

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 01/07/2020
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) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 01/07/20. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. 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 75. Fifteen resident files were reviewed, and Fifteen employee files were reviewed. The facility received a grade of A. The following deficiency was identified:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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 01/07/20, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. The interior metal shield of the ice machine was in disrepair and the ice bin was stained with rust. b. The floor sinks in the kitchen were soiled with build-up of food and debris. c. The condenser fans in the walk-in cooler and freezer had an accumulation of dust build-up. d. The can opener was soiled with a build-up of metal shavings. e. In the Bistro, two containers of cookie dough were not labeled or dated. Severity: 2 Scope: 2	0255	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 01/07/20, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. a. The interior metal shield of the ice machine was in disrepair and the ice bin was stained with rust. b. The floor sinks in the kitchen were soiled with build-up of food and debris. c. The condenser fans in the walk-in cooler and freezer had an accumulation of dust build-up. d. The can opener was soiled with a	01/23/2020

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 REPRESENTATIVE'S SIGNATURE Name: SCOTT COZZA

Title: Executive Director

Date: 01/23/2020

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			build-up of metal shavings. e. In the Bistro, two containers of cookie dough were not labeled or dated. Plan of Correction: With respect to the noted citation: a) The community is in the process of replacing the current ice machine to correct the interior metal shield of the ice machine and the ice bin. b) The floor sinks in the kitchen were cleaned and cleared of any build-up of food and debris on 01/15/2020. c) The condenser fans in the walk-in cooler and freezer were cleaned and free of dust on 01/11/2020. d) The can opener was cleaned and cleared of built-up metal shavings on 01/14/2020 e) The unlabeled or dated cookie dough was corrected immediately on 01/07/2020. The Dining Services Director and Executive Director performed a review of the overall sanitation of the kitchen on 01/08/2020. Upon review, Dining Services Coordinator and Executive Director scheduled a kitchen deep clean on 01/14/2020 to correct any noted areas on annual review as well as ensure that any other issue was corrected immediately to ensure the	

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			safe delivery of meals to the resident. With respect to what systemic measures have been put into place to address the stated concern: a. The request for replacement ice machine was placed on 01/12/2020. Upon approval, all items will be ordered and shipped to community for immediate replacement of the noted ice machine. The new ice machine will be on a routine cleaning schedule and monitored per manufacturing recommendations as well as preventative maintenance procedures per Sunrise Policy. The Maintenance Coordinator and/or designee will document maintenance and cleaning procedures performed in the ice machine maintenance log. The Executive Director and/or designee will perform monthly audits on the ice machine and maintenance logs to ensure compliance. b. On 01/15/2020, the floor sinks had been cleaned and clear of debris. The Dining Services Coordinator placed the floor sinks on a weekly cleaning schedule and will be performed by the Dining Services Coordinator and/or designee. On-going compliance will be monitored by the Executive Director and/or designee by completing monthly audits of the	

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			cleaning logs. c. On 01/11/2020, the condenser fans in the walk-in cooler and freezer were cleaned and free of dust. The cleaning of the condenser fans has been placed on a quarterly cleaning schedule which will be performed by Maintenance Coordinator and/or designee. The Executive Director and/or designee will ensure compliance by performing semi-annual audits of cleaning schedules. d. On 01/14/2020 the can opener was cleaned and clear of built-up. The Dining Services Coordinator completed an in-service with the dietary team on how to properly clean the can opener properly daily. The can opener has been placed on a weekly schedule for deep clean by the Dining Services Coordinator and/or designee. The Executive Director and/or designee will perform a monthly audit of the deep cleaning log to ensure continued compliance. e. On 01/12/2020, an in-service was completed with all team members that work within the kitchen and concierge department (s) in relation to the proper storage and labeling of items in the Bistro. Training will continue with all new team members in each of the noted departments. The Dining	

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			Services Coordinator or designee will perform weekly audits to ensure all items placed in the Bistro are properly labeled with dates. Any food items found without proper labels or dates will be immediately discarded. With respect to how the plan of correction will be monitored: Results from the kitchen sanitation reviews will be reviewed monthly for three months by the Executive Director and/or designee at the Quality Assurance and Performance Improvement (QAPI) Committee. During and after three months, the community will determine if additional focus or action is warranted. Target date by which corrections will be completed – 02/07/2020. The Executive Director is responsible for the implementation and ongoing compliance with the components of this Plan of Correction and addressing and resolving variances that may occur.	