STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8602	A. BUILDING _____ B. WING _____	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHINY STARS HOME CARE II, LLC	1032 SILVER CREEK AVE, LAS VEGAS, NEVADA ,89183

(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 survey initiated at your facility on 09/22/25. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was one. One resident file and three employee files were reviewed. The facility received a grade of A.			
Y 0430 SS= F	**NAC 449.229 Protection from fire; plans for evacuation; emergency drills; testing, inspection and recordkeeping.** 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. 3. An exit door in a residential facility must not be equipped with a lock that requires a key to open it from the inside unless approved by the State Fire Marshal or his or	Y 0430	1. We will comply with state regulations and have all fire prevention equipment inspected regularly. 2. We will use both digital and written reminders to help us satisfy regulations by ensuring that all sprinklers, fire extinguishers etc get inspected frequently. Choosing to act before deadlines. 3. We will have the owner communicate procedures properly through the correct channels to ensure that the everything is up to code and compliant with Nevada state regulations and through the State Fire Marshall. 4. The Owner will keep a written inventory of all fire equipment that must be up to code every month. 5. Corrective action completed and uploaded 10/16/2025. 6 Supporting documents have been attached. 7. We would like to use this opportunity to make sure other items and equipment are maintained and inspected frequently by appropriate third-party contractors and providers as well as the State Fire Marshall. 8. We are not aware of any severe sanctions at this time.	10/16/2025

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	her designee. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure the fire riser was inspected annually. Findings include: On 09/22/25 at 12:53 PM, the fire riser was observed, and the punch marks on the inspection tag hanging from the fire riser indicated the last inspection of the fire riser occurred on 09/08/23. The Manager was not aware it had been two years since the last inspection. The Manager produced documentation from the fire safety company which confirmed the last annual inspection of the fire riser occurred on 09/08/23. On 09/22/25 in the afternoon, the Manager acknowledged the fire riser had not been inspected annually in 2024 and 2025, and it should have been. Severity: 2 Scope: 3			
Y 0650 SS= F	NRS 449.199 Residential facility for groups and homes for individual residential care	Y 0650	1. We will comply with state regulations and have said person remove all personal effects and move in with their family. Away from our facility. 2. We will use this knowledge from the	10/16/2025

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	prohibited from providing accommodations to persons not meeting requirements for admission; exception. 1. Except as otherwise provided in subsection 2, a residential facility for groups which is authorized to have 10 or fewer beds or a home for individual residential care shall not provide accommodations for a person who does not meet the requirements for admission to the facility or home. 2. A residential facility for groups which is authorized to have 10 or fewer beds or a home for individual residential care may provide accommodations for a person who is related within the third degree of consanguinity to a resident of the facility or home regardless of whether the person meets the requirements for admission to the facility or home. Inspector Comments: Based on observation and interview, the facility failed to ensure a person who was not a resident, employee or related to the Manager was residing at the facility. Findings include: On 09/22/25 upon entrance to the facility, an individual was observed sitting at the kitchen table, eating. The individual verbalized they were not a resident of the facility. The Manager explained the		Inspection to make sure in the future only appropriate personnel, employees, and clients are in the building. 3. We will have the owner communicate procedures properly through the correct channels to ensure that only health care clients are residing in the facility. 4. The Owner will make regular visits to ensure there are no unauthorized persons dwelling in the facility. 5. Corrective action completed and uploaded 10/16/2025. 6 Supporting documents have been attached. 7. We would like to use this inspection as an opportunity to maintain compliance with state and government regulations. We will have the owner inspect the facility frequently to make sure clients are compliant and healthcare needs are being met sufficiently. 8. We are not aware of any severe sanctions at this time.	

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	individual was their friend, and that the Manager provided the friend a place to stay while the individual's family member was preparing a room in the family's member's house for the individual. The Manager reported that the individual spent their days at their relative's home, and their nights at the facility. The individual had their own bedroom and adjoining bathroom. The bedroom and the bathroom held the individual's personal effects. The facility lacked an employee or resident file for the individual. On 09/22/25 in the morning, the Manager acknowledged the friend should not be living at the house, due to the fact that they were not a resident or employee of the facility, and they were not related to the Manager, the Caregiver, or the resident. Severity: 2 Scope: 3			
Y 0920 SS= F	NAC 449.2748 Medication Storage. 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	Y 0920	1. We will comply with state regulations and make sure all prescribed medicines are safely locked away and not placed in areas where they can be misappropriated by the wrong persons. 2. We will use both digital and written reminders to help us satisfy regulations by ensuring all prescriptions are locked and stored safely. And all medical and diagnostic equipment is up to code and maintained consistently. 3. We will have the owner communicate procedures properly through the correct channels to ensure all medicines and equipment are being routinely checked for tampering, misappropriation of property, or misuse.	10/16/2025

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	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 without supervision may keep his medication in his 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. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on record review, observation, and interview, the facility failed to ensure medications were labeled correctly and stored securely. Findings include: On 09/22/25 at 11:25 AM, a bottle with “PRN EMER” written on the cap was found in Resident #1 (R1)’s top dresser drawer. The door to R1’s room had been unlocked, and the Manager and the surveyor walked		4. The Owner will keep a written inventory of all medicine that must be stored and locked. 5. Corrective action completed and uploaded 10/16/2025. 6 Supporting documents have been attached. 7. We would like to use this opportunity to make sure other medicines and equipment are maintained and inspected frequently and stored in a way that is compliant with NAC 499.2748 8. We are not aware of any severe sanctions at this time.	

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	in the room and opened the dresser drawer without assistance. The bottle was unlabeled and contained eleven pills of differing sizes and colors. The Manager said they did not know about the bottle of extra pills. Several of the pills were oblong and light blue; the Manager shared that R1 must have held onto the Imodium after the Manager gave it to R1. The Manager also identified two Senna pills in the bottle and commented that R1 must not have taken it. The Manager identified one round white pill as Metoprolol and reported that sometimes R1 asked for extra blood pressure medication. There was one tiny white pill in the bottle, in addition to the other pills described. R1's file lacked documented evidence R1 could self-administer their own medication and the Ultimate User Agreement date 08/19/24 documented R1 had the facility manage all their medications. On 09/22/25 in the morning, the Manager agreed that medication should be stored in its original container with a pharmacy label to correctly identify the contents, and that medications should be stored secured to avoid a safety risk. Severity: 2 Scope:3			