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 _____	**10/11/2022**

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 complaint investigation completed at your facility on 10/11/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was nine. The sample size was 12. There was one complaint investigated. The facility received a grade of A. Complaint #NV00066930 with four allegations was substantiated without deficiencies. Allegation #1: The Owner of the facility was a resident's Executor to Legal Will and Trust could not be substantiate based on the lawyer who was the POA prior to the resident passing away documented in an email the owner's family member was designated as beneficiary of the resident's Trust. Allegation#2: A resident's property was missing including money, a cell phone, a Christmas gift, a car, and a refrigerator was substantiated without deficiency based on interviews with the Administrator and the Owner, who indicated the facility staff were not responsible for the missing items. A Facility Reported Incident (FRI) #6217, documented the resident of concern had eloped from the facility and was not found for seven days. The Owner reported $30,000 was stolen during the time of the elopement. The Owner indicated the facility reported the stolen money to the Ombudsman, Power of Attorney (POA) and physician. The resident's POA confirmed the resident had eloped and had withdrawn $27,000 out of the bank. The POA reported the resident had the $27,000 in his possession when the resident was found during the time of the elopement. The POA indicated $3,000 was not recovered. The POA indicated the resident's money was placed in a Legal Trust. The Owner was unaware if the resident had purchased a vehicle; and the resident's cellphone was in the resident's possession at the time of discharge from the facility on 12/29/21.	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	Review of text messages confirmed the resident of concern had purchased a refrigerator; and the refrigerator was scheduled to be picked up and moved to the resident's new location on 01/06/22. Allegation #3: A family member was denied visitation to a resident was substantiated without deficiency based on a statement signed by the resident of concern on 07/16/21, documented the resident of concern did not want the family member to visit the facility. Interviews with the Owner and Administrator who acknowledged the family member was not allowed to visit the facility due to the resident's right. Allegation #4: The facility hired an attorney to be Power of Attorney of a resident and a physician assessed the resident for competency was substantiated without deficiencies based on the owner verbalizing the competency was changed based on the resident of concern's behavior changing and a physician was called to do assessments. The resident was assessed on 6/23/21, which documented the resident was competent to make medical and financial decisions the resident signed for the lawyer to be the POA of finances on 8/2/21. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			