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 |
|---|---|---|---|
| | 11063 | A. BUILDING _____ B. WING _____ | 09/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| 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 |
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| RFG 0001-Deficiencies | The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities.<br><br>The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law.<br><br>Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority.<br><br>Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State | RFG 0001-Deficiencies | | |

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| | of Nevada pursuant to NAC 433.384, and other applicable local and state laws.<br><br>Inspector Comments:<br>This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 09/16/25.<br><br>The facility is licensed for 63 Residential Facility for Group beds for elderly and disabled persons and 30 persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 84. 20 resident files and ten employee files were reviewed. The facility received a grade of A. | | | |
| Y 0179 SS= D | NAC 449.209<br>6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.<br><br>Inspector Comments:<br><br>Based on observation and interview, the facility failed to ensure residents' windows had screens to prevent the entry of insects.<br><br>Findings include:<br><br>On 09/16/25 in the afternoon, twelve of the 24 resident rooms on the Memory Care unit were observed for window screens. Of the twelve rooms observed, eight had windows without screens.<br><br>On 09/16/25 in the afternoon, a walk around the perimeter of the facility revealed eight of a sample of 16 first-floor Assisted Living resident room windows did not have | Y 0179 | 1. 1. The screens for all the windows were found and installed.<br><br>1. 2. We will no longer be removing the screens for window cleaning. The screens for these windows are such a small part of the window; this will not affect the overall cleanliness of the window. Therefore, if any of the screens are removed, it would be due to resident | 10/30/2025 |

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| | screens.<br><br>On 09/16/25 in the afternoon, the Administrator viewed and acknowledged the windows without screens. The Administrator explained cleaning the windows for the whole facility took weeks to complete, and the screens had been taken down when the windows were cleaned in the past year, and/or were down in anticipation of being cleaned in the near future.<br><br>Severity: 2 Scope:1 | | choice.<br><br>1. 3. Every screen has been installed. We will monitor screens throug h our TELS system and use this to identify other parts of the community that could benefit from a systematic change like this.<br><br>2.<br><br>1. 4. This systematic change will be monitored by the maintenance director and the executive director.<br><br>1. 5. This was completed October 30, 2025 | |
| Y 0220 SS= F | NAC 449.213<br><br>**Laundry and linen services.**<br><br>1. A residential facility shall:<br><br>(a) Provide laundry and linen services on the premises of the facility; or<br><br>(b) Contract with a commercial laundry for the provision of those services.<br><br>2. A residential facility that provides its own | Y 0220 | 1. 1.The lent was immediately cleaned from the commercial dry.<br><br>1. 2. An in-service with the maintenance/ housekeeping staff will be conducted to make sure the lent trap is cleaned after every use. | 11/30/2025 |

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| | laundry and linen service shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods.<br><br>3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure.<br><br>4. Clothes, bedding, linens and any other materials laundered pursuant to subsection 1 must be made clean by the laundering process. If a residential facility provides its own laundry and linen services, the residential facility shall:<br><br>(a) Make appropriate use of detergents, soaps, heat or chemicals; and<br><br>(b) Take precautions to ensure that no resident, member of the staff of the facility or other person in the facility is harmed by exposure to the detergents, soaps, heat or chemicals used in the laundering process.<br><br>Inspector Comments:<br><br>Based on observation and interview, the facility failed to ensure the lint trap of the commercial dryer was cleaned, creating a fire hazard. | | 2. 3. This is also being added to our equipment/ workorder system, TELS, for a weekly inspection/ cleaning. We will use this as an example to identify other areas that may need the same systematic change.<br><br>1. 4. This systematic change will be monitored by the maintenance director and the executive director.<br><br>1. 5. This will be completed by November 30, 2025. | |

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| | Findings include:<br><br>On 12:41 PM, the lint trap of the commercial dryer in the first floor laundry room was caked with a thick layer of gray lint, and the catch area underneath the filter contained clumps of accumulated dust.<br><br>On 12:43 in the afternoon, the Administrator acknowledged the lint trap should have been cleaned regularly, and the accumulated lint was a fire hazard.<br><br>Severity: 2 Scope:3 | | | |
| Y 0690 SS= D | NAC 449.2712<br><br>Residents requiring use of oxygen.<br><br>1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he:<br><br>(a) Is mentally and physically capable of operating the equipment that provides the oxygen; or<br><br>(b) Is capable of:<br><br>(1) Determining his need for oxygen; and<br><br>(2) Administering the oxygen to himself with assistance.<br><br>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: | Y 0690 | 1. 1. Suite 2105 O2 tanks were immediately secu red.<br><br>1. 2. When residents are identified as not having the proper storage for their O2 tanks, we will buy the appropriate storage container to make sure their environment is safe.<br><br>1. 3. We | 11/30/2025 |

