Division of Public and Behavioral Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 11218 | A. BUILDING _____ B. WING _____ | 10/28/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNSHINE VALLEY ELDER CARE | 465 RIDGEWAY RD, HENDERSON, NEVADA ,89015 |

| (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 |
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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure mandatory grading resurvey completed at your facility on 10/28/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 6. Three resident files and zero employee files were reviewed. The facility received a grade of A. 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 deficiencies were identified: | 0000 | | |
| 0179 SS= D | Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. | 0179 | The Group Home Manager will do monthly checks on any repairs or replacements on a monthly basis and remind the staff to keep doors and windows shut if no screen or door without a screen. Administrator will check upon any visit to the facility. Completed 11/15/2024 | 11/15/2024 |
| 0557 SS= D | Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or | 0557 | The facility will not use half bed rails or anything that possibly could be considered a restraint, and the group home manager will ensure that this does not occur again the Administrator will check upon every visit to ensure that this does not occur Completed 11/15/2024 | 11/15/2024 |

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 REPRESENTATIVE'S SIGNATURE Name: FREDERICK BROWN Title: Administrator Date: 11/18/2024

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| 0859 SS= D | Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. | 0859 | The facility will ensure that Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility will obtain the results of a general physical examination of the resident by a qualified provider of healthcare. The Group home Manager will make sure that all Admission and Annual Physical are completed in a timely manner and will file in the resident file. Administrator will monitor on a monthly basis of any new resident or any annuals that are due. Completed 11/15/2024 | 11/15/2024 |
| 0936 SS= F | Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. | 0936 | The facility will ensure that residents meet the requirements in accordance with Nevada Administrative Code (NAC) 441a. All residents will have any required documents Group home manager to ensure proper paperwork is in place for any new admission and that any annual documents are conducted. The Administrator will check on a monthly basis. Completed 11/15/2024 | 11/15/2024 |

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| 0938 SS= E | Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 3 sampled residents had an activities of daily living (ADL) assessment (Residents #1 and #3). Resident #1 (R1) R1 was admitted on 09/27/24 with a diagnosis of left knee pain and swelling post-accident. R1's record lacked documented evidence of an initial ADL assessment. Resident #3 (R3) R3 was admitted on 10/08/24 with diagnoses including altered mental status and vascular dementia. R3's file contained an ADL assessment form which was signed at the bottom by R3's responsible family member, but not filled out by the facility. On 10/28/24 in the morning, the Caregiver acknowledged the ADL assessments had not been conducted for R1 and R2. The Caregiver verbalized they had been attending to other issues for R1 and had not been able to conduct the assessment. The Caregiver indicated R3's ADL assessment should have been completed by hospice personnel. Severity: 2 Scope: 2 | 0938 | The facility will ensure that an evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The Group home manager will ensure that all initial and annual assessments are in place and completed. The administrator will check on a monthly basis. R #1 R # 2 R # 3. ADL Assessment have been uploaded and Completed 10/8/2024 | 11/15/2024 |

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| 0991 SS= F | 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: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. | 0991 | The facility will ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. The Door alarm batteries were checked on 11/15/2024 and is Operational. The group home manager and administrator will be checked on a monthly basis and upon every visit. Corrected 11/15/2024 | 11/15/2024 |
| 1700 SS= D | Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that | 1700 | The facility Will ensure that an initial placement assessment will be obtained for any resident admitted to the facility. The day of survey this was not available in the resident file but was done. R#2 have been uploaded and put into the resident file which has been corrected. The Group Home Manager will ensure that Placement and Physician assessment are done according to the bureau recommendations and regulation. The Administrator will double check on a monthly basis to ensure that all initial assessments are done and completed as well as being filed in the resident file. Completed 10/28/2024. | 10/28/2024 |

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| | the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)<br><br>Inspector Comments: Based on interview and record review, the facility failed to ensure an initial placement assessment was obtained for 1 of 3 sampled residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 08/12/24 with diagnoses including unspecified fracture of left femur and acute kidney failure. R2's file lacked a current placement assessment by R2's physician. On 10/28/24 in the afternoon, the Caregiver acknowledged R2's file did not contain a physician placement assessment. R2 was under hospice care and an in-person physician assessment had not yet taken place. Severity: 2 Scope: 1 | | | |

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| 1840 SS= D | UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. | 1840 | The facility Will ensure and obtained the required infection control training is done within 30 days of hire and to be done annually the group home manager will ensure training is completed and Administrator will monitor on a monthly basis to ensure compliance. (Employee #2) Training is uploaded and completed 11/15/2024 | 11/15/2024 |