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 _____	01/07/2026

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

(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 completed at your facility on 01/07/2026. 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 102. Twenty-five resident files and twenty-five employee files were reviewed. The facility received a grade of D.			
Y 0250 SS= F	NAC 449.217 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. 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. 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. 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. 5. Pesticides and other toxic substances	Y 0250	The cooler was immediately inspected by a licensed appliance repair technician. It was determined that when the internal insert is not properly placed inside the cooler, the lid does not seal correctly, resulting in temperature fluctuations. The insert has been properly placed back into the cooler to ensure a secure lid seal and proper temperature maintenance. Staff have been educated on the importance of ensuring the insert remains in place at all times. Daily temperature checks will include verification that the insert is properly positioned and the lid is fully sealed.	01/13/2026

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	must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. Inspector Comments: Based on observation, interview, and document review, the facility failed to ensure a kitchen refrigerator, containing perishable foods, was at a temperature of 40 degrees Fahrenheit (F) or less. Findings include: On 01/07/2026 at 9:33 AM, during a tour of the kitchen, the small refrigerator at the end of the tray line temperature was taken by the Cook with a facility thermometer. The thermometer displayed a reading of 43 degrees F. The refrigerator contained a metal container of prepared tuna salad covered with plastic wrap, a metal container of prepared potato salad covered with plastic wrap, a stack of sliced square yellow cheese wrapped in plastic wrap, and a stack of semi-frozen beef patties wrapped in plastic wrap. On 01/07/2026 at 10:49 AM, the Dining Room Supervisor verbalized the facility did not have a policy on refrigerator temperatures; however, followed the State regulations. The Dining Room Supervisor confirmed refrigerator temperatures should be 32 to 40 degrees F. On 01/07/2026 at 11:00 AM, the Dining Room Supervisor verbalized the refrigerator at the end of the tray line was called the Grill refrigerator and provided the temperature logs for the Grill refrigerator from 01/01/2026 to 01/07/2026. The following Grill refrigerator temperature logs documented the temperature having been over 40 degrees F on 63 occasions			

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	from 01/01/2026 to 01/07/2026: -01/01/2026 at 3:14 AM, temperature: 41 degrees F. -01/01/2026 at 3:19 AM, temperature: 44 degrees F. -01/01/2026 at 3:24 AM, temperature: 42 degrees F. -01/01/2026 at 9:15 AM, temperature: 41 degrees F. -01/01/2026 at 9:20 AM, temperature: 43 degrees F. -01/01/2026 at 3:11 PM, temperature: 43 degrees F. -01/01/2026 at 3:16 PM, temperature: 45 degrees F. -01/01/2026 at 3:21 PM, temperature: 44 degrees F. -01/01/2026 at 9:11 PM, temperature: 43 degrees F. -01/01/2026 at 9:17 PM, temperature: 45 degrees F. -01/01/2026 at 9:22 PM, temperature: 42 degrees F. -01/02/2026 at 3:12 AM, temperature: 41 degrees F. -01/02/2026 at 3:17 AM, temperature: 42 degrees F. -01/02/2026 at 9:08 AM, temperature: 42 degrees F. -01/02/2026 at 9:18 AM, temperature: 44 degrees F. -01/02/2026 at 3:04 PM, temperature: 42 degrees F. -01/02/2026 at 3:09 PM, temperature: 44 degrees F. -01/02/2026 at 3:14 PM, temperature: 46 degrees F. -01/02/2026 at 3:19 PM, temperature: 42 degrees F. -01/02/2026 at 6:44 PM, temperature: 42 degrees F. -01/02/2026 at 6:49 PM, temperature: 41 degrees F. -01/02/2026 at 9:04 PM, temperature: 42 degrees F. -01/02/2026 at 9:09 PM, temperature: 44 degrees F. -01/02/2026 at 9:14 PM, temperature: 44 degrees F. -01/03/2026 at 3:10 AM, temperature: 42 degrees F. -01/03/2026 at 9:06 AM, temperature: 43			

