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 _____	**10/01/2021**

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

(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 annual state licensure survey, infection control survey, and complaint investigation conducted at your facility on 09/29/21 through 10/01/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, with an endorsement for mental illness, Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. There was one complaint investigated. Complaint# NV00064837 with two allegations could not be substantiated. Allegation #1 - The facility failed to turn/reposition a resident in a timely manner resulting in pressure sores was unsubstantiated based on resident of concern record review that did not indicate presence of pressure sores and documented repositioning was attempted by facility caregivers every two hours as instructed by the hospice nurse and some attempts were unsuccessful because the resident refused due to pain. Resident record documented the resident of concern had daily visits by the hospice certified	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	nursing assistant and bi-weekly visits by the hospice registered nurse. Interview with the facility Administrator and Manager/Caregiver confirmed the documentation in the resident of concern's record and caregiver training. Allegation #2 - The resident was left wet and soiled for extended periods of time was unsubstantiated based on resident of concern record review which indicated the resident was checked and changed if needed every half hour by facility caregivers and interviews with two residents who expressed no issues with receiving timely assistance with incontinent care. Interviews with the facility Administrator and the Manager/Caregiver confirmed the resident of concern's record documentation and caregiver training. The investigation into the allegations included: Observations of residents and employees and their interactions throughout the time spent in the facility. Interviews with two incontinent residents, the facility Administrator, and the Manager/Caregiver. Review of seven resident records, including the resident of concern. Review of the facility's incident reports for the past 12 months. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.			