

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4880	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2020
NAME OF PROVIDER OR SUPPLIER SUNRISE OF HENDERSON		STREET ADDRESS, CITY, STATE, ZIP CODE 1555 WEST HORIZON RIDGE PARKWAY, HENDERSON, NEVADA ,89012		
(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: The Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 Inspection conducted in your facility on 12/10/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 105 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and provides assisted living services, Category II residents. The census at the time of the survey was 62. One resident in the facility tested positive for COVID-19 and is currently in isolation in their bedroom. The focused COVID-19 infection control survey included the following: Observations: - Facility checked the temperature of the health facility inspector prior to entry to the facility. - The health facility inspector was required to answer COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. The inspector was asked to use hand sanitizer upon entrance to the facility. - Accushield Kiosk electronically documented temperatures, screening, and dates of visits. - Residents were in their bedrooms during inspection. - Caregivers wore surgical masks and gloves. - Ecolab hand sanitizer dispensers were located in each hallway and at the main entrance. The facility had seven gallons of sanitizer in storage. - The facility had ten electronic temporal thermometers, 200 boxes of 100 gloves, 6,000 surgical masks, 200 N-95 masks, 900 KN-95 masks, 150 face shields and 3,000 gowns. Interview: Executive Director was interviewed and verbalized the following: - Screening and temperature checks are completed for staff, visitors, and healthcare workers upon entrance to the facility. Accushield Kiosk keeps electronic logs of each visitor's screening and temperature. - Temperature checks for residents are conducted twice daily by caregivers. - One resident tested positive COVID-19 and was in isolation in their bedroom. There is designated staff on each			

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: Title: Date:
REPRESENTATIVE'S SIGNATURE

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	shift who provide care to the positive resident - and do not provide care for other residents. A cart was located outside the COVID positive resident's bedroom, and contained personal protective equipment (PPE); and a trash receptor for disposal of used PPE after exit from the positive resident's bedroom. Cohorting measures were in place, and the positive resident was in isolation in their bedroom. - Meals were served in bedrooms to promote social distancing. - Staff sanitizes all high touch areas three times a day with Virex and peroxide multi surface cleaner. - The Administrator is in the process of getting employees medically cleared and fitted for N95 masks. An appointment for medical clearance and fit testing was scheduled 12/14/20. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Standard and transmission-based precautions for COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. - Education, monitoring and screening practices of staff including proper personal protective equipment (PPE) use, temperature checks, hand washing and sanitization. - Facility policies and procedures to address staffing issues during emergencies, such as the transmission of COVID-19. 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.			