STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and document review, the facility failed to ensure a physician's order was clarified and the accurate amount of medication and water was documented per the physician's order for 1 of 21 sampled residents (Resident 10). The deficient practice had the potential for the resident not receiving the maximum therapeutic effect of the medication and inaccurate documentation of the resident's fluid intake. Findings include: Resident 10 (R10) R10 was admitted on [DATE], with diagnoses including gastrostomy status (a surgical procedure used to insert a tube, often referred to as a G-tube, through the abdomen and into the stomach) and dependence on respirator (ventilator) status. The physician's order dated 12/10/2024, documented Protein Gel/Liquid (medication) 30 milliliters (ml) two times a day, mix in water if administered via enteral tube (G-tube), flush with 30 ml before and after administration. Document total consumed of Protein Gel and water. R10's Medication Administration Record (MAR) for May 2025, documented the following amount in ml for the administration of Protein Gel/Liquid in the morning (AM) and at bedtime/hour of sleep (HS): - 30 ml in AM and 30 ml at HS daily from 05/01/2025 to 05/12/2025 - 150 ml in AM and 30 ml at HS on 05/13/2025 - 150 ml in AM and 30 ml at HS on 05/14/2025 - 150 ml in AM and 120 ml at HS on 05/15/2025 - 150 ml in AM and 150 ml at HS on 05/16/2025 - 150 ml in AM and 30 ml at HS on 05/17/2025 - 60 ml in AM and 30 ml at HS on 05/18/2025 - 30 ml in AM and 30 ml at HS daily from 05/19/2025 to 05/27/2025 (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 30 ml in AM and 120 ml at HS on 05/28/2025 - 30 ml in AM and 30 ml at HS daily from 05/29/2025 to 05/31/2025 R10's MAR for June 2025, documented the following amount in ml for the administration of Protein Gel/Liquid in the morning (AM) and at bedtime/hour of sleep (HS): - 30 ml in AM and 30 ml at HS daily from 06/01/2025 to 06/03/2025 - 150 ml in AM and 30 ml at HS on 06/04/2025 - 30 ml in AM and 30 ml at HS on 06/05/2025 - 150 ml in AM and 30 ml at HS on 06/06/2025 - 150 ml in AM and 150 ml at HS on 06/07/2025 - 150 ml in AM and 30 ml at HS daily from 06/08/2025 to 06/14/2025 - 30 ml in AM and 30 ml at HS daily from 06/15/2025 to 06/20/2025 - 90 ml in AM and 150 ml at HS daily from 06/21/2025 to 06/22/2025 - 90 ml in AM and 30 ml at HS on 06/23/2025 - 150 ml in AM and 30 ml at HS daily from 06/24/2025 to 06/25/2025 On 06/26/2025 at 9:16 AM, the Registered Dietitian (RD) revealed R10's hydration status was being monitored. The RD confirmed the 30-ml documentation in the MAR for the administration of Protein Gel/Liquid to R10 was not realistic. The RD indicated the accurate documentation should have been 150 ml two times a day. The RD explained the resident should have consumed 30 ml of Protein Gel/Liquid plus 120 ml of water. On 06/26/2025 at 9:50 AM, a Registered Nurse (RN) explained 30 ml of Protein Gel/Liquid would have been mixed with 120 ml water then flushed the G-tube with 10 ml water before and after medication administration. The RN indicated 150 ml should have been documented in the MAR every time the Protein Gel/Liquid was administered to R10. The RN confirmed 30 ml or less than 150 ml were documented in the MAR for the administration of Protein Gel/Liquid to R10. The RN indicated the order was to give Protein Gel/Liquid 30 ml mix in water if administered via enteral tube, flush with 30 ml before and after administration, then document total consumed of Protein Gel/Liquid and water. The RN explained documenting 30 ml in the MAR was not accurate. The RN acknowledged the physician's order was not followed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/26/2025 at 9:57 AM, a Licensed Practical Nurse (LPN) explained documenting 30 ml in the MAR was not accurate and not in accordance with the physician's order for the administration of Protein Gel/Liquid to R10. The LPN revealed 30 ml Protein Gel/Liquid would have been mixed with 60 ml water. The LPN explained 90 ml would have been documented in the MAR for the total amount of Protein Gel/Liquid and water consumed. On 06/26/2025 at 10:08 AM, the Director of Nursing (DON) acknowledged the physician's order for the administration of R10's Protein Gel/Liquid was confusing. The DON indicated the order should have been clarified. The DON explained the order should have included the amount of water to mix with the Protein Gel/Liquid. The DON indicated the nurses were expected to document the total amount of Protein Gel/Liquid plus the water consumed in the administration of the medication. The DON acknowledged documenting 30 ml or 60 ml in the MAR for the administration of the medication was not accurate and unrealistic. The DON explained the total amount of Protein Gel/Liquid and water provided to the resident and documented in the MAR should have been at least 150 ml. The DON confirmed 30 ml was frequently documented in R10's MAR for May 2025 and June 2025. On 06/26/2025 at 1:19 PM, the RD indicated accurate documentation of R10's fluid intake was important in the assessment and monitoring of the resident's nutritional needs. The RD explained an accurate documentation would help the RD determine whether to adjust the resident's feeding and determine the interventions to address the resident's nutritional needs. The RD revealed the nurses were expected to document the