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 _____	**04/22/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF HENDERSON	**1555 WEST HORIZON RIDGE PARKWAY, HENDERSON, NEVADA ,89012**

(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 conducted at your facility on 04/22/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was 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 67. The sample size was eight. The facility received a grade of A. One complaint was investigated. Complaint #NV00063570 with one allegation was unsubstantiated. Allegation #1 - The facility failed to implement adequate infection control protocols which directly contributed to the deaths of residents was unsubstantiated based on observations of the facilities' infection control practice throughout the facility. Interviews were conducted with eight residents, two caregivers, the Maintenance Coordinator, the Resident Care Director and the Executive Director who denied a lack of deficient infection control practices. Review of infection control training for 2020 and 2021. Review of the facilities infection control policy regarding resident care, laundry, staffing, activities, dining, cleaning and screening protocols. The investigation into the allegation included: Observations of residents and employee interaction in six resident rooms, the dining room, the Memory Care Unit, and in the hallways. Observations of infection control practices including quarantine of residents for observations, visitor temperature screenings, facility signage, staff wearing masks and gloves, and the facilities' stock of personal protective equipment. Interviews with eight residents, two caregivers, the Maintenance Coordinator, the Resident Care Director, and the Executive Director. Documentation	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 the facilities' infection control policy for resident care, laundry, staffing, activities, dining, cleaning, and screening protocols. Document review of the facilities infection control training for 2020 and 2021. 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. There were no regulatory deficiencies identified. No further action necessary. Please retain a copy for your records.			