

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2022
NAME OF PROVIDER OR SUPPLIER HAPPY ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 QUAIL POINT COURT, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey conducted at your facility on 01/06/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, with an endorsement for Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 investigation, 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:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: MINKYUNG LIM Title: Administrator Date: 02/03/2022
REPRESENTATIVE'S SIGNATURE

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NAME OF PROVIDER OR SUPPLIER HAPPY ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 QUAIL POINT COURT, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG 0102 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0102	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 02/03/2022
	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees had an annual tuberculosis (TB) test (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 05/06/18. A review of E2's medical records revealed E2's last TB test was dated 10/31/20. There was no documented evidence of an annual TB test result for E2. On 01/06/22 in the afternoon, the facility Administrator confirmed there was no annual TB test result for E2. The Administrator indicated all employees were required to obtain TB test results upon hire and annually thereafter. Severity: 2 Scope: 1		1) Corrective action will be taken by ensuring to obtain annual TB test report for all employees. The employee #2 got her 2 step TB test completed right away. The 1st step was administered on 01/08/2022, read on 01/10/2022 with negative findings. The 2nd step was administered on 01/24/2022 and was read on 01/27/2022 with negative findings (See attachment A). 2) The new employee checklist will be implemented as a tool to make sure all requirements are met (See attachment B). And the checklist will be reviewed quarterly to stay in compliance. 3) We will monitor the corrective action by using the new employee checklist and it will be completed annually. 4) The owner and the administrator will be responsible for monitoring this corrective action. 5) 02/03/2022	