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
	155	A. BUILDING _____ B. WING _____	08/16/2023

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 completed at your facility on 08/16/23, 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 and/or persons with mental illness, Category II residents. The census at the time of the survey was seven. Seven resident files and five employee files were reviewed. The facility received a grade of A. 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		

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0104 SS= F	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and document review, the facility failed to ensure 3 of 5 employees (Employees #2, #3, and #4) completed a background check through the Nevada Automated Background Check System (NABS) per Nevada Revised Statute (NRS) 449.124. Findings include: Employee #2 (E2) E2 was hired by the facility on 01/15/1999 as the Administrator. There was no documented evidence E2 had completed a background check through NABS. Employee #3 (E3) E3 was hired by the facility on 01/15/1999 as a Caregiver. There was no documented evidence E3 had completed a background check through NABS. Employee #4 (E4) E4 was hired by the facility on 09/05/22 as a Caregiver. There was no documented evidence E4 had completed a background check through NABS. On 08/16/23 in the afternoon, the Administrator acknowledged E2, E3, and E4 did not have a completed background check through NABS. On 08/17/23 in the afternoon, a representative from the State of Nevada's Background Check Program/NABs verified the Administrator/Owner, Caregiver/Owner and a Caregiver for this facility had not completed the background check process through NABS. Severity: 2 Scope: 3	0104	Tag 0104 Personnel Files - Background Checks NAC 449.200 Personnel Files NRS 449.0302 1). Employee #2 and Employee #3 fingerprints were taken. a new Employee has been added to the roster of the facility. and replaced Employee #4 2), Fingerprinting done by Electronic were done at the Fingerprinting Shop and waiting for results. 3). The sent electronic fingerprints will be reviewed and monitored to ensure the deficient practice will not recur. 4). The Facility Administrator is responsible for ensuring the Plan of Correction is implemented. 5). Date of Corrective Action will be taken for completion, August 24, 2023 6). See Appendix "A", Appendix "B" , Appendix "C"	09/22/2023

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was well maintained. Findings include: On 08/16/23 in the morning, located around the patio areas of the facility was two rusty exercise machines, a dirty bed frame with a dirty mattress, a broken bedside table, three dirty wheelchairs, a rolled up soiled rug, two commodes, and two dirty, broken dressers stacked with seven boxes of miscellaneous personal belongings. On 08/16/23 in the afternoon, the Administrator acknowledged the patio area needed cleaning. Severity: 2 Scope: 3	0178	Tag 0178 Health & Sanitation Maintain Int/Ext NAC 449.209 (NRS 449.0302)5 1). The exterior of the Facility has now been cleared and well maintained. The two old exercises machines were removed. The hospital bed frame and its mattress has already been picked up by the DME employees of the Hospice Company and the hospital bed has been removed from the outside Patio. The boxes of old clothes/personal belongings left by former patients were also been picked up. And the Patio Area has been cleaned. 2). Personal belongings supposed to be taken cared of immedicately when old patients moved or passed away. Hospital beds need to be returned to Hospice Company who provided them to the residents' needs. And this deficient practice must not recur. 3). The Facility Manager along with Facility Administrator must monitored Interior and Exterior and landscaping of the facility. 4). The Administrator is the responsible person for ensuring the Plan of Correction is implemented. 5). Completed : August 19, 2023 6). See Appendix D, Appendix E, Appendix F, Appendix G	09/04/2023

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 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. Inspector Comments: Based on observation and interview, the facility failed to ensure a dryer was properly ventilated to the outside of the building. Findings include: On 08/16/23 in the morning, the laundry room had lint on the back of the dryer, on the wall and pipes. The exhaust hose leading from the dryer to the ventilation pipe was not properly connected to the ceiling allowing it to vent and deposit lint from the loose fitting pipe directly into the laundry room. On 08/16/23 in the afternoon, the Administrator acknowledged the laundry area needed to be cleaned and the exhaust hose needed to be properly connected to the ceiling. Severity: 2 Scope: 3	0220	Tag 0220 Laundry & Linen Services NAC 449.213 Laundry & Linen Services 1). The pipe support has been corrected. 2). The covering for the dryer exhaust pipe exit has been replaced. And painted white. This is correctly placed to ensure the deficient practice does not recur. 3). Once in a while this laundry room must be in need of check ups and maintenance upkeep to keep the room clean. Since everyday linens and other resident clothes are washed, dryers need also attention to lint build up and other unnecessary trash or debris and should maintain spic and span in all surroundings 4). The Facility Administrator and the Facility Manager will be hand in hand to work on this area and be responsible for ensuring the Plan of Correction is implemented. 5). August 25, 2023 6). See : Appendix "C"	09/04/2023