STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11212	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR RESIDENTIAL CARE	6085 S LAMB BLVD, LAS VEGAS, NEVADA ,89120

(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
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. 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. 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. 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. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed in your facility on 09/23/25. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, five Category I residents and five Category II. The census at the time of the survey was ten. Ten resident files and five employee files were reviewed. The facility received a grade of A.			
Y 0870 SS= D	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of	Y 0870	Clinical lead director completed the Bi-annual drug review (BADR) of R2 and submitted it to the Surveyor via email on 9/23/25. The same document is attached to this portal. The Administrator and clinical lead director will both be responsible in ensuring that BADRs are completed in a timely manner. During her visits to the facility, the administrator will conduct a review of all the residents' charts to monitor these due dates. Administrator will coordinate with the Clinical lead director and inform him of any BADRs that are due for completion. Once identified, these BADRs will be sent to the Nurse, Pharmacist, or	10/10/2025

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	drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a medication regimen review was on site and completed every six-months for 1 of 10 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 04/06/21, with diagnoses of hypertension, heart failure, and dementia. R2's file lacked documented evidence of a medication regimen review completed every		PCP for completion and then reviewed and signed by the Administrator.	

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	six months. On 09/23/25 in the morning, the Clinical Lead Director acknowledged six-month medication reviews for R2 were not on site. On 09/23/25 in the morning, the Clinical Lead Director acknowledged R2's file lacked documented evidence of a medication review completed every six-months. The Clinical Lead Director provided a six-month medication review for R2 dated 09/10/25 on 09/24/25. Severity: 2 Scope: 1			
Y 0930 SS= D	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.** 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security	Y 0930	Clinical lead director obtained records for R3's 2nd step TB (file attached). Clinical lead director filled out R9's TB Symptom Check (file attached). Administrator and Clinical lead director will both be responsible in ensuring that all residents have a form of TB screening (2 step TB skin tests, CXR, TB Quantiferon) done prior to admission to the facility. If, for any reasons, these tests can't be done prior to or on the day of admission, an initial signs and symptoms check for TB must be completed prior to admitting a resident. Administrator will also conduct periodic education with staff and clinical lead director	10/10/2025

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	number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the		and review the policies and procedures for admission to ensure that all requirements are completed prior to admitting a resident.	

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	resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident			

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	was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on interview and record review, the facility failed to ensure a two-step tuberculosis (TB) test was completed for 1 of 10 residents (Resident #3) and the facility failed to ensure a signs and symptoms check for TB was completed prior to admission for 1 of 10 residents (Resident #9). Findings include: Resident #3 (R3) R3 was admitted on 08/30/25 with diagnoses of hypertension and osteoarthritis. R3' file documented a one-step TB screening completed on 11/13/24. R3's			

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	file lacked documented evidence of a second step TB test upon admission. Resident #9 (R9) R9 was admitted on 04/04/25 with diagnoses of dementia and hypertension. R9 had a two-step TB screening completed on 04/07/25. R9's file lacked documented evidence of an initial signs and symptoms check for TB prior to R9 being admitted to the facility. On 09/23/25 in the morning, the Clinical Lead Director acknowledged R3's file lacked evidence of a completed two step TB test upon admission and acknowledged R9's file lacked an initial signs and symptoms check for TB prior to R9 being admitted to the facility. Severity: 2 Scope: 1			
Y 0905 SS= D	**NAC 449.2746** **Administration of medication: Restriction concerning medication taken as needed by resident; written records.** 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his need for the medication; (b) The determination is made by a medical professional qualified to make that determination; or (c) The caregiver has received written	Y 0905	Clinical lead director added symptoms indication for Acetaminophen (for pain) and Loratadine (for allergies) in R1's MAR and medication bottles on 9/23/25 (Files attached). Clinical lead director added symptoms indication for Ondansetron (for nausea and vomiting in R2's MAR and medication bottle on 9/23/25 (Files attached). Administrator and Clinical lead director will both be responsible in ensuring that ALL Medications (routine and as needed) have	10/10/2025

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	instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given, and the frequency with which the medication may be given. 2. A caregiver who administers medication toa resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure as needed medications had written instructions indicating the symptoms for which the medication was to be administered for 2 of 10 residents (Resident #1 and #2). Findings include: Resident #1 (R1) R1 was admitted to the facility on 02/02/24, with diagnoses including hypothyroidism and hyperlipidemia.		corresponding PCP orders indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given and all of these information will be clearly indicated in the MAR as well the actual medication bottles. During her visits to the facility, the administrator will conduct a review of all the residents' medications and reconcile them with the MAR and medication bottles to ensure that all the above medication information match. Administrator will also conduct education sessions with staff to review Medication Administration policies and procedures.	

