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
	5192	A. BUILDING _____ B. WING _____	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR OF SPARKS	2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a regrading State Licensure survey in your facility on 05/22/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 112 Residential Facility for Group beds with 80 beds which provide assisted living services for elderly or disabled persons, Category II residents and 32 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 97. Twelve resident files and nine employee files were reviewed. The facility received a grade of B. 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		
0170 SS= F	Health And Sanitation-Safe Water & Sewage - NAC 449.209 Health and sanitation. (NRS 449.0302) 1. A residential facility must: (a) Have a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage.	0170	Please refer to original Statement of Deficiency/Plan of Correction - Event ID MPGW11.	05/22/2025
0250 SS= E	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.	0250	Please refer to original Statement of Deficiency/Plan of Correction - Event ID MPGW11.	05/22/2025

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0251 SS= F	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure a refrigerator registered between 36 and 40 degrees for 1 of 2 refrigerators in the memory care unit. This deficient practice had the potential to affect the entire resident census in the memory care unit. Findings include: On 05/22/2025 at 10:50 AM, a refrigerator in hall A, of the memory care unit, read 47 degrees. The refrigerator contained four bottles of salad dressing, a bottle of tomato ketchup, and several loaves of bread. On 05/22/2025 at 10:52 AM, the Food Services Director confirmed the temperature for the refrigerator was 47 degrees and verbalized the Food Services Director should have been made aware when the refrigerator temperature rose above 41 degrees. The temperature log for the refrigerator in hall A, dated May 2025, documented on 05/21/2025 the temperature reading was 43 degrees at 6:00 AM, and on 05/22/2025 the temperature reading was 46 degrees at 6:00 AM. The facility policy titled, "Food Storage: Cold," revised 10/2019, documented the facility would ensure all temperature-controlled food items would be stored appropriately and all perishable foods would be maintained at a temperature of 41 degrees or below. Severity: 2 Scope: 3	0251	The refrigerator was immediately taken out of use, and any food left was thrown away. Vendor was called out 5/23/25 and the refrigerator had freon added. The refrigerator was confirmed to maintain temperatures between 36–40°F before use was resumed. Staff was retrained in proper temperatures that need to be maintained, and that if the temperature is over 41°F the refrigerator is not be use and maintenance director as well as executive chef are notified immediately via phone and work order. The Temperature Log for each refrigerator was revised to include a column for “Corrective Action Taken” if the temperature exceeds 41°F.	05/23/2025
0252 SS= D	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged.	0252	Please refer to original Statement of Deficiency/Plan of Correction - Event ID MPGW11.	05/22/2025

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: NAC 446.073.1(a). All food employees must restrain their hair by any effective means to keep the hair from contaminating exposed food, clean equipment, utensils and linens, and unwrapped single-service and single-use articles. Based on observation, interview and document review, the facility failed to ensure hair restraints were worn by staff in the facility's kitchen as prescribed in Nevada Administrative Code (NAC) chapter 446. This deficient practice had the potential to affect the entire resident census. Findings include: On 05/22/2025 from 10:13 AM to 10:22 AM, during the tour of the kitchen, the Food Services Director held a hairnet in the Food Services Director's left hand and did not don a hairnet or hair covering during the entire tour. On 05/22/2025 at 10:22 AM, the Food Services Director confirmed not having donned a hair net upon entering the kitchen and while accompanying the surveyor on the tour of the kitchen. The Food Services Director verbalized having been cited previously for lack of hair net use in the kitchen and should have donned a hair net when entering the kitchen. The facility policy titled, "Hair Restraints Policy," effective 08/2021, documented, except for team members working in the dining room, a team member working in the kitchen shall wear hair restraints such as hats, hair covers, hair or beard nets or other effective means to effectively keep hair from contacting exposed food, clean equipment, utensil and linens. Severity: 2 Scope: 3	0255	Food Services Director received documented coaching which will result in progressive discipline if repeated. The Administrator has conducted daily random walk in inspections in the kitchen and has observed the required staff in compliance with hair nets/restraints. Administrator and Associate Executive Director will continue to perform random walk in inspections no less than on a weekly basis. Staff not in compliance will be immediately retrained and given fresh PPE, any noncompliance will result in documented coaching and progressive discipline if repeated.	05/22/2025

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	0450	Please refer to original Statement of Deficiency/Plan of Correction - Event ID MPGW11.	05/22/2025
0522 SS= D	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: (k) If the resident has Alzheimer ' s disease or another form of dementia, measures to address that dementia and ensure the safety of the resident in the facility, including, without limitation: (1) Any measures taken pursuant to NAC 449.2754 or 449.2756; and (2) Provisions for the transfer of the resident pursuant to NAC 449.2706 if:	0522	Please refer to original Statement of Deficiency/Plan of Correction - Event ID MPGW11.	05/22/2025
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.	0920	All direct care staff will receive training on identifying commonly encountered medications, including: Recognizing medication packaging and labeling, Differentiating between prescribed medications, OTC drugs, and controlled substances, Understanding the risk of resident access to unsecured or unidentified substances. Staff will also be trained on the protocol for reporting and securing unidentified medications discovered in resident rooms. Routine weekly safety rounds will be conducted by nursing or department designee to check for unsecured medications. Any findings will be documented and corrective action taken immediately. Upon admission and annually thereafter, residents and families will be educated on the policy regarding medication storage and self-administration safety. Upon admission and annually thereafter, residents and families will be educated on the policy regarding medication storage and self-administration safety. Parties responsible are Wellness	05/26/2025

