STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11063	A. BUILDING _____ B. WING _____	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR SENIOR LIVING AT THE CANYONS	490 SOUTH HAULAPAI WAY, LAS VEGAS, NEVADA ,89145

(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 initial State Licensure survey completed at your facility on 10/03/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility requested licensure for 93 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and Assisted Living, Category II residents. The request was for 63 Category II Non-Alzheimer's beds and 30 Category II Alzheimer's beds. The census at the time of the survey was zero. One mock resident file and three employee files were reviewed. 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 deficiencies were identified.	0000		
0050	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on document review and interview, the facility failed to ensure the facility was in compliance with the requirements of Nevada Administrative Code (NAC) 449.156 to 449.27706, inclusive, and chapter 449 of the Nevada Revised Statutes (NRS) at the time of the initial survey. NAC 449.262 and R043-22 1 - 9. The facility failed to provide documentation of policies on how the facility would handle resident money and/or property. NAC 449.2708 2. The facility failed to provide a policy that before a	0050	I. HOW TO IDENTIFY Incidents will always prompt a policy and procedure review. II. SYSTEMIC CHANGES Per NAC 449.194 Tag Y 0050 NAC 449.267 1-9 NAC 449.2708 2 NAC 449.2716 1-2 NAC 449.2718 1-2 NAC 449.272 1-2 NAC 449.272 2-4 NAC 449.2724 1-2	10/14/2024

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	resident could be discharged from the facility without their approval, the facility must provide the person who pays the bill on behalf of the resident with written notice that the resident would be discharged. NAC 449.2716 1 and 2. The facility failed to provide a policy regarding the admission of a resident who has a colostomy or ileostomy. NAC 449.2718 1 and 2. The facility failed to provide a policy regarding the admission of a resident who required the manual removal of fecal impaction or use of enemas or suppositories. NAC 449.272 1 and 2. The facility failed to provide a policy regarding the admission of a resident who requires the use of an indwelling catheter. NAC 449.272 2 - 4. The facility failed to provide a policy regarding the admission of a resident the admission of a resident who has a manageable condition of bowel or bladder incontinence. NAC 449.2724 1 and 2. The facility failed to provide a policy regarding the admission of a resident who has contractures. NAC 449.272 and R043-22 1 - 4. The facility failed to provide a policy regarding the admission of a resident who has diabetes. NAC 449.2728 and R043-22 1 and 2. The facility failed to provide a policy regarding the admission of a resident who requires regular intramuscular, subcutaneous or intradermal injections. NAC 449.2736 1 - 5. The facility failed to provide a policy regarding the process of requesting an exemption for a resident who is prohibited from being admitted to or remaining in the facility. NAC 449.2742 and R043-22 1. d. 1 - 8 and 1. d. e. The facility failed to provide policies on managing the administration of medications at the facility and evidence of the development of a training program for caregivers who administer medications to residents. NAC 449.2746 and R043-22 1 and 2. The facility failed to provide policies regarding the administration of as needed medications. NAC 449.2748 and R043-22 3 - 5. The facility failed to provide policies regarding medication storage. NAC 449.2749 1. h. and j. and 2. The facility failed to provide 1) a list of the rules for the facility signed by the Administrator and resident; 2) a policy regarding the documentation of a resident who		NAC 449.272 R043-22 1-4 NAC 449.2728 R043-22 1-2 NAC 449.2736 1-5 NAC 449.2742 & R043-221.d.1-8& 1.d.e. NAC 449.2746 & R043-22&R043-22 3-5 NAC 449.2748 & R043-22 3-5 NAC 449.275 1-3 & R109-18 1-6 NAC 449.102 1-4 &R016-20Section 13 & Section 8 NRS 449A.109 NRS 449A.115 R016-20 Section 19 2 NRS 449A.102 NAC 449.259 & R043-22 2. NRS 449.1845 R048-22 Section 5 1. NAC 449.2702 & R043-22 Policies & Procedures have been written for all the following tags above. NAC 449.213 Washer & Dryer are in memory care NAC 449.218 We have acquired 17.1 square feet of storage space, in addition to the storage space in the suites, which is now available for residents upon request. Additionally, beds have been purchased to meet the 10 rooms suggested during survey. NAC 449.2704 R043-22 and SB 298Section 9 #3-(b) & 3.d.1 & 3.p.1-3 Have been fixed and are attached III. MONITORINGPROCESS The administrator or his representative will	