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	R1's medication container revealed a bottle of medication labeled loratadine 10 milligram disintegrating tablet, take 1 tab sublingual as needed. R1's file revealed a physician's order dated 03/01/25 documented loratadine 10 milligram disintegrating tablet, take 1 tab sublingual as needed. R1's Medication Administration Record (MAR) loratadine 10 milligram disintegrating tablet, take 1 tab sublingually as needed. R1's medication container revealed a bottle of medication labeled acetaminophen 500 milligram tablet, take 2 tabs orally every eight hours as needed. R1's MAR documented acetaminophen 500 milligram tablet, take 2 tabs orally every eight hours as needed. R1's file lacked evidence of a physician's order for acetaminophen. There were no written instructions indicating the symptoms for which R1's as needed medications loratadine and acetaminophen were to be administered. Resident #2 (R2) R2 was admitted to the facility on 04/06/21 with diagnoses including hypertension, heart failure, and dementia. R2's medication container revealed a bottle of medication labeled ondansetron 4 milligram tablet, take by mouth every four hours as needed. R2's file revealed a physician's order date 03/19/25 documented ondansetron			

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	4 milligram tablet, take by mouth every four hours as needed for nausea and vomiting. R2's MAR documented ondansetron, 4 milligram tablet, take by mouth every four hours as needed. There were no written instructions on R2's MAR and R2's medication bottle indicating the symptoms for which the R2's ondansetron was to be administered. On 09/23/25 in the morning, the Clinical Lead Director acknowledged R1's file lacked evidence of written instructions indicating the symptoms for which R1's loratadine and acetaminophen were to be administered, and the Clinical Lead Director acknowledged R2's MAR and ondansetron medication bottle lacked evidence of instructions indicating the symptoms for which R2's acetaminophen was to be administered. On 09/23/25 in the morning, the Clinical Lead Director acknowledged as needed medications must have written instructions indicating the symptoms for which the as needed medication was to be administered. Severity: 2 Scope:1			
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is	Y 0878	Clinical lead director obtained written orders for R1's Acetaminophen 500mg, 2 Tabs orally every 8 hours as needed for Pain or Fever on 10/9/25 (file attached). Administrator and Clinical lead	10/10/2025

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	ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.		director will both be responsible in ensuring that ALL Medications (routine and as needed) have corresponding PCP orders indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given and all of these information will be clearly indicated in the MAR as well the actual medication bottles. During her visits to the facility, the administrator will conduct a review of all the residents' medications and orders and reconcile them with the MAR and medication bottles to ensure that all the above medication information match. Administrator will also conduct education sessions with staff to review Medication Administration policies and procedures.	

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	Inspector Comments: Based on observation, record review and interview, the facility failed to ensure a resident had a physician order for a medication for 1 of 8 residents. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted to the facility on 02/02/24, with diagnoses including hypothyroidism and hyperlipidemia. R1's medication container contained a bottle of medication labeled acetaminophen 500 milligram tablet, take 2 tabs orally every eight hours as needed. R1's Medication Administration Record (MAR) documented acetaminophen 500 milligram tablet, take 2 tabs orally every eight hours as needed. R1's file lacked documented evidence of a physician's order for acetaminophen 500 milligram tablet, take 2 tabs orally every eight hours as needed. On 09/23/25 in the morning, the Clinical Lead Director acknowledged R1's file lacked evidence of a physician's order for R1's acetaminophen 500 milligram tablet, take 2 tabs orally every eight hours as needed Severity: 2 Scope: 1			
Y 1700 SS= D	**NRS 449.1845** **Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause**	Y 1700	Clinical lead director completed the Placement Determination for R3, R7, R9, R10 on 9/23/25 using the correct form required by the surveyors during the	10/10/2025

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	provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or		survey (Files attached). Administrator and Clinical lead director will be responsible in ensuring that the correct form will be used by PCPs when filling out the Physician Assessment and Placement Determination for each resident prior to admission. This will be done by directly communicating with the referring case managers or PCP office's staff and requesting the document to be sent to the facility via email prior to admission so that the clinical lead director can review the document. If the wrong form is used, the clinical lead director will send the correct form to the referring office via email. During her visits to the facility, the Administrator will conduct a file review on any recent admissions to ensure that proper forms are used and that all required documents are in place.	

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	(II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11212	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	Inspector Comments: Based on record review and interview, the facility failed to ensure a physician's placement determination form was completed for 4 of 10 residents (Resident #3, Resident #7, Resident #9, and Resident #10). Findings include: Resident #3 (R3) R3 was admitted on 08/30/25 with diagnoses of hypertension and osteoarthritis. R3's resident file lacked documented evidence of a physician's placement determination form specifying the appropriate facility type for R3. Resident #7 (R7) R7 was admitted on 08/30/25 with diagnoses of hypertension and hypothyroidism. R7's resident file lacked documented evidence of a physician's placement determination form specifying the appropriate facility type for R7. Resident #9 (R9) R9 was admitted on 04/04/25 with diagnoses of dementia and hypertension. R9's resident file lacked documented evidence of a physician's placement determination form specifying the appropriate facility type for R9. Resident #10 (R10) R10 was admitted on 03/05/19 with diagnoses of dementia and hypertension. R10's resident file lacked documented evidence of a physician's placement determination form specifying the			

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	appropriate facility type for R10. On 09/23/25 in the morning, the Clinical Lead Director acknowledged R3, R7, R9, and R10's file lacked documented evidence of a physician's placement determination form specifying the appropriate facility type for the residents. Severity: 2 Scope:1			