

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4787	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2022
NAME OF PROVIDER OR SUPPLIER SUNSHINE CARE HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 3045 SOUTH TIOGA WAY, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and infection control State Licensure survey conducted at your facility on 07/07/22, 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 with chronic illness and/or persons with Alzheimer's disease, Category II residents. The census at the time of survey was ten. Ten resident files and five 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.			

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

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(X4) ID PREFIX TAG 0994 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Alzheimer 's Care Standards for Safety - NAC 449.2756 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 shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were securely stored and were inaccessible to residents. Findings include: On 07/07/22 at 10:00 am, a tour of the facility revealed an unlocked room in the garage with a large plastic bottle of laundry detergent on a shelf. In addition, a cabinet in the garage was found unlocked containing bottles of pesticide, liquid Drano, spray paint, and multipurpose cleaner. The Administrator and Lead Caregiver acknowledged all toxic substances should have been stored in a secure area in the facility. Severity: 2 Scope: 3	ID PREFIX TAG 0994	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) a)The owner of the facility installed lock at the garage room door the next day after the survey.(attachment #1) The cabinet that was found unlocked by the surveyor the administrator put a sign on the front cover of the cabinet to always keep the cabinet locked at all times for the safety of the residents . b) The administrator had a meeting to all caregivers that all toxic substances has to be locked and secured for the safety of all residents. c) The administrator and the owner will monitor for compliance. d)07-12-2022	(X5) COMPLETION DATE 07/12/2022