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	Inspector Comments: Based on observation, interview, and document review, the facility failed to ensure 1.) medications in a resident room were safely stored in a locked area and inaccessible to other residents or visitors for 1 of 24 resident rooms in the locked unit (Room #9); 2) medications in a resident room were secure in a self-administrating resident's room for 1 of 15 residents who self-administered medications (Room #111); and 3) resident medications were kept secured in the facility for 2 of 9 sampled residents (Resident #7 and #8). Findings include: On 05/22/2025, the following resident rooms contained unsecured medications: Room 111 - at 10:49 AM, a bottle of Nyquil and a bottle of Dayquil were on a table next to a chair. The resident was present in the room and verbalized the door was not locked when out of the room. On 05/22/2025 at 10:49 AM, the Maintenance Director confirmed the medication was not secured. The facility policy titled, "Medication: Self-Administration Assessment Policy and Procedure," dated July 2021, documented, "The resident shall successfully demonstrate the ability to do the following with or without assistance by an outside provider and with or without assistive devices: b. Securely store OTC, prescription and controlled substances medications." Room 9 - at 10:37 AM, a tube of Neosporin was unsecured in the resident room in the locked unit. On 05/22/2025 at 10:49 AM, the Maintenance Director confirmed the medication was not secured. Resident #7 Resident #7 was admitted to the facility on 01/30/2025, with a diagnosis of frontotemporal dementia. On 05/22/2025 at 12:13 AM, Resident #7's room was unlocked, Resident #7 was not present, and the following medications were found in the bathroom of Resident #7's room: -Hydrocortisone 2.5% cream. -Simethicone 125 mg tablets. -Calcium Carbonate antacid tablets. -Carboxymethylcellulose Sodium 0.5 % eye lubricant drops. On 05/22/2025 at 12:13 AM, the Assisted Living Coordinator confirmed the medications were present in Resident #7's room and should not have been. Resident #8 Resident #8 was		Director, Assisted Living Coordinator and Memory Care Coordinator	

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	admitted to the facility on 03/10/2025, with a diagnosis of dementia without behavioral disturbance. On 05/22/2025 at 12:20 AM, Resident #8's room was unlocked, Resident #8 was present, and the following medications were found in Resident #8's Room: -Polymyxin b Sulfate triple antibiotic ointment. -Polyethylene Glycol 400 1% eye drops. On 05/22/2025 at 12:20 AM, Resident #8 verbalized Resident #8 did not lock the resident's door when leaving the room. On 05/22/2025 at 12:20 AM, the Assisted Living Coordinator confirmed the medications were present and should not have been. On 05/22/2025 at 1:09 PM, the Wellness Director verbalized all resident medications should be secured. Unsecured medications could result in residents accidentally ingesting medications or experiencing preventable medication contraindications. The facility policy titled, "Medication Storage Policy and Procedure," dated 07/2021, documented medications and treatments would be stored in designated secure locations inaccessible to residents and visitors. This was a repeat deficiency from the 02/11/2025 annual re-licensure survey. Severity: 2 Scope: 3			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure an initial tuberculosis (TB) screening had been completed for 1 of 12 sampled residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 01/30/2025, with a diagnosis of frontotemporal dementia. Resident #7's record lacked documentation an initial TB screening had been completed. On 05/22/2025 at 12:20 PM, the Wellness Director confirmed Resident #7 did not have an initial TB screening completed but should have. Severity: 2 Scope: 1	0936	Retraining has happened for Move in Coordinator with all steps required for TB documentation, and advised that any move in not having proper documentation will be postponed until it is received. Wellness Director will assure all documentation is correct prior to approving a move in. Wellness Director will be responsible to verify that all move in documents are secured and appropriate prior to resident moving into the unit. Quarterly chart audits are conducted for Quality Assurance, any findings will be documented and action taken immediately including counseling and progressive discipline when necessary.	05/26/2025

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure dangerous items were inaccessible to residents housed in the memory care unit for 1 of 24 rooms (Room #9). Findings include: On 05/22/2025 at 10:37 AM, a pair of scissors was in a drawer in Resident Room #9. On 05/22/2025 at 10:37 AM, the Maintenance Director confirmed the scissors could be dangerous to a resident in the memory care unit and should be secured. The facility policy titled "Safety Reflections Protocol," revised July 2021, documented resident suites must be free of chemicals, items labeled "keep out of reach of children," items known to be potentially hazardous, knives, or other sharp instruments and medications. Severity: 2 Scope: 3	0994	Wellness Director or Reflections coordinator are to immediately do daily rounding with the team working in memory care to ensure the safety of residents by ensuring that all potentially dangerous and hazards items are stored in accordance to the state regulation.	05/26/2025

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic items were inaccessible to residents housed in the memory care unit for 1 of 24 rooms (Room #15). Findings include: On 05/22/2025 at 10:54 AM, in Room 15, an eight-ounce container of Aveeno Daily Moisturizer was in a drawer. On 05/22/2025 at 10:54 AM, the Maintenance Director confirmed the lotion could be toxic to a resident in the memory care unit and should be secured. The facility policy titled "Safety Reflections Protocol," revised July 2021, documented, "Toiletries must be kept in a locked drawer or cabinet;" and "Resident suites must be free from chemicals, items labeled 'keep out of reach of children' ...." This was a repeat deficiency from the 02/11/2025 annual re-licensure survey. Severity: 2 Scope: 3	0999	Wellness Director or Reflections coordinator to immediately do daily rounding with the team working in memory care to ensure the safety of residents by ensuring that all potentially dangerous and hazards items are stored in accordance to the state regulation. Coordinator to ensure that personal items are stored properly according to the state regulation after each use.	05/26/2025

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1600 SS= C	Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident.	1600	Please refer to original Statement of Deficiency/Plan of Correction - Event ID MPGW11.	05/22/2025