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
	4880	A. BUILDING _____ B. WING _____	01/31/2023

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 an annual State Licensure and infection control survey completed at your facility on 01/31/23, 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 78. Twenty resident files and ten 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 deficiency was identified:	0000		
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 01/31/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. A bag of frozen cookie dough was not sealed and was not labeled or dated in the freezer located in the Bistro. b. In the kitchen, the deli slicer was soiled with food debris around the back of the blade. c. There was dust and debris on the internal components of the range on the cook's line. 3. Equipment and Maintenance Violations: a. There was heavy dust build-up on the condenser of the freezer in the Bistro. b. There was heavy dust build-up in the duct	0255	1. **Corrective Action:** A.Cookie dough in the Bistro freezer were immediately discarded. B.Deli slicer was immediately cleaned thoroughly. C.Arrangements were made with Tech 24 to have the dust/debris cleaned on theinternal components of the range on the cook’s line on 2/8/23. D.Dust build up on the condenser of the freezer in the Bistro were immediatelycleaned. E. Arrangementswere made with Grease Magic to have dishwasher hood cleaned on 2/9/23 to removedust build-up in the duct of the ventilation hood above the dish machine. Inaddition, dishwasher hood will be cleaned annually by Grease Magic. **2. CorrectiveAction:**	02/13/2023

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	of the ventilation hood above the dish machine. Severity: 2 Scope: 2		A. During bi-weekly 1:1 meeting, the Executive Director and DiningServices Coordinator will confirm all items are sealed, labeled, and dated inall common area freezers and check cleaning logs for compliance. 3. **Systemic Correction to PreventRecurrence:** A.Food storage container and labels were ordered for cookie dough. Kitchen anddining staff will check Bistro freezer daily to confirm items in freezer aresealed, labeled, and dated. Kitchen/dining staff have been educated on thesecorrective items and new procedures. B.Dining Service Coordinator, or designee with kitchen staff will address equipmentcleaning needs utilizing the daily/weekly/monthly/quarterly/annually cleaninglogs. C. Duringbi-weekly 1:1 meeting, the Executive Director and Dining Services Coordinatorwill confirm all items are sealed, labeled, and dated in all common area freezersand check cleaning logs for compliance. 4. **Monitoring Plan:** A.During bi-weekly 1:1 meeting, the Executive Director and Dining Services Coordinatorwill confirm all items are sealed, labeled, and dated in all common areafreezers. B.Dining Service Coordinator, or designee will review and update departmental cleaninglogs as needed and review completion though observation. C.Consult dietician will complete sanitation audit in Q3, and report results tothe DSC/ED. D. ExecutiveDirector will be responsible for ongoing compliance.	

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