

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2024	
NAME OF PROVIDER OR SUPPLIER SUNSHINE VALLEY ELDER CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 465 RIDGEWAY RD, HENDERSON, NEVADA ,89015		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an endorsement change State Licensure survey completed at your facility on 04/15/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons and has requested an endorsement for Alzheimer's disease, Category II residents. The census at the time of the survey was four. Zero resident files and three employee files were reviewed. 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: FREDERICK BROWN Title: Administrator Date: 06/09/2024
REPRESENTATIVE'S SIGNATURE

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NAME OF PROVIDER OR SUPPLIER SUNSHINE VALLEY ELDER CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 465 RIDGEWAY RD, HENDERSON, NEVADA ,89015		
(X4) ID PREFIX TAG 0995 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0995	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 05/06/2024
	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure a secured gate was installed between the deck and the front yard prohibiting residents from eloping from the facility. Findings include: On 04/15/24 in the morning, a deck leading off from a community room was observed not to include a gate to prevent residents from walking into the unsecured front yard. On 04/15/24 in the morning, a low fence was observed to be surrounding the deck. There was a several-yard drop between the deck and the back yard below. The facility lacked a policy addressing how residents would be kept safe from climbing over the fence which surrounded the deck and was low enough to climb over. On 04/15/24, the Manager/Caregiver acknowledged a gate should be installed to prevent residents from eloping, and the fence surrounding the deck was low enough to climb over. Severity: 2 Scope: 3		1.The Facility will ensure that all necessary work be completed of the bureau recommendations. 2.Facility has secured a Contractor to do the work on a secured Gate between the deck and front yard and raising fencing area from deck to prevent any falls or elopement risk and over all resident safety. 3.The contractor has started the work on 6/7/2024. The time of completion is 6/14/2024. The Work Order has been Uploaded. 4. The Administrator and Group Manager has uploaded the Facility Policy and Resident Protocol for resident safety. 5/6/2024	