DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **05/25/2021** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MORNING STAR CARE HOME** | **7560 SILVER LEAF WAY, LAS VEGAS, NEVADA ,89147** |

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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation initiated on 05/03/21 and completed 05/25/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was six. The sample size was six. Two complaints were investigated. Complaint #NV00063584 with one allegation was not substantiated. Allegation: A resident was not allowed to have on-site visitation was unsubstantiated based on: - Interview with the administrator who stated virtual visitation was allowed and interview with the resident who reported being happy at the facility. - Document review by the complainant who reported the facility administrator offered to allow virtual visitation. Complaint #NV00063310 was substantiated. See TAGS: Y755 and Y830 TAG Y830 was identified during the complaint investigation. The allegation the facility failed to provide incontinence care and reposition a bed bound resident every two hours was substantiated. See TAG Y0755 The facility received a grade of A. The following regulatory deficiencies were identified: | 0000 | | |
| 0755 SS= D | Unmanageable / Manageable Incontinence - NAC 449.2722 Residents having unmanageable condition of bowel or bladder incontinence; residents having manageable condition of bowel or bladder incontinence. (NRS 449.0302) 3. The caregivers employed by a residential facility with a resident who has a manageable condition of bowel or bladder incontinence shall ensure that: (a) If the resident can benefit from scheduled toileting, he or she is assisted or reminded to go to the bathroom at regular intervals; (b) The resident is checked during those periods when he or she is known to be incontinent, including during the night; (c) The resident | 0755 | Tag Y0755 Unmanageable/Manageable Incontinence<br>NAC 449.2722<br>a). R1 has lived in the facility since 11/08/2014 and has no problem of incontinence until lately after Covid-19 struck the Valley<br>and all over the country. Employees E2 and E3 regularly changed R1 incontinence wear whenever as much as 5 times a day, including night times. Since Covid-19 made the overweight R1 more difficult due to shortness of breath, and stroke, it is very difficult to do the job of taking care, on top of R1 sometimes, as the Hospice nurses say stubborn and non compliant with care | 09/09/2021 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROMEO V BALGAN Title: Administrator Date: 09/10/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | is kept clean and dry; (d) Retraining programs are designed by a medical professional with training and experience in the care of persons with bowel or bladder dysfunction; (e) The retraining programs established for a resident are followed; and (f) Privacy is afforded to the resident when care is being provided.<br><br>Inspector Comments: Based on interview and document review, the facility failed to ensure a resident (R1) with unmanageable incontinence was provided incontinent care, which resulted in skin rashes and pressure sores. Findings include: Interviews: On 05/03/21, Employee #1 verbalized Resident #1 (R1) lived at he facility since 11/08/14 and was transferred to a rehabilitation facility on 03/21/21. R1 weighed three hundred pounds and had skin problems and did not have any pressure sores upon admission. E1 reported residents requiring assistance with incontinence care are changed whenever needed. On 05/03/21, Employee #2 and Employee #3 (E2 and E3) reported R1 had issues with incontinence and changed R1's incontinence wear whenever needed. E2 and E3 also reported R1 was over weight. The Employees expressed the resident's weight made incontinent care difficult. During a telephone interview with a hospice nurse on 05/05/21, the nurse reported R1 complained facility staff changed R1's incontinence briefs a couple of times a day. Additionally, R1 could not turn or transfer in bed due to a previous stroke. The nurse verbalized R1 was not turned enough, and R1 was sometimes non-compliant with care and did not want to be turned, transferred to a chair, or complete in range of motion exercises. Record Review: Facility admission records documented R1 was admitted to the facility on 11/09/14 and required the use of a walker and wheelchair after having a stroke. Discharge records documented R1 was transferred to a rehabilitation facility. Hospice records obtained on 5/14/20, | | and did not want to be turned, transferred to a chair or complete in range of motion exercise. The pain assessment documented R1 had pain upon movement, when transferring and when doing range of motion (ROM) exercises. Because of requirement of 2 man assist, R1 was moved to a Rehabilitation Facility on 03/15/21 where she could be improved and be better with a whole lot of Staff Members.<br><br>b). Residents that require multiple tasks of care should not be admitted. If resident has deteriorated due to Aging, family and the Resident themselves should be advised that a Skilled Nursing Facility should be considered advanced or elevated Level of Care needs.<br><br>c). Facility Administrator with the help of Facility Manager will work hand in hand to monitor and ensure faulty practice not recur.<br><br>d). Facility Administrator is assigned to monitor the correction.<br><br>e). March 15, 2021 | |