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| | (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and<br><br>(b) Ensure that:<br><br>(1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen;<br><br>(2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;<br><br>(3) Persons do not smoke in those areas where smoking is prohibited;<br><br>(4) All electrical equipment is inspected for defects which may cause sparks.<br><br>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;<br><br>(6) The equipment used to administer oxygen is in good working condition;<br><br>(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and<br><br>(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.<br><br>3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen.<br><br>Inspector Comments:<br><br>Based on observation and interview, the facility failed to ensure oxygen tanks were stored securely. | | will monitor tasks in the web-<br>based software for our caregivers<br>to check that the O2 tanks are properly bein g stored.<br><br>1. 4. This systematic change will<br>be monitored by the wellness director and the executive director.<br><br>1. 5. This will be completed by November 30, 2025. | |

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| | Findings include:<br><br>On 09/16/25 in the afternoon, twelve oxygen tanks were found to be unsecured in resident room #2105. Two smaller oxygen tanks were standing upright on the kitchen counter, seven small oxygen tanks were standing upright in the closet, and one large oxygen tank was standing upright in the closet, all without racks or other devices to keep them from falling over.<br><br>On 09/16/25 in the afternoon, the Administrator acknowledged that the unsecured oxygen tanks were a danger if they fell over.<br><br>Severity: 2 Scope:1 | | | |
| Y 1540 SS= C | **NAC 449.011931and R004-24**<br><br>NAC 449.011931 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103)<br>1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176:<br>(a) Within 90 days after contracting with or hiring the agent or employee;<br>(b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium.<br>2. The facility may provide the training required by subsection 1 over several instructional periods or during a single | Y 1540 | 1. 1. The facility could not fix the deficiencies found. We did, however, recover the documentation needed to show the Cultural Competency was completed.<br><br>1. 2. Team members will no longer be able to start working until all of their initial training is complete. This | 11/01/2025 |

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| | instructional period so long as the agent or employee:<br>(a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and<br>(b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training.<br>3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176.<br>4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal.<br><br>Inspector Comments:<br>Based on record review and interview, the facility failed to ensure 6 of 10 sampled employees had initial cultural competency training within 90 days of hire. (Employee #2, #3, #7, #8, #9, and #10)<br><br>Findings include:<br><br>Employee #2 (E2) | | includes Cultural Competency.<br><br>1. 3. This will be monitored in the onboarding process in web-based software and used as an example of other areas that could benefit from a systematic change like this.<br><br>1. 4. The business office manager and executive director will monitor this.<br><br>1. 5. This is effective immediately 1 1/1/2025 | |

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| | E2 had a start date of 11/05/24 as a Medication Technician. E2's file documented a cultural competency training certificate dated 04/08/25. E2's file lacked documented evidence of cultural competency training within 90 days of hire.<br><br>Employee #3 (E3)<br><br>E3 had a start date of 11/11/24 as a Caregiver. E3's file documented a cultural competency training certificate dated 05/17/25. E3's file lacked documented evidence of cultural competency training within 90 days of hire.<br><br>Employee #7 (E7)<br><br>E7 had a start date of 06/16/25 as a Caregiver. E7's file documented a cultural competency training certificate dated 09/20/25. E7's file lacked documented evidence of cultural competency training within 90 days of hire.<br><br>Employee #8 (E8)<br><br>E8 had a start date of 10/21/24 as a Medication Technician. E8's file documented a cultural competency training certificate dated 09/17/25. E8's file lacked documented evidence of cultural competency training within 90 days of hire.<br><br>Employee #9 (E9)<br><br>E9 had a start date of 02/26/24 as the Administrator. E9's file documented a cultural competency training certificate dated 03/16/25. E9's file lacked documented evidence of cultural competency training within 90 days of hire. | | | |

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| | Employee #10 (E10)<br><br>E10 had a start date of 10/21/24 as a Medication Technician. E10's file documented a cultural competency training certificate dated 02/18/25. E10’s file lacked documented evidence of cultural competency training within 90 days of hire.<br><br>On 09/16/25 in the afternoon, the Business Office Manager acknowledged Employee #2, #3, #7, #8, #9, and #10’s file lacked documented evidence of cultural competency training within 90 days of hire.<br><br>Severity: 1 Scope: 3 | | | |