accurate amount of Protein Gel/Liquid and water R10 had consumed per the physician's order. The facility's policy titled Physician Medication Orders dated 08/09/2024, documented physician orders for medications and treatments were to be documented in the clinical record as provided per order, unless clinical condition contraindicated administration/delivery of the order at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and document review, the facility failed to ensure restorative nursing services were provided per therapy recommendations for 1 of 21 sampled residents (Resident 40). The deficient practice had the potential for the resident's further decline in range of motion (extent of movement a joint could perform). Findings include: Resident 40 (R40) R40 was admitted on [DATE], with diagnoses including hemiplegia, tracheostomy status, and bed confinement status. R40's Occupational Therapy (OT) Discharge summary dated [DATE], documented the following: - Discharge Location: Resident discharged to reside in the facility. - Discharge Reason: Need for Skilled Services Ended. - Discharge Recommendations: Equipment / Other Recommendations: Hand rolls and positioning - Follow-Up Programs Established / Trained = Home Exercise Program (HEP) - Program Initiated / Established: Upper Extremity HEP R40's Quarterly Minimum Data Set (MDS) dated [DATE], documented the resident had impairment on both sides of upper and lower extremity. R40's medical record lacked documented evidence the resident was on exercise program or restorative nursing program and hand rolls were being applied to the resident per the therapy discharge recommendations. On 06/24/2025 at 9:05 AM, R40 was lying in bed and was observed to have hand contractures with no splint or hand rolls placed. On 06/27/2025 at 8:33 AM, R40 was lying in bed with no splint or hand rolls in place. On 06/27/2025 at 8:34 AM, a Registered Nurse (RN) confirmed R40 had contractures on both hands and the RN had not seen hand rolls applied to the resident. The RN indicated not being aware if the resident was receiving exercises or restorative nursing services. The RN revealed having worked five days a week in the unit where R40 resided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/27/2025 at 8:46 AM, a Certified Nursing Assistant (CNA) indicated not seeing R40 with hand rolls in place since the start of the shift at 6:30 AM. The CNA confirmed not being sure if the resident needed hand rolls. The CNA explained the night shift CNA did not report during the change of shift about the resident using hand rolls. On 06/27/2025 at 9:01 AM, the Director of Rehabilitation (DOR) explained, upon a resident's discharge from therapy, the DOR would provide therapy recommendations to the Director of Nursing (DON) using the Restorative Assessment/Referral form. The staff and restorative nursing assistant (RNA) team were trained by therapy in implementing the therapy recommendations. The DOR revealed R40 was discharged from OT on 04/23/2025 because goals were met. The DOR indicated the therapy recommendations included HEP which referred to RNA program, consisted of three to five days a week for range of motion (ROM) and splinting, and hand rolls like washcloth or towel roll on both hands. The DOR confirmed the DON was notified of the therapy recommendations for R40. The DOR could not locate the copy of R40's Restorative Assessment/Referral form when requested. The DOR acknowledged there was a potential for skin breakdown and further decline in ROM if hand rolls or RNA were not provided to R40. On 06/27/2025 at 9:33 AM, the DON explained the DOR would provide the completed Restorative Assessment/Referral form to the DON, with therapy recommendations, upon a resident's discharge from therapy. Upon receipt of the form, the DON would enter the recommendations in the resident's electronic health record (EHR) and enter in Tasks portion of the EHR to prompt the RNAs of the specific treatment for the resident. The DON would update the resident's care plan to include the RNA program. The DON confirmed R40 was not on RNA program at this time and restorative nursing services had not been started upon R40's discharge from occupational therapy on 04/23/2025. The DON revealed a copy of the therapy recommendations written in the Restorative Assessment/Referral form had not been received. The DON indicated not being aware of the OT recommendations when R40 was discharged from therapy. The DON explained hand rolls referred to the washcloth placed on a resident's hand and RNAs would apply the hand rolls as indicated in the resident's treatment plan for RNA. The DON acknowledged R40 could have further decline in ROM if RNA was not provided. The DON confirmed the use of hand rolls and RNA program were not included in R40's care plan. The facility's policy titled Restorative Services dated 09/13/2023 documented, upon discharge from skilled therapy services, the therapist would make a determination if restorative services were recommended. If determination was made, a restorative services referral would be completed and given to the Director of Nursing Services (DNS/DON) or Resident Care Manager (RCM), as delegated, for implementation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and document review, the facility failed to ensure Oxygen (O2) was administered according to physician's orders for 1 of 21 sampled residents (Resident 31). The deficient practice had the potential to lead to O2 toxicity and exacerbation of the residents' underlying health conditions. Findings include: Resident 31 (R31) R31 was admitted on [DATE], with diagnoses including peripheral vascular disease, atherosclerotic heart disease, and adult failure to thrive. On 06/24/2025 at 9:31 AM, R31 was lying in bed and receiving O2 via nasal cannula (NC) connected to an Oxygen concentrator (a medical device that separates oxygen from air, providing a higher concentration of oxygen to individuals who need supplemental oxygen therapy). The concentrator was turned on and set at 2. 