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	degrees F. -01/03/2026 at 9:11 AM, temperature: 44 degrees F. -01/03/2026 at 9:16 AM, temperature: 41 degrees F. -01/03/2026 at 3:01 PM, temperature: 43 degrees F. -01/03/2026 at 3:06 PM, temperature: 45 degrees F. -01/03/2026 at 3:11 PM, temperature: 42 degrees F. -01/03/2026 at 9:02 PM, temperature: 43 degrees F. -01/03/2026 at 9:07 PM, temperature: 44 degrees F. -01/04/2026 at 3:03 AM, temperature: 43 degrees F. -01/04/2026 at 3:08 AM, temperature: 42 degrees F. -01/04/2026 at 9:03 AM, temperature: 43 degrees F. -01/04/2026 at 2:54 PM, temperature: 42 degrees F. -01/04/2026 at 2:59 PM, temperature: 44 degrees F -01/04/2026 at 3:04 PM, temperature: 44 degrees F. -01/04/2026 at 8:55 PM, temperature: 43 degrees F. -01/04/2026 at 9:00 PM, temperature: 45 degrees F. -01/04/2026 at 9:05 PM, temperature: 43 degrees F. -01/05/2026 at 2:55 AM, temperature: 41 degrees F. -01/05/2026 at 3:00 AM, temperature: 42 degrees F. -01/05/2026 at 2:57 PM, temperature: 42 degrees F. -01/05/2026 at 8:48 PM, temperature: 43 degrees F. -01/05/2026 at 8:53 PM, temperature: 45 degrees F. -01/05/2026 at 8:58 PM, temperature: 44 degrees F. -01/06/2026 at 2:48 AM, temperature: 42 degrees F. -01/06/2026 at 2:53 AM, temperature: 44 degrees F. -01/06/2026 at 2:58 AM, temperature: 41 degrees F. -01/06/2026 at 8:44 AM, temperature: 42 degrees F.			

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	-01/06/2026 at 8:49 AM, temperature: 45 degrees F. -01/06/2026 at 8:54 AM, temperature: 47 degrees F. -01/06/2026 at 8:59 AM, temperature: 42 degrees F. -01/06/2026 at 2:45 PM, temperature: 43 degrees F. -01/06/2026 at 2:50 PM, temperature: 45 degrees F. -01/06/2026 at 2:55 PM, temperature: 42 degrees F. -01/06/2026 at 8:45 PM, temperature: 42 degrees F. -01/06/2026 at 8:50 PM, temperature: 44 degrees F. -01/07/2026 at 2:46 AM, temperature: 42 degrees F. -01/07/2026 at 8:47 AM, temperature: 41 degrees F. On 01/07/2026 at 11:05 AM, the Dining Room Supervisor confirmed the Grill refrigerator temperature logs documented the temperature as having been over 40 degrees F every day from 01/01/2026 to 01/07/2026. The facility policy titled, "Culinary Storing Policy," dated 08/2021, documented for perishable foods, a focus on preventing the growth of bacteria through temperature control, perishable foods should be kept in the refrigerator with a temperature of below 40 degrees F. Severity: 2 Scope: 3			
Y 0451 SS= F	**NAC 449.231 First aid and cardiopulmonary resuscitation.** 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads;	Y 0451	All first aid kits had been immediately restocked to ensure required contents are available. Staff have been re-educated on first aid kit requirements and the importance of maintaining full stock at all times. A monthly internal inspection process has been implemented to verify all first aid kits are fully stocked. This process will supplement the existing quarterly restocking by the contracted outside service provider. Any deficiencies identified will be corrected immediately.	01/29/2026

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	(c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to ensure 3 of 3 first aid kits contained the required supplies. Findings include: On 01/07/2026 at 1:20 PM, the first aid kit, located in the Memory Care front kitchen room, lacked the following required items: - Adhesive tape, sterile gauze pads, and thermometer/fever strips. On 01/07/2026 at 1:33 PM, the first aid kit, located in the Memory Care back kitchen, lacked the following required items: - Adhesive tape, rolls of gauze, disposable gloves, and thermometer/fever strips. On 01/07/2026 at each of the findings, the Maintenance Director verbalized the first aid kits did not contain all required items. Severity: 2 Scope: 3			
Y 0690 SS= E	**NAC 449.2712** **Residents requiring use of oxygen.** 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he:	Y 0690	All oxygen tanks were immediately placed in appropriate holders during the inspection to ensure proper safety and compliance. Staff have been re-educated on the requirement that all oxygen tanks must be secured in holders at all times when not in use or when in resident rooms. Monthly walk-throughs of units with oxygen use will be conducted to educate residents on proper oxygen tank storage and safety. Care manager checklists have been	01/12/2026

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	(a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and		updated to include verification of properly secured oxygen tanks when entering resident rooms.	

