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
	2973	A. BUILDING _____ B. WING _____	09/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOYFUL SENIOR CARE	**5408 TOPAZ STREET, LAS VEGAS, NEVADA ,89120**

(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 survey initiated at your facility on 09/18/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for persons with Alzheimer disease and/or Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and six 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 investigations, 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		

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: JOSEPHINE EUGENIO	Title: Administrator	Date: 10/07/2019

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, interview record review and document review, the facility failed to destroy a medication no longer used by 1 of 9 residents (Resident #3). Findings include: Resident #3 (R3) was admitted on 11/15/18, with diagnosis including dementia and hypertension. Physician's order dated 08/02/19, documented to take Tramadol tablet three times a day, no longer than 14 days if needed. On 09/18/19 at 9:45 AM, a bottle of Tramadol, with nine tablets left, was found in the medication bin of R3. On 09/18/19 at 9:46 AM, the Administrator confirmed there were nine Tramadol tablets in the bin of R3 and the medication was discontinued. Severity: 2 Scope: 1	0885	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE. In order to become compliant with the regulation, on the the day of the survey, the 9 pills of tramadol of Resident #3 was destroyed in the proper destruction of medication. ATTACHMENT #1 HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN.: All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The administrator of Joyful Senior Care will make sure that discontinued medication will be destroyed immediately so that facility will be in compliance with the regulation. It is the responsibility of the administrator to make sure that documents are in proper file. INDIVIDUUAL RESPONSIBLE: The Administrator is responsible.	09/18/2019

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 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 and record review, the facility failed to ensure a medication was properly labeled and stored in its original packing for 1 of 9 residents (Resident #5). Findings include: Resident #5 (R5) was admitted on 10/23/06, with diagnosis including Alzhiemers disease and hypertension. Pharmacy review dated 04/28/19, documented Albuterol nebulizer 0.083%. Take one vial via nebulizer every for hours as needed for shortness of breath. On 09/18/19 at 11:30 AM, R5's Albuterol was taken out of the original box and stored unlabeled in a plastic bag inside the medication locker. On 09/18/19 at 11:33 AM, a Caregiver indicated R5's Albuterol was removed from the original box and discarded. On 09/18/19 at 11:35 AM, the Administrator confirmed the Albuterol did not have a label which identified the resident or how to administer the medication. Severity: 2 Scope: 1	0923	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: In order to become compliant with regulation, the administrator of Joyful Senior Care ordered Infinity Hospice new box of Albuterol solution inhalation for Resident 5 and the label states 1 vial via SVN every 4 hours as needed for shortness of breath. ATTACHMENT # 2 HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN: All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The Administrator of Joyful Senior Care will make sure that resident's medication is properly labeled to ensure that facility will be in compliant with regulation. INDIVIDUAL RESPONSIBLE: The administrator is responsible.	09/20/2019

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0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she 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 or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and document review, the facility failed to ensure current activities of daily living were documented for 2 of 9 residents (Resident #3 and #4). Findings include: Resident #3 (R3) was admitted on 11/15/18, with diagnosis including dementia and hypertension. Resident #4 (R4) was admitted on 05/21/17, with diagnosis including dementia and hyperlipidemia. There was no documented evidence an activities of daily living (ADL) assessment was completed for R3. The medical record documented an ADL was completed for R4 on 06/24/19. On 09/18/19 at 9:50 AM, the Administrator confirmed there was no ADL assessment in the record for R3 and R4's last ADL assessment was last completed over one year ago. Severity: 2 Scope: 1	0938	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: In order to become compliant with the regulation pertaining to resident's assessment, a new resident assessment of Resident #3 and Resident #4 was generated after the survey. ATTACHMENT #3 HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN: All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The administrator of Joyful Senior Care will maintain the residents file for each resident and audit and update files constantly so that requirements will be met and carried on in a timely fashion. INDIVIDUAL RESPONSIBLE: The administrator is responsible.	09/18/2019