

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2025  
FORM APPROVED  
OMB NO. 0938-0391

APOC  
4/28/25 EC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  295099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/16/2025
NAME OF PROVIDER OR SUPPLIER  CORONADO RIDGE SKILLED NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2855 W. HORIZON RIDGE PARKWAY HENDERSON, NV 89052		
(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
F 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of a Complaint and Facility-Reported Incidents investigation conducted in your facility on 04/16/2025, in accordance with 42 Code of Federal Regulations (CFR) Chapter IV, Part 483, Requirements for Long Term Care Facilities.  The census was 105.  The sample size was five.  There were three complaints, and one facility-reported incident (FRI) investigated:  Substantiated:  1. Complaint #NV00073445 was substantiated (See Tag F697). 2. Complaint #NV00073171 was substantiated (See Tag F697).  Substantiated without regulatory deficiencies:  3. Complaint #NV00073391 was substantiated with no deficient practice.  Unsubstantiated:  4. FRI #NV00073821 could not be substantiated. No regulatory deficiencies could be identified.  Investigation into the complaints and FRI included:  Observation included cleanliness, linens, odors, visitor/staff bathrooms, resident bed for adjustment, water pitcher availability, call bell	F 000			

RECEIVED

APR 28 2025

BUREAU OF HEALTHCARE  
QUALITY & COMPLIANCE  
LAS VEGAS NV

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Administrator

4/29/2025

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.

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F 000	Continued From page 1  placement, resident to resident interactions, staff providing supervision and care to residents, and a tour of the facility.  Interviews were conducted with residents, Certified Nursing Assistants, Licensed Nurses, Dietitian, Housekeeping, Physical Therapist, Occupational Therapist, Lead Wound Care Nurse, Director of Nursing and the Administrator.  Clinical Record review of residents which included the residents of concern.  Document review included facility policies and procedures, facility investigation reports, grievance log, and resident council meeting minutes.  The findings and conclusions of any investigation by the Division of Public and Behavioral Health 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:	F 000			
F 697 SS=D	Pain Management CFR(s): 483.25(k)  §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:	F 697			

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F 697	Continued From page 2  Based on interview, record review, and document review, the facility failed to ensure the resident's pain medication was administered as ordered and appropriately managed for 1 of 5 sampled residents (Resident 1), and the pain was timely assessed for 1 of 5 sampled residents (Resident 3). This deficient practice had the potential to result in unmanaged pain, delayed relief, and decreased quality of life for the affected residents.  Findings include:  A facility policy titled Pain-Clinical Protocol revised October 2022, documented the nursing staff would assess each individual for pain upon admission to the facility, whenever there was a significant change of condition, and when there was an onset of new pain or worsening of existing pain.  Resident 1 (R1)  R1 was admitted on 11/13/2024, readmitted on 11/29/2024, and discharged on 12/17/2024, with diagnoses including fracture of the first lumbar vertebra, long-term use of opiates, and complex regional pain syndrome.  A care plan initiated on 11/13/2024 documented R1 was at risk for pain related to generalized body pain, impaired mobility, history of falls, and self-care deficit. The goal was for R1 to voice or demonstrate a level of comfort within 30 minutes to 1 hour after interventions were rendered. Pain was to be managed through the review date.  The Admission Minimum Data Set dated 12/06/2024, documented a Brief Interview for	F 697	Resident 1 and Resident 3 are no longer in the facility  The Director of Nursing and Assistant Director of Nursing reviewed all resident admissions 4/22/25 to 4/24/25 to ensure pain assessment completion on admission and that oral pain medication orders are being assigned correctly. All residents who require pain monitoring and medications have the potential to be affected by this deficient practice. Other residents were identified to be lacking pain assessments.  The Director of Staff Development provided an in-house training for nurses on pain management and medication orders on 4/23/25. Expected completion is 5/21/25.		

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F 697	<p>Continued From page 3</p> <p>Mental Status (SIMS) score of 15/15, indicating intact cognitive status. The pain assessment indicated over the 5-day assessment period, R1's pain almost constantly affected the ability to sleep at night and interfered with therapy activities.</p> <p>The Physician Progress Notes dated 12/13/2024, documented on 12/04/2024, R1 had difficulty tolerating physical therapy due to pain. On 12/06/2024, pain continued to be reported as a barrier by both the resident and therapy staff. The physician reviewed medications and discussed the ongoing pain issue. As a result, the Hydromorphone (Dilaudid) dosage was increased from 4 milligram (mg) to 6 mg every 4 hours, with instructions to monitor R1 closely.</p> <p>A Physician Order dated 11/30/2024, documented Hydromorphone 4 mg every 4 hours as needed. A subsequent Physician Order dated 12/06/2024, documented an increase in the Hydromorphone dosage to 6 mg every 4 hours as needed.</p> <p>The Medication Administration Record (MAR), documented continued administration of Hydromorphone 4 mg from 12/06/2024 until R1's discharged on 12/17/2024, despite the new order for 6 mg.</p> <p>A review of R1's medical records from 12/06/2024 to 12/17/2024, revealed a lack of documented evidence the increased Hydromorphone 6 mg dosage was administered as ordered to manage R1's pain.</p> <p>On 04/16/2025 at 11:56 AM, the Nurse Supervisor confirmed the new order for Hydromorphone 6 mg was received and confirmed on 12/06/2024 but was not</p>	F 697	<p>Director of Nursing, and/or designee will monitor compliance by conducting weekly audits for four weeks and then monthly for 2 months of residents who have admitted for pain evaluation on admission. A secondary audit will be conducted weekly times four weeks and then monthly for two months to monitor for accurate administration of pain medications.</p> <p>The Director of Nursing will ensure the audits are implemented, according to the plan of correction, and will ensure the audits are evaluated for accuracy. Any irregularities will be discussed at the facility QAA committee meeting, where any necessary changes or action plans will be developed and implemented immediately.</p> <p>Date certain: 5/21/25</p>		