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	(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. 3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secured in 5 of 11 rooms with residents using oxygen. Findings include: On 01/07/2026, the following rooms contained unsecured oxygen: Room 100 – at 10:59 AM, 12 E-size oxygen cylinders were stored in a rack in the closet. An additional E-size oxygen cylinder was set, unsecured, on the floor next to the rack. Room 210 – at 10:17 AM, five B-size oxygen cylinders were stored in a rack in the closet. One B-size oxygen cylinder in a carry bag was resting, unsecured, on the rack. Room 212 – at 10:30 AM, 10 E-size oxygen cylinders were stored in a rack in the closet. One E-size oxygen cylinder was in a carry pouch on a wheelchair. One A-size oxygen cylinder was unsecured on the floor of the living room. Room 226 – at 10:38 AM, 14 A-size oxygen cylinders were located in the closet, 10 were secured in a rack, four were unsecured on the floor. On 01/07/2026 at the time of each observation, the Maintenance Director confirmed the oxygen tanks were not secured and verbalized oxygen tanks should be kept secured.			

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	Severity: 2 Scope: 2			
Y 0850 SS= D	NAC 449.274 and R043-22 **Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records.** 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangement to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary. 2. A resident who is suffering from an illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he is unavailable, by another licensed physician. 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility.	Y 0850	Resident annual physical due dates, has been added to our monthly check lists. Each month the list will be reviewed and resident and or POA will be advised that an annual physical is due and when we need it by. The list is maintained by the Wellness Department Coordinators and will be reviewed/audited by the Wellness Director	01/14/2026

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	4. The facility shall ensure that appropriate medical care is provided to the resident by: (a) A caregiver who is trained to provide that care; (b) An independent contractor who is trained to provide that care; or (c) A medical professional. 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. (b) Monitor the ability of the resident to care for his own health conditions and shall document in writing any significant change in his ability to care for those conditions. 7. This section does not prohibit a resident from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection. 8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident. Inspector Comments: Based on clinical record review and interview, the facility			

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	failed to ensure a physical examination was completed annually for 1 of 25 residents (Resident #19). Findings include: Resident #19 Resident #19 was admitted to the facility on 12/27/2024, with diagnoses including dementia, atrial fibrillation and hypertension. Resident #19's record documented a general physical exam with a review of systems dated 12/19/2024; however, lacked documented evidence a general physical exam with review of systems was completed in 2025. On 01/07/2026 at 1:30 PM, the Wellness Director confirmed Resident #19's record lacked documented evidence of an annual physical examination completed in 2025. The Wellness Director verbalized physical examinations were to be completed annually. Severity: 2 Scope: 1			
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of	Y 0878	The OTC sunscreen for Resident 4 order was discontinued on 1/7/2026 as it was not in use during winter months. A new order will be obtained when clinically indicated. The OTC medication for Resident #15 was updated with the correct change label. Medication Technicians have been re-educated on proper medication inventory practices, including verifying that all medications on the cart match the MAR and current physician orders. Medication Technicians will routinely compare medication cart contents to the MAR and physician orders to ensure accuracy. Med Techs will also inventory medication carts they do not regularly work on to provide an additional layer of oversight and identify discrepancies. Seasonal or PRN OTC medications will be reviewed for continued need and discontinued when not in use. Routine medication cart audits will be	01/07/2026

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	subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, clinical record review, interview, and document review, the Administrator failed to ensure (1) medications documented on Medication Administration Records (MAR) were on site and available to administer for 1 of 25 sampled residents (Resident #4), and (2) a change label had been affixed to		conducted by the Wellness Director (or designee). Any discrepancies identified will be corrected immediately, with follow-up education provided as needed.	

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	5192	A. BUILDING _____ B. WING _____	01/07/2026

