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 _____	02/25/2025

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 survey completed at your facility on 02/25/25, 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, 60 Category II residents and 45 Category II Alzheimer's. The census at the time of the survey was 89. Twenty resident files and eight 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		
1825 SS= D	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not	1825	**Corrective Action:** 1. Created account with CDC Train for CDC Project Firstline: Inside Infection Control 15 hour training. 2. Executive Director, Resident Care Director and Assisted Living Coordinator will complete training by March 15, 2025. 3. Executive Director will be the primary person who is responsible for infection control. Resident Care Director and Assisted Living Coordinator be secondary person(s) who is responsible for infection control. **Prevent Recurrence:** 1. Schedule training within 3 months of being designated, and annually thereafter. 2. Maintain certificate of completion of training in personnel file for 3 years immediately following the completion of the training. 3. Track training in Providers Trust to ensure compliance.	03/05/2025

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 _____	02/25/2025

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
	later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary infection control designee completed the initial 15 hour infection control training (Employee #5). Findings include: Employee #5 (E5) was hired on 06/16/09, as the Administrator/Primary Infection Control Designee. E5's file lacked documented evidence of initial 15 hours of infection control training from a nationally recognized organization. On 02/25/25 in the afternoon, the Administrator confirmed the required infection control and prevention training from a nationally recognized organization had not been completed for E5. Severity: 2 Scope: 1			
1840 SS= F	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of	1840	**Corrective Action:** 1. Created account with CDC Train for CDC Project Firstline to complete following trainings. (See attachment) 2. Unlicensed caregivers in community will complete training by March 15, 2025. **Prevent Recurrence:** 1. Schedule and complete training upon 1st week of hire, and annually thereafter. 2. Maintain certificate of completion of training in personnel file immediately following the completion of the training. 3. Track training in Providers Trust to ensure compliance.	03/05/2025

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 _____	02/25/2025

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
	the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 7 of 10 employees received infection control training through a nationally recognized course (Employee #1, #3, #4, #6, #8, #9 and #10). Findings include: Employee #1 (E1) E1 was hired on 07/05/10 as a Lead Care Manager. E1's file lacked documented evidence of an infection control and prevention training through a nationally recognized course. Employee #3 (E3) E3 was hired on 06/22/23 as a Lead Care Manager. E3's file lacked documented evidence of an infection control and prevention training through a nationally recognized course. Employee #4 (E4) E4 was hired on 06/08/23 as a Care Manager. E4's file lacked documented evidence of an infection control and prevention training through a nationally recognized course. Employee #6 (E6) E6 was hired on 04/01/24 as the Resident Care Director. E6's file lacked documented evidence of an infection control and prevention training through a nationally recognized course. Employee #8 (E8) E8 was hired on 01/17/25 as a Care Manager. E8's file lacked documented evidence of an infection control and prevention training through a nationally recognized course. Employee #9 (E9) E9 was hired on 02/17/23 as a Care Manager. E9's file lacked documented evidence of an infection control and prevention training through a nationally recognized course. Employee #10 (E10) E10 was hired on 09/29/04 as a Care Manager. E10's file lacked documented evidence of an infection control and prevention training through a nationally recognized course. On 02/25/25 in the afternoon, the Administrator acknowledged E1, E3, E4, E6, E8, E9 and E10 had not received infection control and prevention training through a nationally recognized course. Severity: 2 Scope: 3			