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
	4787	A. BUILDING _____ B. WING _____	09/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE CARE HOME II	**3045 SOUTH TIOGA WAY, LAS VEGAS, NEVADA ,89117**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a COVID-19 focused infection control, State Licensure survey initiated at your facility on 09/23/20. This State Licensure Survey was conducted 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 seven. The COVID-19 focused infection control survey included the following: The facility had no residents or staff positive with COVID-19. Observations: - Signs were posted on the front door requiring essential visitors to wear masks, gloves, and gowns and to not enter the facility if experiencing COVID-19 symptoms. - Facility staff checked the temperature of the health facility inspector prior to entry to the facility using an infra-red thermometer. The facility had two infrared thermometers. - The health facility inspector was required to answer screening questions about COVID-19. This included questions about symptoms and travel history. - Social distancing was practiced throughout facility. Residents were in their rooms, or in the living room watching television. - Caregiver was observed wearing a surgical style mask and gloves. - Caregivers washed hands and donned gloves when assisting residents. - The facility had three staff members. - Staff washed their hands and utilized alcohol-based hand sanitizers. - The facility had five 24 ounce bottles of hand sanitizer securely stored, 150 surgical style masks, two N 95 masks, one P-95 respirator, 500 gloves, five gowns and three plastic face shields. Interviews: A caregiver reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. All residents and staff tested negative approximately one month ago. - The facility had three caregivers and additional caregivers were on call if needed. - Only essential medical personnel wearing proper	0000		

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	personal protective equipment (PPE) could visit residents. Other visitors were not allowed. Essential visitors are required to complete temperature checks and a questionnaire about symptoms of COVID-19. - Virtual visits with family, friends, and health care providers have been conducted with a cell phone and assistance from a caregiver. - Residents watch television in the living room while practicing social distancing. - Meals were served in resident's rooms or two residents are allowed at the dining table at a time to ensure proper social distancing. - Activities include music and exercise and watching television. - Employees are required to complete temperature and COVID-19 symptom checks when returning to work. - High touch areas and furniture are sanitized every morning and afternoon, and as needed with Lysol disinfectant. Resident bedrooms are cleaned and sanitized daily and as needed. - Resident temperatures are checked and they are observed and questioned about COVID-19 symptoms every morning. - If a resident tests positive for COVID-19, the resident will be isolated in a separate room and isolation signs will be placed on the door. The resident would be assisted by a dedicated caregiver wearing proper PPE. The caregiver would not be allowed to assist other residents. Meals would be served with disposable plates and utensils. A separate garbage can would also be utilized. - Dishes are sanitized in the dishwasher immediately after meals are served. - The administrator conducted COVID-19 training and provided a training certificate for each caregiver. - Caregivers are always required to wear masks and gloves. - Residents have their own rooms. Documentation: - The facility did not have written policies and procedures for isolation of COVID-19 residents, quarantine for residents and staff who may have been potentially exposed to COVID-19, and aseptic practices, and dedicated staff to provide care for COVID-19 infected residents to avoid cross contamination. - Infection control/COVID-19 prevention guidelines were posted on a hallway wall. - The staff were trained on COVID-19 procedures by the owner and			

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	manager of the facility in March. COVID-19 Training Certificates in employee files - The facility was given a copy of the Nevada Recommended Prevention and Control Plans for Group Homes and advised of the requirement to develop and implement written policies and procedures related to the COVID-19 pandemic. 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. No regulatory deficiencies were cited			