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	a resident's over-the-counter medication for 1 of 25 sampled residents (Resident #15). Findings include: Resident #4 Resident #4 was admitted to the facility on 06/22/2023, with diagnoses including Alzheimer's disease, Parkinson's disease and cerebral atherosclerosis. Resident #4's January 2026 MAR documented sunscreen lotion – SPF 30 cream, apply cream topically daily as needed to all exposed skin areas 30 minutes before sun exposure. A physician's order dated 06/13/2025, documented apply broad spectrum sunscreen with SPF 30 to all exposed skin areas 30 minutes before sun exposure. On 01/07/2026 at 1:55 PM, sunscreen lotion – SPF 30 cream was not included with Resident #4's medications. On 01/07/2026 at 1:57 PM, the Medication Technician confirmed Resident #4's sunscreen lotion – SPF 30 was not on-site. The Medication Technician explained the sunscreen lotion was only used during the summer months. The facility policy titled "Medication Administration Routine Policy and Procedure," effective January 2020, documented medications were stored, handled and accounted for in a safe manner complying with Community policies and procedures. Resident #15 Resident #15 was admitted to the facility on 04/17/2024, with diagnoses including mild cognitive impairment, hyperlipidemia, and malignant melanoma. A physician's order dated 09/08/2025,			

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	documented cyanocobalamin (vitamin B-12), 1,000 mcg (micrograms), sublingual tablet, take one tablet on tongue daily. Substitution allowed. Resident #15's Medication Administration Record (MAR) dated January 2026, documented Vitamin B-12 (cyanocobalamin), 1,000 mcg tablet, take one tablet by mouth daily. Resident #15's over-the-counter medications on the medication cart contained a bottle of Vitamin B-12, 500 mcg. On 01/07/2026 at 2:41 PM, the Medication Technician verbalized the Vitamin B-12 had been administered to Resident #15 correctly, but a change label had not been placed on the bottle. On 01/07/2026 at 2:42 PM, the Medication Technician confirmed Resident #15's bottle of Vitamin B-12, 500 mcg did not have a change label; however, should have. The facility policy titled, "Medication Administration Routine Policy and Procedure," dated 09/2024, documented routine medications were to be administered in compliance with State regulations, and prior to a medication having been administered, the label on the medication was to be verified by comparing the medication to the residents MAR to ensure the correct dosage prior to administration. Severity: 2 Scope: 1			
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	Y 0920	Assisted Living residents and families are constantly being re-educated not to bring medications directly into resident apartments. Residents and families are instructed to provide all medications to a Medication Technician upon arrival so orders can be verified prior to administration. The home health agency associated with Resident #19 was re-educated and instructed not to leave medications in the	01/07/2026

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	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 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 observation, interview, clinical record review, and document review, the facility failed to ensure medications were stored securely in a locked area inaccessible to other residents and visitors and not in a resident's room for 2 of 25 sampled residents (Resident #10 and #19). Findings include: Resident #10		resident's room. Resident #10 and their spouse were re-educated on proper medication procedures, include keeping their door locked when not in unit. Ongoing education will be provided to residents, families, and outside providers regarding medication management protocols. Admission and move-in processes will include clear instructions on medication handling requirements. Care Manager/Medication Technician training include monitoring for unauthorized medications in resident rooms. Routine room checks and medication audits will be conducted by the Wellness Director (or designee). Any medications found outside of protocol will be immediately addressed, with follow-up education provided.	

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Resident #10 was admitted to the facility on 05/26/2023, with diagnosis including osteoarthritis, rheumatoid arthritis and hypertension.

On 01/07/2026 at 1:45 PM, Resident #10's door was unlocked and the resident was present. Two tubs of Nystatin cream were on the resident's bathroom counter.

Resident #10 verbalized the resident did not lock the room door upon exiting the apartment.

Resident #10's clinical record included an Ultimate User Agreement, dated 05/26/2023 documenting the resident designated the facility's employees to possess, administer, and monitor the resident's medications.

On 01/07/2026 3:20 PM the Assisted Living Coordinator confirmed the unsecured medication in Resident #10’s room. The Assisted Living Coordinator verbalized Resident #10’s medications were managed by the facility.

Resident #19

Resident #19 was admitted to the facility on 12/27/2024, with diagnoses including dementia, atrial fibrillation and hypertension.

Resident #19's clinical record included an Ultimate User Agreement, dated 12/09/2024, documenting the resident designated the facility's employees to possess, administer and monitor the resident's medications.

On 01/07/2026 at 1:45 PM, Resident #19's room was locked, the resident was not present, and the following medication was found on the resident's bedside table:

-One tube of Thera Cala zinc paste.

