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
	2406	A. BUILDING _____ B. WING _____	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPY ADULT CARE	**1905 QUAIL POINT COURT, LAS VEGAS, NEVADA ,89117**

(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
0000	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 2/8/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 6 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was 6. Six resident files and three employee files were reviewed. The facility received a grade of A. 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:	0000		
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure holes in the wall were fixed. Findings include: The hallway contained a hole in the wall near the electrical socket, and a hole in the plaster surrounding the electrical socket. On 02/08/23 in the afternoon, the Owner and Caregiver acknowledged the holes in the wall. Severity: 2 Scope: 3	0178	The Hole in the wall and the wall socket repaired. Owner will check monthly to make sure that there are no repair needs at the facility. Caregiver to also report any upcoming repairs that they notice right away so they can be addressed quickly.	02/20/2023

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 REPRESENTATIVE'S SIGNATURE | Name: RITA VASWANI | Title: owner | Date: 03/20/2023

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure exit doors had audible alarms upon opening. Findings include: On 02/08/23 at 9:30 AM, the alarm on the front door of the facility was not activated. On 02/08/23 at 9:35 AM, the sliding glass door leading to the back yard was open. Upon closing and reopening the sliding glass door, it was observed the alarm on the door was not audible. On 02/08/23 in the afternoon, the Owner and the Caregiver acknowledged the alarms should have been activated and audible at all times. Severity: 2 Scope: 3	0991	New Alarms ordered and installed to group home. ADT still in effect, in addition door alarms were added. Owner will check alarm bell on every visit. Caregiver to report if they do not hear alarm bells on every entrance and exit to ensure that this does occur again.	02/20/2023