DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/14/2020**

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 a complaint investigation completed in your facility on 07/14/2020. The census at the time of the survey was nine. The sample size was five. There was one complaint investigated. Complaint #60795 was substantiated. Allegation #1 - The facility misappropriated a resident's money was substantiated, see TAG Y0590. The investigation into the allegation included: Interviews with the facility's Administrator, and public guardian case manager. Record review of the file for the resident of concern. 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		
0590 SS= D	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility; Inspector Comments: Based on interview, the facility cashed one of nine residents' supplemental security income for the month of October 2019. Findings include: Resident #1 (R1) R1 was admitted to the facility on 01/19/18 with diagnoses including Alzheimer's Disease, insomnia, peripheral vascular disease. Employee #1 (E1 - the Administrator) and R1's assigned guardian revealed supplemental security income in	0590	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE? On the day of the survey, the administrator showed the admission agreement of Resident #1 between University Medical Center and the facility and it stated that UMC is willing to pay $1500 per month every month pending establishment of a permanent pay source or until Resident #1 gets a guardian. Unfortunately UMC paid the facility until April of 2018 but Resident #1 still resides in the facility until July 2019. Resident #1 owed the facility of the sum of $21,000 for room and board, care, and expenses of his incontinent supplies and copays of medications. Administrator of the facility tried to reach out several instances from UMC social services but could not get	07/29/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: JOSEPHINE EUGENIO | Title: Administrator | Date: 07/29/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	the amount of $500 was cashed in October 2019 when the resident was not residing in the facility, and no services were provided. Severity: 2 Scope: 1		right answer from them. Tried to reach out the brother of Resident #1 but refuse to do the guardianship. Resident #1 have a close friend and promised that he will be the one to file guardianship for Resident #1. The administrator of the facility helped the friend to prepared the paperworks for guardianship but the friend didn't showed up in the facility anymore. Facility have generated admission agreement but Resident #1 is unable to sign due to severe Alzheimer's. In order to become compliant with the regulation, the administrator returned the October 2019 money of the resident in the amount of $511 to the Clark County Public Guardian's office effective July 29, 2020. ATTACHMENT #1 (Admission Agreement) ATTACHMENT #2 (Guardianship Papers signed by the Dr. Garcia) 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 RECUR? The administrator will ensure that new residents admitted in the facility will have signed admission agreement signed by guardian or power of attorney of the residents. Administrator will not admit new resident in the facility if resident does not have guardian or POA. INDIVIDUAL RESPONSIBLE: The administrator is responsible.	