

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER SAGE CREEK POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2350 IONE ROAD, LAS VEGAS, NEVADA ,89183	

(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
0000	<p>Initial Comments -</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure Complaint Investigation conducted 12/07/17, in accordance with Nevada Administrative Code (NAC) Chapter 449, Skilled Nursing Facilities. The current census at the time of the investigation was 26. The resident sample size was 3. There was one complaint investigated. Complaint #NV00051293 with the following allegations could not be substantiated: Allegation #1 - Facility has a server lack of standards. Allegation #2 - Facility failed to monitor patient's blood levels specifically platelet and hemoglobin levels. Allegation #3 - Facility failed to accommodate the patient's medical needs. Allegation #4 - Facility has one RN and two CNA's for every 20 patients. Allegation #5 - Staff was not well trained to obtain sampling. Allegation #6 - The equipment to monitor blood pressure are the same antiquated machines that are supplied at local drug stores and are not accurate and give false numbers. Allegation #7 - Patient PICC line dressing have been changed and cleaned property. The investigation into these allegations included: An initial tour throughout the facility on 12/07/17, revealed the hospital was clean and sanitary, staff appropriately dressed and with visible identification badges, and secured units for patient safety, residents eating breakfast in dining area, supply room, medication room including blood lab supplies, and soiled utility room. Observation of facility included resident rooms, medication room, classroom, nurses station, medication carts, dining area, oxygen room, and supply rooms. Interviews with Director of Nursing, Administrator, Medical Records Director, Registered Nurse Practitioner, Registered Nurse, and two Certified Nurse Assistants, Interviews with five residents who indicated no issues or problems with faculty care, treatment, environment, and food. Indicated staff</p>	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: _____ Title: _____ Date: _____
 REPRESENTATIVE'S SIGNATURE

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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	<p>professional and met their needs. Review of three medical records, including the patient of concern, nurse's progress notes, physician's progress notes, social worker's progress notes, physician's orders, medication log, and labs results. Document review of the facility's policies and procedures on Medication Administration Orders, dated November 2014; PICC lines and dressing changes, dated April 2016; admission criteria, dated December 2016; and discharge criteria, dated December 2016 did not identify any issues related to staff following hospital guidelines, policy, or procedures. Document review of facility staff scheduling from November 1, 2017 to December 6, 2017 identified the facility is staffed each day with one RN and one Licensed Practical Nurse (LPN), and two to three CNA's each shift. Nurse assignment ratio is one nurse for every 12 Residents and one CNA's for every eight residents. Scheduled identified additional RNs and CNAs on 22% of the 185 shifts for the last 37-days. Review of manufacture specifications for medical devices used for blood pressure and temperatures on facility resident identified the devices being appropriately used by staff at facility, staff following manufacturer's instructions on operation of the devices. Review of oxygen tank supplies identified 13 full D size tanks, seven empty D tanks, one full K size tank, and two fully operational medical oxygen concentrators. The findings and conclusions of any investigation by the Division of Public and Behavioral Health hall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state of local laws. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.</p>			