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 _____	07/03/2023

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 an annual State Licensure survey completed at your facility on 07/03/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and/or chronic illness, Category II residents. The census at the time of the survey was nine. Nine 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.	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. Inspector Comments: Based on observation and interview the facility failed to ensure a resident's window had a screen to prevent the entry of insects. Findings include: On 07/03/23 in the morning, a tour of the facility revealed Resident #9's (R9) window was open and without a screen which failed to prevent the entry of insects. R9 confirmed the window was missing a screen. On 07/03/23 in the morning, the Administrator acknowledged the missing screen in the bedroom of R9. Severity: 2 Scope: 3	0179	a) The screen was ordered 7-05-23, and installed today 7-11-23. The window screen of resident #9 had been installed. b) The Administrator will ensure that all windows are screened to prevent the entry of insects when windows left open for ventilation. c) The Administrator and Owner will monitor for compliance. d)7-11-23	07/11/2023

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: REBECCA N. WOLFKILL	Title: Administrator	Date: 07/11/2023

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0991 SS= F	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: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an exit door was alarmed as evidenced by: On 07/03/23 in the morning, the alarm was not operating on the exit door leading to the garage from the living room. The Administrator stated the alarm worked yesterday and the Caregiver acknowledged the alarm was not working today. Severity: 2 Scope: 3	0991	a) The Administrator had a meeting with all caregivers as soon as the surveyor left the facility. The Administrator assigned one caregiver each shift to monitor all Alarm on Doors are activated when door is opened. Every shift everyday. As soon as alarm not working replace it right away. b) The Administrator bought Alarm device at Home Depot on 6-28-23 for replacement of alarm that is not in working condition. (attachment #4) c) for compliance. The Administrator and Owner will monitor d) 7-3-23	07/11/2023