DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/22/2021**

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 facility reported incident State Licensure survey completed at your facility on 09/14/21 through 09/22/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was eight. The sample size was five. One facility reported incident was investigated. Facility Reported Incident #4787 regarding resident elopement was substantiated, see TAG 0050. The following regulatory deficiency was identified:	0000		
0050 SS= G	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on record review and interview, the facility failed to ensure protective supervision was provided to a resident (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 08/01/21, with diagnoses including dementia. The needs assessment dated 07/14/21, documented the resident had dementia, behavioral disturbance, was agitated, wandering, and uncooperative. The assessment documented the resident needed protective supervision and required a locked Alzheimer's facility. A psychiatric evaluation dated 08/26/21, documented the resident was brought in for assessment of his capacity to make treatment decisions. The psychiatrist deemed the patient to have the capacity to make decisions at this time. The document did not indicate the resident	0050	1. Patient was re-evaluated by Primary Physician on Sept 24, 2021. Medications were re-assessed and adjusted. Patient was re-evaluated by Psychiatrist on Sept 30, 2021. Some medications were changed. Psychotherapeutic Intervantion was utilized to help patient with his existing behavioral condition. 2. A memo / reminder was given to caregivers to make sure that they have to do their part in making sure that all exit doors are locked all the time to avoid elopement. Patient will have a routine assessment/evaluation with his Primary Physician and Psychiatrist to make sure that his behavioral issues are being addressed. 3. Owner, Administrator and Caregivers are going to work together to make sure that Resident's needs are provided. Doctors will be informed immediately if behavioral problems re-occurred or any changes of his daily routine are obaserved that may cause problem in the future. 4. Administrator and Owner will make sure that the plan of action is being implemented. 5. Problem was corrected on Sept 24, 2021	09/24/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHARO DALE Title: Owner's Representative Date: 10/08/2021

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.

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	no longer needed protective supervision or was able to leave the facility unsupervised. An incident report dated 09/01/21, documented the resident wanted to leave to go to the store and the facility would let him go with a companion and a GPS watch. The resident left without signing a release of responsibility form and without a companion. The release of responsibility form read in part ..."This form is to be used when a resident leaves with a visitor e.g. Family, Friend, etc." On 09/14/21 in the morning, the Caregiver explained the resident asked to go to the store on 09/01/21 around 6:00 PM, and while the Caregiver was on the phone trying to call the Power of Attorney(POA) and the Owner the resident left without the Caregiver's knowledge. On 9/14/21 in the morning, interview with the Owner and the Administrator, who communicated the following: The psychiatrist evaluation deemed the resident was able to make their own decisions and having him go to the store by himself was a test to see if the resident was able. The Caregiver called the Owner asking for permission for the resident to go to the store. While the Owner was asking the POA for permission the resident left the facility. The Owner reported the resident knew to sign the release of responsibility prior to leaving the facility but left without signing. The Owner and the Administrator were unable to provide documented evidence the resident did not need protective supervision and could leave on his own. On 09/16/21 in the afternoon, the POA reported the resident did not have a planned outing to a store on 09/01/21, and the POA did not agree the resident could leave the facility unsupervised. The POA explained the psychiatric evaluation was done to allow for the resident to sign documents for himself and was not to determine if the resident could make decisions on his own such as to leave the facility alone and unsupervised. Severity: 3 Scope: 1		6. please see attached documents.	