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
	11063	A. BUILDING _____ B. WING _____	08/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR SENIOR LIVING AT THE CANYONS	490 SOUTH HAULAPAI WAY, LAS VEGAS, NEVADA ,89145

(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 0000- No 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, 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. The facility was found to be in substantial compliance. No regulatory deficiencies were identified. No further action is necessary. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed at your facility on 08/27/2026 in accordance with Nevada Administrative Code, chapter 449, and Nevada revised statues chapter 449 Residential Facility for Groups (RFG), medical facilities and other related entities. The facility is licensed for 63 Residential Facility for Group beds for with elderly and disabled and/or persons, 30 persons with Alzheimer's disease, Category II, and 75 beds for independent living persons. The census at the time of the survey was 166. The facility received a grade of A. There was one complaint investigated. Unsubstantiated:	RFG 0000- No Deficiencies		

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	Complaint #NV00014204 could not be substantiated. No regulatory deficiencies were identified. The investigation of the complaint included: Observation and full inspection of the public bathing place (pool) and public spa, including the pool enclosure, deck, furniture and water fountains. Interviews were conducted with the maintenance director and Administrator. Document review of the pool and spa operating records and service reports.			