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| | documented: - R1 was admitted to in home hospice care on 02/23/21, with diagnosis of acute respiratory failure with hypoxia, major depressive ; disorder, hemiplegia and hemiparesis following infarction affecting the right dominant side, and muscle weakness. Additionally, R1 was diabetic and refusing blood sugar testing while under the care of hospice. R1 was also noted to be at risk of falling, and was on oxygen therapy. Permitted activities included transferring to a wheel chair or chair and back to bed. R1's skin condition was documented as warm, dry, and skin turgor was fair but R1 had buttocks rashes and groin rashes. The pain assessment documented R1 had pain upon movement, when transferring and when doing range of motion (ROM) exercises. R1 was incontinent and required the use of incontinence wear due to weakness. Care notes documented R1 and caregivers required further teaching on skin care and incontinent wear changes. Hospice services included measures to prevent skin breakdown. - Hospice records on 02/26/21 through 03/15/21 documented R1 was forgetful, incontinent, and had muskuloskeletal weakness with limited ROM. R1 was oriented to person, place and time, forgetful, incontinent, had limited ROM, was in pain, was bed bound and had a contracture (Permanent tightening of the muscles) and paralysis. Hospice providers noted teaching was provided to facility caregivers on the prevention of pressure ulcers and rashes and the certified nursing assistant noted R1 had redness on the right elbow. - Hospice records on 03/01/21 documented R1 had edema and was incontinent. R1's had skin wounds on the right elbow and groin that were intact and did not have drainage. The hospice staff documented R1's physician was notified regarding the resident's groin rash and that caregivers at the facility were not changing the resident's diapers frequently. The Caregivers were then re-instructed to | | | |

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| | check/change R1's diaper frequently to prevent rashes and pressure sores. Hospice records on 03/05/21 noted rashes on R1's groin area were improving but R1's daughter was notified R1 was non compliant with turning and wound care. Additionally, the physician was notified R1 kept removing a duoderm patch which was placed on the right elbow to prevent pressure sores. - On 03/08/21m, R1's daughter was notified that R1 was not compliant care, and on 03/11/21 R1 requested to be transferred to a rehabilitation facility. R1's daughter was notified. - On 03/13/21 R1, was again noted to be "bed bound," had a contracture, paralysis, weakness, limited ROM and was on fall precautions. R1's skin condition was documented as unchanged with right elbow redness and a rash and redness to the groin area. The pressure sore on R1's ankle was noted to have increased in size to a Stage II pressure sore 0.3 x 0.3 fluid filled blister and R1's physician and daughter were notified. - Hospice End of Care Summary: R1 was discharged to a rehabilitation facility on 03/15/21. The resident was noted to be in "bed confinement status," could transfer from bed to a wheelchair with two person assist. R1 was refusing further hospice services and wanted to be sent to inpatient rehabilitation. Severity: 2 Scope: 1 Complaint #NV00063310 | | | |
| 0830 SS= D | Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive.<br><br>Inspector Comments: Based on interview and record review, the facility failed to obtain a bed fast waiver/exemption for 1 of | 0830 | Tag Y0830 Exemption Requests<br>NAC 449.2736 Procedure to Exempt certain residents from Restrictions.<br>a). When the resident, R1, was admitted to the facility on 11/08/2014 she was walking vigorously and at times, using her Motorized Cart to get something out of the Facility to buy things she likes in a nearby Grocery Store. After so many years, the aging part has set in. and she no longer interested in driving out of the Facility but requested Staff to buy things for her in her convenience.<br>After 7 years of fruitful retirement, The | 09/09/2021 |

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| | 6 residents (Resident # 1). Findings include: Resident #1 was admitted on 11/08/14. On 05/05/21, hospice records documented R1's diagnosis included acute respiratory failure with hypoxia, major depressive disorder single episode, hemiplegia and hemiparesis following a cerebral infarction (stroke) affecting the right dominant side and generalized weakness. Hospice records dated 02/23/21 through 03/21/21 documented R1 was bed bound and required two person assist to transfer and turn every two hours. Resident #1's resident file lacked documented evidence of a bed fast waiver/exemption. On 05/05/21, during a telephone interview, R1's hospice nurse reported R1 was bed bound and required two person assist with transfer and assistance with repositioning in bed. On 05/03/21, E1 verbalized R1 was bedfast and E1 was planning to submit a bedfast exemption request. Severity: 2 Scope: 1 Complaint #NV00063310 | | Pandemic Covid-19 shocked the Nation and came in and she was hospitalized and rehabbed and came back to the facility. In the early part of March she was still okay and can go in the dining table with oxygen on and because of losing strength and difficulty in breathing, the facility granted her request that R1 still needs to be back to the Rehabilitation Facility. The plan of seeking the Exemption Requests to the Division did not materialize due to the scheduled rehabilitation. And on March 15, 2021, R1 was picked up and was brought back to the Rehab Facility for improvement and rehabbing.<br><br>b). The Facility is listening to the resident R1 wish that she be sent to the Rehabilitation Facility. Bedbound is unable to leave one's bed especially because of illness, weakness or obesity. Bedridden is confined to bed because of infirmity or illness.<br>R1 is still can be be put to a wheelchair which was happened to the Rehabilitation Facility because 2 male caregivers are strong to accommodate her needs. She is now getting in and out of bed and continue to be improved.<br><br>c). An Exemption Request should have been submitted for residents to the Division who were well before and got deteriorated due to aging and illness but could be changed if Resident seeks another place within a short period of time.<br><br>d). Facility Administrator and Facility Manager should team up together and listen to the Resident whatever he/she desires and understood to give way for the immediate needs.<br><br>e). Administrator of the Facility should be assigned to monitor the correction.<br><br>f). March 15, 2021 | |

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