

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Skye Canyon Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6650 Grand Montecito Parkway 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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and document review, the facility failed to ensure protected health information was not visible to residents or visitors for 1 of 12 sampled residents (Resident 42). The deficient practice had the potential for a negative psychosocial outcome for the resident of concern.</p> <p>Resident 42 (R42)</p> <p>R42 was admitted on [DATE] with diagnoses including encephalopathy, and cognitive communication deficit.</p> <p>On 04/07/2025 at 10:29 AM, the Licensed Practical Nurse (LPN1) for the unit was performing medication administration for the residents on the unit. The LPN parked the medication cart at the end of the unit and walked medications to R42s room. LPN1 was away from the cart for approximately 3-5 minutes, several residents ambulated past the medication cart with one stopping at front of cart during the time the nurse was away from the cart. The cart was locked, the computer screen was open and visible to anyone in the hallway with R42's medication administration record revealing all the medications taken by the resident.</p> <p>On 04/08/2025 at 8:11 AM, the LPN explained when passing medications the medication cart should be locked, and the computer screen should be locked or hidden so residents or visitors would not be able to see private medical information of other residents. The LPN confirmed the screen was not locked and should have been.</p> <p>On 04/08/2025 at 11:42 AM, the Director of Nursing (DON) indicated the expectation was to always protect private health information of all the residents. The DON verbalized when completing medication administration, the nurse should lock or hide the computer screen to protect the information when away from the cart.</p> <p>The facility policy titled Dignity (2001) documented staff were to protect confidential clinical information, staff promote, maintain, and protect resident privacy.</p>

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: 295097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Skye Canyon Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6650 Grand Montecito Parkway 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and document review, the facility failed to ensure physician orders for medication administration were followed or clarified for 1 of 12 sampled residents (Resident 8). The deficient practice had the potential to put R8 at risk of receiving medication in unapproved form.</p> <p>Resident 8 (R8)</p> <p>R8 was admitted on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia and hemiparesis affecting the right dominant side, and cognitive communication deficit.</p> <p>A brief interview for mental status (BIMS) was conducted on 04/02/2025 with a score of 9/15 indicating the resident had moderate cognitive impairment.</p> <p>The facility policy titled Crushing Medications (2001) documented medications shall be crushed only when it was appropriate and safe. The attending physician must document or provide nurses with clinically pertinent reason. The medication administration record must indicate why it was necessary to crush the medication.</p> <p>On 04/08/2025 at 8:37 AM, the Licensed Practical Nurse (LPN1) was conducting medication administration for R8 and crushed the following medication:</p> <ul style="list-style-type: none"> - Aspirin - Plavix - Ferrous Gluconate (Iron) - Folic Acid - Multi-Vitamin <p>A physician order dated 03/18/2025 documented Aspirin 81 milligrams (mg), give one tablet one time a day by mouth for prophylaxis.</p> <p>A physician order dated 03/18/2025 documented Clopidogrel Bisulfate (Plavix) 75 mg, give one tablet by mouth one time a day for deep vein thrombosis.</p> <p>A physician order dated 03/18/2025 documented Ferrous Gluconate (iron) 324 mg, give one tablet by mouth one time a day every other day for supplement.</p> <p>A physician order dated 03/18/2025 documented Folic Acid 1 mg, give one tablet by mouth one time a day for supplement.</p> <p>A physician order dated 03/18/2025 documented Multi-Vitamin/Minerals, give one tablet by mouth one time a day for at risk for malnutrition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Skye Canyon Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6650 Grand Montecito Parkway 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R8's medical record lacked documented evidence of a physician order to crush any medications.</p> <p>On 04/08/25 11:06 AM, LPN1 indicated when determining what medications could be crushed the medication label would be the first place to check. The LPN indicated pharmacy would put on the label if a medication could not be crushed. The LPN explained all new admission residents would be assigned batch order for crushing medications and the nurse would use standards of practice and nursing judgement to determine if medications could be crushed. If there was a question about crushing medications the pharmacy or physician would be consulted.</p> <p>The LPN verified long-acting medications and extended-release medications would be inappropriate to crush as it could alter the absorption rate. LPN1 confirmed there was no physician order to crush medications and there should have been prior to nurse crushing medications. The LPN indicated a new order should be obtained or a clarification of the existing medication orders should be completed with the physician.</p> <p>On 04/08/2025 at 3:38 PM, the Consultant Pharmacist indicated when crushing medication, it would be essential to have physician order to clarify what medications can and cannot be crushed.</p> <p>On 04/09/2025 in the afternoon, the Director of Nursing (DON) verbalized nurses were allowed to crush medications when there was a physician order to ensure safety of the resident. The DON confirmed there were no physician orders to crush medication for R8 and it should have been in place prior to any administration of crushed medications.</p> <p>The facility policy titled Administering Medications (revised 04/2019) documented Medications were to be administered in accordance with prescriber orders.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Skye Canyon Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6650 Grand Montecito Parkway 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)		
<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on interview and document review, the facility failed to ensure an annual appraisal for 1 of 4 sampled Certified Nursing Assistants (CNA3) was completed. The deficient practice could potentially impact the quality of care provided to residents.</p> <p>Findings include:</p> <p>The personnel records checklist completed on 04/08/2025, revealed CNA3 was hired on 03/26/2024 as a CNA.</p> <p>A review of CNA3's employee file lacked documented evidence of a completed CNA Clinical Performance Evaluation form.</p> <p>On 04/08/25 10:11 AM, the Human Services (HR) Director explained the Director of Nursing (DON) was responsible for completing annual performance evaluation forms for CNAs. The HR Director indicated CNA3's annual evaluation was due on or before 03/26/2025 but was not completed due to an oversight.</p> <p>On 04/08/2025 at 11:51 AM, the DON indicated being responsible for completing annual performance evaluation forms for CNAs and confirmed CNA3's annual evaluation was not completed due to an oversight. The DON explained the purpose of completing annual performance evaluation forms was to identify and discuss areas which the employee needed to improve to provide better care to residents.</p> <p>The Performance Evaluations policy revised July 2010, revealed a performance evaluation would be completed on each employee at the conclusion of the 90-day probationary period and at least annually thereafter. Performance evaluations would be completed by the employee's department director and may be used to determine wage increases, transfers, promotion or demotion to improve the quality of the employee's work performance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Skye Canyon Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6650 Grand Montecito Parkway 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to ensure multi-dose vaccine (MDV) vials were discarded after expiration date and labeled with open date once accessed for 1 of 2 medication refrigerators. The deficient practice placed residents at risk for receiving ineffective vaccine protection and yielding inaccurate Tuberculosis (TB) test results.</p> <p>Findings include:</p> <p>On [DATE] at 9:07 AM, the Station One medication refrigerator revealed two opened MDVs with contents of the following:</p> <ul style="list-style-type: none"> - one Afluria MDV Formula 2020-2021 expiration date [DATE] - one Aplisol TB MDV no opened date <p>On [DATE] at 9:11 AM, the Director of Nursing (DON) confirmed the observation and indicated the expired flu vaccine should have been discarded because it was expired, and the formula was for flu season 2020 to 2021. The DON indicated the TB MDV should have been labeled with open date because the vial must be discarded 30 days from the date it was opened.</p> <p>The Aplisol product insert (undated), documented once entered vial should be discarded after 30 days due to possible oxidation which may affect potency.</p> <p>The Medication Labeling and Storage policy revised February 2023, documented when the facility has discontinued and outdated drugs or biologicals the pharmacy must be contacted for instructions regarding returning or discarding these items.</p>		