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	transferred or discharged. NAC 449.275 1 - 3. The facility failed to provide policies regarding the processes for a resident electing to receive hospice care. R109-18 1 - 6. The facility failed to provide policies regarding the authorization of certain facility to perform certain tasks. NRS 449.102 1 - 4. The facility failed to provide policies regarding the confidentiality of personally identifiable information of a resident; the prohibiting of an employee who was not performing a physical examination from being present during any portion of the physical examination or care; the use of visual barriers to provide privacy for residents partially or fully unclothed; and allowing a resident to refuse to be examined, observed or treated by an employee for a purpose that is primarily educational rather than therapeutic. R016-20 Section 13. The facility failed to provide a policy regarding the required written permission of the resident for examination or refusal of an examination. R016-20 Section 8. The facility failed to provide a policy regarding not discriminating against a resident based on the source of payment for services provided. NRS 449A.109. The facility failed to provide documentation of the process for a resident who is unable to communicate and/or unable to inform the staff, of the persons whom the resident authorized to visit the resident. NRS 449A.115. The facility failed to provide documentation regarding the Owner and Administrator of the facility being prohibited from receiving certain money or property from a resident or former resident. On 10/03/24 in the afternoon, the Administrator acknowledged the missing documentation and confirmed not being able to provide the required policies. R016-20 Section 19 2. Resident files failed to include the resident's preferred name, gender identity or expression and sexual orientation. NAC 449.259 and R043-22 2. Person Centered Service Plans failed to include the manner in which the facility will ensure the resident has the opportunity to attend the religious service of their choice and the manner in which the Caregivers will be informed of the required supervision of residents. R048-22 Section 5 1. Failed to include verbiage in		continue to monitor incidents that prompt changes to policies and procedures or to create new ones. IV. DATE OF COMPLETION 10/14/2024 AND ONGOING	

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	the facility's Infection Control Policy that the policy will be reviewed annually. SB 298 Section 9 3. b. The Admissions Agreement failed to have the name and mailing address of every person, partnership, association or corporation which establishes, conducts, manages or operates the facility; (SB 298 3.d.1.) failed to provide a statement of where to verify the status of the license; and SB 298 3 p 1-3. failed to provide the contact information for the State Ombudsman, the Nevada Disability Advocacy and Law Center, or other resources for legal aid or mental health assistance. SB 298 Section 12 1 and 2. The Discharge Policy failed to include the verbiage: 1) before discharging a resident, a residential facility for groups shall offer assistance to the resident and any representative of the resident concerning the discharge and relocation of the resident. Such assistance must include, without limitation, information on available alternative placements; and 2) The facility that transfers or discharges a resident, in consultation with the resident, design and implement a transition plan in advance of the transfer or discharge. NAC 449.2708 and SB 298 Section 10 3. The facility's Discharge Policy included the appeal process which is for residents in skilled nursing facilities and not assisted living facilities. NAC 449.2742 and R043-22 7. The facility's Medication Refusal Policy failed to state that a resident's provider must be notified within 12 hours. NAC 449.2702 and R043-22 2. The facility failed to provide a policy regarding a person who wishes to reside in a residential facility with residents that require a higher category of care than the person requires may reside in the facility if he or she is not otherwise prohibited from residing in the facility. NAC 449.2702 and R043-22 3. The facility's Admission Policy failed to state that a resident admitted must be at least 18 years of age. NAC 449.213 - There was no functioning washer and dryer in the Memory Care unit. NAC 449.218 (5) (6) - There was no bedroom furniture or storage space of at least 10 square feet, present in any resident room.			