On 01/07/2026 at 1:47 PM, the Assisted Living Coordinator confirmed the unsecured medication in Resident #19’s room. The Assisted Living Coordinator verbalized Resident #19’s medications were managed

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	by the facility. The Assisted Living Coordinator explained when the facility managed the residents' medications, the only time a resident was allowed to have medications in their room was if there was a physician's order to self-administer the medication. The Assisted Living Coordinator explained facility did room checks quarterly to ensure residents did not have unsecured medications. The facility policy titled, "Medication Storage Policy and Procedure," dated 09/2024, documented medications would be stored under proper conditions of sanitation, temperature, light, humidity and security. Severity: 2 Scope: 3			
Y 0930 SS= D	NAC 449.2749 **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.** 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident.	Y 0930	Re-education has been completed with Wellness Nurses regarding required documentation when a resident has a positive TB test, including appropriate follow-up with chest X-ray results. Step-by-step guidance has been provided to nursing staff outlining all required documentation components for positive TB screenings, including symptom review and X-ray verification. The monthly TB tracking checklist has been updated to include required documentation for positive TB tests. The checklist now specifies that a signs and symptoms review must be completed in lieu of a repeat skin test when a resident has a history of a positive TB test. Monthly TB audits will be conducted by the Wellness Director (or designee) to ensure compliance with documentation requirements. Any deficiencies will be corrected immediately with additional staff education as needed.	01/09/2026

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	(b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the			

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	activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in			

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	whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 25 residents (Resident #23) met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. Findings include: Resident #23 Resident #23 was admitted to the facility on January 8, 2025, with diagnoses including dementia and hypertension. Resident #23 had a one-step TB test administered on 12/29/2024, read as abnormal. Resident#23 completed a chest x-ray on 01/02/2025, documented as having "normal" results and no recorded evidence of active tuberculosis disease.			

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	Resident #23's clinical record lacked documented evidence TB signs and symptoms was completed upon admission and annually thereafter. On 01/07/2026 at 2:36 PM, the Wellness Director (WD) confirmed Resident #23 lacked a signs and symptoms TB questionnaire to rule out active TB was completed upon admission and annually thereafter and verbalized a resident with a previous positive TB test and x-ray completed, were required to have a TB signs and symptoms questionnaire completed upon admission and annually to rule out active TB. On 01/07/2025 a policy could not be provided, and the Executive Director explained the facility followed state regulations for resident TB requirements. Severity: 2 Scope: 1			
Y 0950 SS= D	NAC 449.275 **Residential facility that provides hospice care: Responsibilities of staff; retention of resident with special medical needs.** 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident. 2. The members of the staff of the facility shall: (a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care; and	Y 0950	Hospice binders for Resident #5 and Resident #19 were received and placed in the community on the date of survey at approximately 5:00 PM. Wellness Coordinators have been re-educated on ensuring hospice-supplied binders, including the Plan of Care, are present upon admission. Wellness Coordinators will routinely verify the presence of hospice binders for all applicable residents. If a binder is not present on the date of admission to hospice, the Wellness Coordinators will follow up with the hospice liaison and hospice administrator. If the binder and Plan of Care are not received promptly, the Wellness Director and Executive Director will be notified to escalate and ensure immediate resolution with the hospice agency. Compliance will be monitored through routine chart audits conducted by the Wellness Director (or designee). Any missing documentation will be addressed immediately with the hospice	01/07/2026

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	(b) Report any deviation from the established plan of care to the resident's physician within 24 hours after the deviation occurs. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure a current hospice Plan of Care (POC) was onsite and available for 2 of 9 hospice residents (Resident #5 and #19). Findings include: Resident #5 Resident #5 was admitted to the facility on 11/30/2025, with diagnoses including dementia, urinary tract infection and hypertension. On 01/07/2026, the Memory Care Coordinator verbalized Resident #5 was receiving hospice services. Resident #5's clinical record lacked documented evidence of a current hospice POC. Resident #19 Resident #19 was admitted to the facility on 12/27/2024, with diagnoses including dementia, atrial fibrillation and hypertension. On 01/07/2026, the Memory Care Director and Assisted Living Director verbalized Resident #19 was receiving hospice services. Resident #19's record lacked documented evidence of a current hospice POC. On 01/07/2026 at 11:39 AM, the Memory Care Coordinator verbalized a hospice POC was important to have on site to ensure the proper care was being provided to the		provider and staff re-education provided as needed.	

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	residents on hospice and any changes needing to be addressed. On 01/07/2026 at 2:53 PM, the Assistant Executive Director confirmed the facility did not have Resident #5's or #19's current hospice POC onsite and available for review, upon request from the State Survey Agency. Severity: 2 Scope: 1			