5 liters per minute (LPM). A physician order dated 03/15/2023 documented Oxygen at 2 LPM via NC continuously. R 31's Care Plan dated 05/13/2025, documented R31 had inadequate compromised respiratory function as evidenced by a history of respiratory distress with interventions including O2 use per physician orders. On 06/25/2025 at 12:48 PM, R31 was lying in bed and receiving O2 via NC connected to an Oxygen concentrator. The concentrator was turned on and set at 2.5 LPM. On 06/25/2025 at 12:51 PM, a Licensed Practical Nurse (LPN) explained when orders were obtained from a physician for a resident to receive O2, the O2 was set up, administered, and titrated by the nurses. On 06/25/2025 at 12:58 PM, the LPN entered R31's room and confirmed R31's O2 flow rate was set at 2.5 LPM. The LPN verified R31's physician order was for 2 LPM and the flow rate was incorrect. On 06/26/2025 at 12:16 PM, the Director of Nursing (DON) reviewed R31's medical record and confirmed R31's order for O2 was 2 LPM via NC and explained staff were expected to follow the physician's order. The facility policy titled Oxygen Administration- Level III, updated 05/06/2019, documented while the resident was receiving oxygen therapy, adjust the oxygen delivery device so it is comfortable, and the proper flow of oxygen was being administered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and document review, the facility failed to ensure a resident received the medication as ordered for 1 of 21 sampled residents (Resident 243). The deficient practice had the potential for the resident having adverse events for not receiving physician prescribed medication. Findings include: Resident 243 (R243) R243 was admitted on [DATE], with diagnoses including type 2 diabetes mellitus without complications and hyperlipidemia. The physician's order dated 06/16/2025 at 8:55 PM, documented Semaglutide Oral Tablet 7 milligrams (mg) by mouth in the morning related to type 2 diabetes mellitus without complications. The start date was 06/17/2025. The order was discontinued on 06/19/2025 at 2:28 PM and the reason was clarification. The physician's order dated 06/19/2025 at 2:28 PM, documented Semaglutide Oral Tablet 7 mg by mouth in the morning related to type 2 diabetes mellitus without complications. The start date was 06/21/2025. The Interdisciplinary (IDT) Progress Note dated 06/19/2025 at 2:28 PM, documented R243 stated having Semaglutide 7 mg tablets at home and the resident's friend would bring in the medication either tomorrow or on Saturday. Order updated to start on Saturday (06/21/2025). R243's Medication Administration Record (MAR) for June 2025, lacked documented evidence the resident received Semaglutide 7 mg tablet from 06/17/2025 to 06/25/2025 as ordered. R243's admission Minimum Data Set, dated [DATE], documented the resident's Brief Interview for Mental Status score was 15 (total score from 00 to 15) interpreted as cognitively intact. On 06/24/2025 at 10:17 AM, R243 revealed there had been an issue with getting the resident's diabetic medication. R243 explained the facility advised the medication for diabetes the resident was taking at home was not available from the pharmacy. The resident was not aware how long it had been withheld but verbalized the staff had requested the resident to have a family member bring in the home stock supply of medication. On 06/25/2025 at 8:22 AM, during the medication administration pass observation, a Registered Nurse (RN) prepared R243's medications. The RN indicated R243's Semaglutide 7 mg was not available in the medication cart. At 8:30 AM, the RN checked the emergency medication dispensing system to verify if the medication was available. The RN confirmed Semaglutide 7 mg was also not available in the emergency medication dispensing system. The RN notified the Charge Nurse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/25/2025 at 12:47 PM, the Charge Nurse explained R243 should have started receiving Semaglutide 7 mg on 06/17/2025. The Charge Nurse revealed getting a fax message (facsimile/the telephonic transmission of scanned-in printed material, including text or images) from pharmacy on 06/19/2025. The Charge Nurse indicated the fax message documented the medication (Semaglutide 7 mg) was not covered by the resident's insurance. The Charge Nurse indicated asking R243 if the resident had the supply of the medication at home and updated the resident about the fax message from pharmacy. The Charge Nurse revealed the resident stated having the medication at home and would ask a friend to bring the medication on Saturday, 06/21/2025. The Charge Nurse confirmed changing the physician's order for the medication to start on 06/21/2025. The Charge Nurse explained the nurses should have followed up with the resident and the physician about the medication not being