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0995	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure the environment was in compliance with all safety requirements prior to a survey conducted for a license application for a Residential Facility for Groups with an Alzheimer's endorsement. Findings include: On 10/03/24 in the morning and early afternoon, the following was observed to be out of compliance: 1) NAC 449.226 - There were no pull cords present in all resident and common area bathrooms. 2) NAC 449.268 - Alzheimer's residents had access to a second-floor patio with a 7-foot glass wall surrounding the perimeter. The patio area was measured and only provided enough square feet for 27 Alzheimer's residents. The facility applied for 30 Alzheimer's residents. There was no documentation or policy indicating how residents would be supervised in this outside area, a staffing plan or a schedule. 3) NAC 449.2754 - The outdoor tables and chairs, located in the Memory Care unit patio on the second deck, were not properly secured to prevent residents from moving furniture around. The patio furniture created a hazard because of the potential for residents who access the outdoor patio, to	0995	NAC 449.226 No pull cords I. HOW TO IDENTIFY All residents will be offered a pendant at the signing of their lease. II. SYSTEMIC CHANGES If pendant was declined at the signing of their lease, we will monitor the need for one and offer again, and as needed, to maximize their safety. III. MONITORING PROCESS The administrator or his representative will continue to monitor the supply of pendants and the proper operation of them on an ongoing basis. IV. DATE OF COMPLETION 10/7/2024 AND ONGOING _____ _____ _____ — NAC 449.268 Patio & Outings P&P I. HOW TO IDENTIFY Memory Care Residents will have access to secured outside patios on the 1st & 2nd floor. The additional square footage will accommodate for the licensure of 30 residents. NAC449.2756 and R043-22 Tag Y 0995 states "... or a yard adjacent to the facility". II. SYSTEMIC CHANGES	10/14/2024

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	use the furniture to climb up on and then over the glass windows surrounding the patio area. 4) NAC 449.2756 and R043-22 - There were no audible alarms on any of the exits of the Alzheimer's unit. The facility's Resident Agreement Memory Care (revised 09/2022), documented doors unlock, with an audible alarm, by applying pressure. Exit doors are alarmed 24 hours/day, however, the audible alarm on the exit door to the secure courtyard may be deactivated during daylight hours to provide freedom of movement for residents. On 10/03/24 at 11:30 AM, the Maintenance Director confirmed they did not have pull cords throughout the building, there were no audible alarms at each exit point of the Alzheimer's unit and furniture in the Alzheimer's unit patio was not secured and could be moved by residents to potentially climb up on and then over the glass windows surrounding the patio area. On 10/03/24 in the afternoon, the Administrator confirmed there was not enough square footage for 30 residents in the Alzheimer unit patio. The Administrator could not provide a completed policy and procedures for how the facility would go about supervising residents with diagnoses of Alzheimer's or dementia related illness when in an outside area. The Administrator could not provide a documented staffing plan and a schedule of when residents could be outside.		A policy and procedure has been written and attached to account for the supervision of residents during patio and outing times. III. MONITORING PROCESS The administrator or his representative will continue to monitor the proper operation of this policy on an ongoing basis. IV. DATE OF COMPLETION 10/7/2024 AND ONGOING _____ _____ _____ __ NAC 449.2754 Patio furniture I. HOW TO IDENTIFY Furniture will be monitored to make sure it is secured, creating a safe environment for residents at all times II. SYSTEMIC CHANGES A policy and procedure has been written and attached to account for the supervision of residents during patio and outing times. III. MONITORING PROCESS The administrator or his representative will continue to monitor the proper operation of this policy on an ongoing basis. IV. DATE OF COMPLETION 10/7/2024 AND ONGOING	

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			_____ _____ _____ __ NAC 449.2756 Audible Door Alarms MCN I. HOW TO IDENTIFY Doors and windows will be observed to see if alarms or other alerting technology are needed. II. SYSTEMIC CHANGES Per NAC 449.2756 Tag Y 0991 In addition to the other alerting technology we have in place, we have added audible alarms at the doors itself. III. MONITORING PROCESS The administrator or his representative will continue to monitor the alarms proper operation. IV. DATE OF COMPLETION 10/7/2024 AND ONGOING	