Care, and Support Services, adopted by reference pursuant to:section 2 of this regulation, unless the remodeling is limited to refurbishing an area within the facility, including, without limitation, painting the area, replacing the flooring, repairing windows, or replacing window and wall coverings. This LICENSURE REQUIREMENT is NOT MET as evidenced by: CODE PATH: Facilities Guidelines Institute (FGI), "Guidelines for the Design and Construction Residential Health, Care, and Support Services", 2022 edition. NURSE CALL SYSTEMS - Section 3.1-8.5.2 (p. 151) 3.1-8.5.1 Call System. A nurse/staff call system shall be provided. 3.1-8.5.2 General 1) Use of alternative technologies, including wireless systems, shall be permitted for emergency or nurse call	Z5015	***Z 5015*** ***What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.*** No residents were affected by this deficient practice. ***How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.*** On October 29, 2025 facility installed speakers at each nurses station to notify staff regarding patient requested assistance. On October 29, 2025 facility installed speakers at each nurses station to notify staff regarding patient requested assistance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z5015	Continued from page 11 systems. a) Where wireless systems are used, consideration shall be given to electromagnetic compatibility between internal and external sources. b) Wireless systems shall comply with UL 1069: Standard for Hospital Signaling and Nurse Call Equipment. 2) Nurse and emergency call systems shall be listed by a nationally recognized testing laboratory. 3.1-8.5.2.2 Resident room bed stations (p. 152) 1) Each bed location shall be provided with a resident bed station call device that is accessible to the resident. a) One resident bed station shall be permitted to serve two beds. b) Use of a wearable device shall be permitted. 2) A call initiated by a resident activating either a call device attached to a resident's call station or a portable device that sends a call signal shall register at the staff call station or device and shall do one of the following: a) Activate a visual signal in the corridor at the resident's door. In a multi-corridor or cluster resident unit, additional signals shall be installed at corridor intersections. b) Activate a handheld mobile device carried by a staff member, identifying the specific resident location from which the call was placed. National Fire Protection Association (NFPA) 101 Life Safety Code, 2024 Edition 3.2 NFPA Official Definitions 3.2.1 Approved. Acceptable to the authority having jurisdiction. 4.5.8 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any feature is required for compliance with the provisions of this code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be	Z5015	All residents have the potential to be affected by this deficient practice. Inservice initiated by the Director of Nursing (DON) for all staff on 12/15/2025 regarding the facility policy *Answering the Call Light* with a focus on the audible signaling of the call light system at each nurses station, the monitor that informs the staff of which room requires assistance, and the mobile nurse call notification devices that also notify staff regarding patient requested assistance. All staff that were not available for the in-service to be provided 1:1 education on or before next scheduled shift. ***What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.*** In addition to the above inservice, IDT team members to conduct room rounds with a specific question regarding call light response time 5x/week x 1 month, 3x/week x 1 month, then 2x/week ongoing to ensure that call lights are addressed timely. ADON or designee to conduct random observations 3x/week x 1 month, weekly x 1 month, then quarterly ongoing to ensure that the speakers at the nurse's stations are functioning when the call light is activated, the call light monitors at the nurse's stations are indicating the appropriate room that requires assistance, and that mobile nurse call notification devices that are used by the licensed nurses are properly functioning.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z5015	Continued from page 12 maintained, unless the code exempts such maintenance. 4.6.1.1 The authority having jurisdiction (AHJ) shall determine whether the provisions of this code are met. 4.6.1.2 Any requirements that are essential for the safety of building occupants and that are not specifically provided for by this code shall be determined by the authority having jurisdiction. 4.6.1.3 Where it is evident that a reasonable degree of safety is provided, any requirement shall be permitted to be modified if, in the judgement of the authority having jurisdiction, its application would be hazardous under normal occupancy conditions. Based on observation, interview, and document review, the facility failed to establish and ensure that the facility's nurse call system: (1) was properly designed, installed, maintained, and was properly functioning/operational per the code; and (2) staff were properly educated and trained to keep nurse call equipment operational for ready use in order to receive resident notices for assistance. Findings include: CITATION: Z5015- Compliance with AIA/FG 1) On 10/29/2025, during a tour of the facility with the Administrator and Regional Director of Maintenance, the following observations were made as directly related to the building's nurse call system: a) The resident room doors, corridors, shower rooms, patient care, and activity areas were not equipped with visual signals that indicated nurse call activation. The facility failed to ensure there was a visual signal in the corridor at the resident's door or activation of a handheld mobile device carried by a staff member, identifying the specific resident location from which the call was placed. b) Nurse's station #1 and #2 contained hard-wired nurse call system monitors. The nurse call system monitors were not equipped with external speakers. Upon activation of a nurse call device, there was not sufficient audible signal to alert/notify staff. During an interview, the Administrator indicated the	Z5015	***How the facility plans to monitor its performance to make sure that solutions are sustained.