available. The Charge Nurse indicated working at the facility every Wednesday, Thursday, and Friday. The Charge Nurse acknowledged having informed the physician on 06/25/2025 about the unavailability of R243's Semaglutide 7 mg when the Charge Nurse became aware the resident had not been receiving the medication. On 06/25/2025 at 2:40 PM, the RN explained if a medication was not available, the RN would call the pharmacy to follow-up. The RN indicated the physician would be notified right away, in real time, then document in the progress notes the follow-up and communication made with the physician and pharmacy. The RN revealed not being aware R243's family would provide the resident's Semaglutide 7 mg. On 06/25/2025 at 3:02 PM, the Director of Nursing (DON) indicated the Charge Nurse received the communication from pharmacy thru fax and was expected to follow up the request or clarification from pharmacy. The DON provided a copy of the fax message from pharmacy dated 06/18/2025 about R243's Semaglutide 7 mg tablet. The fax documented: - Urgent - Response Required. This medication was over $1000 for a 30-day supply and was being billed to the facility (required override). - Please reach out to the provider to change to a less expensive drug. Resident was not on Metformin which was the first line therapy for diabetes mellitus type 2. The DON confirmed there was no documented evidence the pharmacy's recommendation per the fax dated 06/18/2025 was followed through upon. The DON indicated the Charge Nurse should have followed up on the pharmacy's recommendation for R243's Semaglutide per the fax on 06/18/2025. The DON explained the Charge Nurse should have called the physician to change the order to a less expensive drug per the pharmacy recommendation. The DON indicated per verification with pharmacy, the facility received the fax message from pharmacy regarding the recommendation to reach out to the physician (provider) to change to a less expensive drug on 06/18/2025 at 7:55 AM, but the facility did not respond to pharmacy's recommendation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON revealed another fax message from pharmacy was sent to the facility on [DATE] regarding R243's Semaglutide 7 mg tablet. The fax documented: - Urgent - Response Required. The order could not be delivered due to: Over Facility Limit. - The medication was over your facility dollar limit amount. If you would like the medication to be filled, please obtain appropriate authorization per your facility policy. - Pharmacy would need authorization to bill the facility. The DON confirmed not having been notified about the unavailability of R243's Semaglutide 7 mg tablet until today, 06/25/2025. The facility's policy titled Administering Medications dated 01/29/2025, documented medications must be administered in accordance with the orders, including any required time frame. Medications not available to be administered per physician's order; pharmacy would be contacted to determine time of medication delivery. If a medication was not available within 24 hours, the Director of Nursing Services (DNS/DON) would be contacted per the 24-hour report. Medications not available within 72 hours, the physician would be notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295089	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Care at Centennial Hills	6351 N Fort Apache Rd Las Vegas, NV 89149

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and document review, the facility failed to discard expired milk stored in a refrigerator located in the kitchen, an ice pack in the first floor nourishment room freezer, and employee food from the freezer located in second floor nourishment room. The deficient practice has the potential to lead to bacterial growth and foodborne illnesses. Findings include: On 06/24/2025 at 8:00 AM, the milk refrigerator located in the kitchen, had a quart of expired silk milk dated 06/13/2025. On 06/24/2025 at 8:20 AM, the nourishment room located on the first floor, had an ice pack placed in the resident freezer. On 06/24/2025 at 8:30 AM, the nourishment room located on the second floor, had employee personal food items inside the nourishment freezer, which included a protein shake and a pizza. On 06/24/2025 at 8:02 AM, the Director of food and nutrition, verified the milk was expired and should have been discarded. On 06/24/2025 at 8:22 AM, the Charge Nurse (CN) stated the ice packs are used for residents if they have pain and expressed the ice packs should not be stored in the nourishment freezer. The CN explained the ice packs were placed in the freezer by physical therapy for easy access. On 06/24/2025 at 8:24 AM, the Director of food and nutrition, verified there was an ice pack in the resident freezer and acknowledged the ice pack should have not been placed in the nourishment freezer and discarded the ice pack. On 06/24/2025 at 8:32 AM, the Director of food and nutrition verified there were personal food items inside the nourishment freezer and stated employee food is not allowed in the freezer and discarded the food. On 06/27/2024 at 8:07 AM, the Director of Nursing (DON) explained personal food items and ice packs are not allowed in the resident nourishment refrigerators or freezers. On 06/27/2025 at 11:03 AM, facility policy titled storage of frozen and refrigerated food dated 08/12/2019, documented no foods should be stored past the expiration date.