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F 697	<p>Continued From page 4</p> <p>administered as prescribed. The Nurse Supervisor explained the previous order for 4 mg had not been discontinued, but the dosage increase was communicated to the assigned nurse. The Nurse Supervisor verbalized a pain assessment should have been performed due to the increased dose but was not completed.</p> <p>On 04/16/2025 at 12:15 PM, a Registered Nurse (RN) assigned to the resident was uncertain why the Hydromorphone 6 mg was not administered as ordered. The RN conveyed the duplicate pain medication orders with the same frequency should have been clarified and documented, but there was no documentation it was done.</p> <p>The Occupational Therapy Treatment Encounter dated 12/09/2024, documented the Occupational Therapist (OT) arrived in R1's room and instructed R1 to begin getting out of bed. R1 stated a pain pill was needed. The OT reminded R1 the pain medication had been administered, and another dose could not be given until 4 hours had passed. R1 continued to argue with the OT and R1 was observed in severe pain.</p> <p>On 04/16/2025 at 2:39 PM, the OT confirmed R1 had complained of an increased level of pain and on occasions, R1 had declined therapy because the pain medication was either not administered or was ineffective. The OT acknowledged the pain had been an ongoing issue for R1.</p> <p>On 04/16/2024 at 2:33 PM, the Physical Therapist (PT) verified R1's previous treatment and explained R1 required standby assistance for bed mobility and minimal assistance for transfers and ambulated 10 feet with a walker using minimal assistance. The PT indicated R1's pain was</p>	F 697			

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F 697	<p>Continued From page 5</p> <p>reported at a pain level increased to 10 out of 10 on 12/06/2024. The PT explained the pain medication was vital for a resident receiving therapy to promote participation in therapy sessions. The PT indicated R1 was discharged from therapy services after leaving against medical advice.</p> <p>On 04/16/2024 in the afternoon, the Director of Nursing (<b>DON</b>) indicated the physician should have discontinued the previous order once the dosage was increased. The DON indicated the facility staff should adhere to the physician's prescribed orders to effectively manage the resident's pain.</p> <p>Resident 3 (R3)</p> <p>R3 was admitted 02/11/2025 and discharged 02/13/2025 with diagnosis including displaced intertrochanteric fracture of right femur, difficulty in walking, and need for assistance with personal care.</p> <p>A Weekly Skin Evaluation dated 02/12/2025, documented the following were identified during an admit wound care evaluation: Right lateral knee surgical incision, right medial knee surgical incision, right knee front surgical incision, right lower thigh surgical incision, right upper thigh surgical incision, and bilateral heels type protective.</p> <p>A Care Plan dated 02/13/2025, documented the resident had chronic pain.</p> <p>A Vitals and Pain Only Evaluation dated 02/11/2025 at 21:38, documented R3's vital signs were obtained on 02/11/2025 at 9:28 PM. The pain assessment section of the evaluation form</p>	F 697			

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F 697	<p>Continued From page 6</p> <p>documented a pain assessment was performed on 02/12/2025 at 7:22 AM. The Vitals and Pain Only Evaluation form lacked documented evidence a pain assessment was performed for R3 upon admission on 02/11/2025 and a pain assessment was not completed until 02/12/2025 at 7:22 AM.</p> <p>On 04/16/2025 at 2:25 PM, the Director of Nursing (DON) confirmed R3's Vitals and Pain Only Evaluation performed upon admission 02/11/2025 at 9:38 PM lacked documented evidence R3 was assessed for pain upon admission. The DON acknowledged the first documented pain assessment for R3 was completed on 02/12/2025 at 7:22 AM. The DON confirmed there was no documented evidence the resident was assessed for pain at admission. The DON confirmed R3 should have been assessed for pain upon admission.</p> <p>On 04/16/2025 at 3:35 PM, a Registered Nurse (RN), explained a pain assessment should have been done as part of the initial assessment upon admission. The RN reported if the pain assessment was not done, pain would not have been identified, orders for pain medication would not have been requested timely and the resident could have remained in pain for an extended period of time unnecessarily.</p> <p>A facility policy titled Pain Management, revised October 2022, documented the nursing staff would assess each individual for pain upon admission to the facility.</p>	F 697			