Department of Health & Human Services
Centers for Medicare & Medicaid Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295008	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
El Jen Skilled Care	5538 W Duncan Dr Las Vegas, NV 89130

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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: 295008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER El Jen Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W Duncan Dr Las Vegas, NV 89130	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and document review the facility failed to ensure 1) staff re-assessed the smoking status and updated the care plan after a significant change of condition was completed regarding a decline in cognition and accurately assess the tobacco use section of the Minimum Data Set (MDS); 2) complete a safe smoking assessment and update the plan of care for a resident was found smoking inside room; and 3) ensure a resident lighter and cigarettes were secured for 1 of 38 sampled residents (Resident 1). The deficient practice resulted in a resident smoking in the room causing a fire, and hospitalization for burns and smoke inhalation.Findings include:Resident 1 (R1) was admitted on [DATE] and discharged on 12/10/2025 with diagnoses including hypertensive heart and chronic kidney disease with heart failure, chronic obstructive pulmonary disease, and emphysema.1. A Care Plan dated 10/17/2025 documented R1 was admitted as a cigarette smoker and may be at risk for injury and inappropriate behaviors. R1 was an independent smoker.A Significant Change Minimum Data Set (MDS) dated [DATE] documented R1's Brief Interview for Mental Status (BIMS) was a score of 11 indicating moderate cognitive impairment and documented no tobacco use.On 12/11/2025 at 12:10PM, the MDS Coordinator explained R1's BIMS score was previously 15 but due to exhibited behaviors and a decline in cognition a significant change assessment was completed on 10/09/2025. The MDS Coordinator verbalized R1's smoking safety should have been re-assessed and care plan revisions made when the significant change occurred.R1's medical record lacked a Smoking Safety evaluation to correlate with the documented 10/09/2025 significant change assessment.On 12/11/2025 at 12:58 PM, the Activity Director explained being responsible for completing resident smoking assessments upon admission, quarterly and during significant changes. The Activity Director confirmed R1's smoking safety should have been re-assessed and a Smoking Safety evaluation completed when the significant change of condition was identified on 10/09/2025.On 12/11/2025 at 2:28PM, the MDS Director explained the MDS should accurately reflect the resident's condition and confirmed R1's tobacco use on the 10/09/2025 Significant Change MDS was inaccurate.2. A Nursing Progress Note dated 10/23/2025, documented at 5:10 AM while making rounds, the writer smelled cigarette smoke coming from R1's room. R1 was noted to be sitting on the edge of the bed with oxygen on and oxygen tubing in both nostrils. R1 was asked if the resident had been smoking and R1 stated, I'm not going to lie to you, I just finished smoking, I only took a few puffs and then I placed it in here. R1 proceeded to show how R1 had placed the cigarette inside a water bottle that was in the trash can, next to bed. The writer informed the Director of Nursing (DON) and Administrator.R1's medical record lacked a Smoking Safety evaluation and care plan revisions to correlate with the documented 10/23/2025 event.R1's Smoking Safety evaluation dated 11/25/2025 documented no history of smoking related incidents.On 12/11/2025 at 12:58 PM, the Activity Director was unaware of R1 smoking in the resident's room on 10/23/2025 and generally Social Services or Nursing would alert Activities of such an event. The Activity Director confirmed R1's smoking safety should have been re-assessed and a Smoking Safety evaluation completed after an event of this nature.On 12/11/2025 at 2:15 PM, the DON explained when R1 was found to be smoking in room with oxygen on 10/23/2025 the facility protocol should have been followed such as re-assessing smoking safety and updating the care plan. The DON confirmed R1's smoking safety was not re-assessed, care plan revisions were not completed, and the facility protocol was not followed.3. On 11/25/2025 a facility Smoking Program Changes protocol was implemented. The protocol documented that no smoking paraphernalia was to be retained by residents.On 12/11/2025 at 10:28AM, the Activity Director explained an Activity Aide was assigned daily to be the Smoking Aide. The Smoking Aide would have a key, provided by the Activity Director, to the locked smoking cart. The cart contained residents smoking items such as lighter, cigarettes, and vapes.On 12/11/2025 at 12:28PM, an Activity Aide explained when assigned to be the Smoking Aide would take the smoking cart to the designated smoking area and provide a cigarette to the residents and light the cigarette for the residents. The Activity Aide expressed no residents were allowed to keep lighters or cigarettes, they were to be locked in the smoking cart when not in use. A Smoking Safety evaluation dated 12/08/2025 documented R1 safe to smoke with supervision and the plan of care was used to assure resident was safe while smoking.A Care Plan dated 10/17/2025 documented R1 was admitted as a cigarette smoker and may be at risk for injury and inappropriate behaviors. R1 was an independent smoker. Interventions included smoking materials were to be kept in a lock box.A Nursing Progress Note dated 12/10/2025

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NAME OF PROVIDER OR SUPPLIER El Jen Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W Duncan Dr Las Vegas, NV 89130	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and document review, the facility failed to ensure the fire alarm system, portable fire extinguishers and fire safety plan were maintained in accordance with the following National Fire Protection Association (NFPA) standards:NFPA 72 National Fire Alarm and Signaling Code, the 10 Standard for Portable Fire Extinguishers, and the 101 Life Safety Code. The deficient practice affected 36 residents in one of six smoke compartments. The facility was licensed for 144 nursing beds with a census of 137 the day of survey. Findings include: 1) On 12/11/2025, during a tour of the facility, the main fire alarm panel displayed a system trouble alarm. The panel display indicated MISSING DUCT DECTECTOR H20 HEATER ROOM. The fire alarm panel displayed an incorrect date of 03/03/2011 @ 1547 hrs.During an interview, the Maintenance Director (MD) indicated the facility was aware of the trouble alarm and had contacted the vendor to schedule future repairs. In addition, the MD indicated the facility recently suffered a power outage and the fire alarm panel had a hard reset and upon reactivation displayed the wrong date and time.2) On 12/11/2025, document review revealed the facility failed to provide evidence that the portable fire extinguishers had been inspected annually.The Administrator and Maintenance Director were informed of the deficient practice at the exit interview3) On 12/11/2025, during a review of the facility's evacuation / fire safety plan, the facility provided a policy titled, Responding to a Fire. The following deficiencies were identified:The plan failed to identify the protocol and functional requirements of utilizing a portable fire extinguisher (i.e P.A.S.S.)The fire safety plan did not include a procedure for reviewing the fire alarm annunciator panel during an alarm condition, nor did it describe how this action supports effective fire response operations or facilitates overhead communication during a fire event. During an interview, the Maintenance Director indicated being responsible for fire safety training and further indicated being aware of all code section requirements for maintaining an evacuation/ fire safety plan.