*** Administrator or designee to review the findings of room rounds 5x/week x 1 week, then weekly ongoing to ensure that call lights are addressed timely and that Administrator or designee to review the random observations of the ADON or designee 2x/week x 1 month, then weekly x 1 month, then quarterly ongoing to ensure that the speakers at the nurse's stations are functioning when the call light is activated, the call light monitors at the nurse's stations are indicating the appropriate room that requires assistance, and that mobile nurse call notification devices that are used by the licensed nurses are properly functioning. Any negative findings to be reported to the QA committee to ensure facility compliance. ***Individual responsible:*** Administrator or designee ***Date when corrective action will be completed:*** December 29, 2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z5015	Continued from page 13 nurse's station was not consistently manned. The Administrator further indicated the facility did not rely on audible nurse call alerts or mobile devices and in lieu, staff were tasked with leaving the corridor space, walking behind the workstations to ascertain via the monitor, if a nurse call device had been activated. c) The facility was originally equipped with four mobile nurse call notification devices. The devices were not disseminated to staff. Observation revealed three devices stored in the Director of Nursing (DON) office. The facility failed to locate the fourth mobile device. During an interview, the Administrator indicated the mobile nurse call devices worked but simply remained unprogrammed. The Administrator further indicated the mobile devices were not utilized by staff and that the redundant alerts provided by the wireless devices were not necessary as current protocols for answering nurse call activation were sufficient. 2) On 10/30/2025, during a review of the facility's Life Safety Code documentation, a remote users guide for the nurse call system was provided along with vendor inspection and maintenance reports, and applicable facility policy/procedures. The following deficiencies were identified as directly related to the nurse call system documentation. a) A review of the nurse call manufacture's user guide failed to include documentation that ensured the facility's nurse call system was UL-1069 compliant. Facilities Guidelines Institute (FGI), "Guidelines for the Design and Construction Residential Health, Care, and Support Services", 2022 edition Section 3.1-8.5.2 states, facility nurse call systems shall comply with UL 1069: Standard for Hospital Signaling and Nurse Call Equipment. b) The facility provided a print copy of a support/solution vendor correspondence that indicated a software programming issue was identified on 10/29/2025 at 12:09 PM. The subject line read, "Need V3 Guideline." The facility failed to provide repair documentation for the identified software issue. During an interview, the Administrator indicated that there was not an identified contract acceptance or installation date for the nurse call system improvement project. Note: The facility provided a single vendor quote dated	Z5015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z5015	Continued from page 14 10/21/2025 for a nurse call system upgrade to include central equipment, wireless / hybrid devises, and related services. c) The facility provided a vendor nurse call system document titled, "REMOTE USERS GUIDE." The vendor document indicated the nurse call system consisted of both hardwired alert monitors and mobile alert devices. The document further indicated the following manufacturer recommendations for impairment of mobile alert devices: Implement resident roundsUtilize the active calls screenTurn on sound to alert you of calls on the computers that have the active calls screenAlert maintenance/team leads to contact vigil support.d) The facility provided an undated staff procedure document titled, ANSWERING THE CALL LIGHT". The procedure failed to identify the following: i) How staff are alerted to nurse call activation. ii) What locations are equipped with hard wire nurse call monitors. iii) How mobile nurse call devices are disseminated and utilized. iv) What staff members are responsible for acknowledging and responding to nurse call activation. v) Established procedures for timely response to nurse call activation. vi) Procedures for implementing resident rounding in the event of nurse call system impairment. d) The facility provided nurse call resident care reports obtained from the nurse call system software platform. A resident care report dated 10/28/2025 indicated multiple activations of the nurse call system for resident room #17. The system report for that resident room indicated extended activation/deactivation times for the nurse call system. The report indicated 45 minutes to 60 minutes between resident activation and staff deactivation of the resident room nurse call device. During an interview, the Administrator indicated being unable to speak to the specific instances where nurse call resident activation and staff deactivation reached 1 hour. SEVERITY: 2 SCOPE: 3	Z5015		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11696	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYE CANYON POST ACUTE	6650 GRAND MONTECITO PARKWAY , LAS VEGAS, Nevada, 89149

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z5015		Z5015		