

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 07/31/2024
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 State Licensure survey completed at your facility on 07/31/24 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 nine. Nine resident files and seven 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: REBECCA WOLFKILL Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 08/24/2024

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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 0995 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0995	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 08/24/202 4
	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure the front gate of the facility leading to the street was closed and locked. Findings include: On 07/31/24 at 9:38 AM, the front gate, which led to the street and which was part of the fence encircling the property, was unlocked and swung open. There were no gates separating the front and back yard so residents had access to the front gate. On 07/31/24 at 10:15 AM, the Caregiver explained the landscaper had access to the gate code, and forgot to close the gate behind them as they did yard work, as instructed by the facility. The Caregiver verbalized the front yard was used for resident leisure. On 07/31/24 in the morning, the Caregiver acknowledged the front gate was open, and should have been locked shut. Severity: 2 Scope: 3		a) The Owner installed a sign Front and Back of the gate with Spanish translation. (Enclosed 2 attachment) b) We had a meeting after the Inspector left the facility. The Owner, Administrator and Caregivers. That each caregiver must be Proactive in monitoring the gate leading to the street. Gate must be locked at all times. c) The Administrator will ensure that all caregivers are doing their job for the safety of all residents. d) Administrator and Lead Caregiver will monitor for compliance. e) 8-24-24	