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 _____	**10/05/2020**

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, and a COVID-19 focused infection control, State Licensure survey initiated at your facility on 10/05/20, 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 ten. One complaint was investigated. Complaint #0061913 was unsubstantiated. Allegation #1 - Misappropriation of Property - A resident's property was missing/lost after the resident was transferred from another facility. The investigation into the allegations included: Observation of the resident's property at the facility. Interviews with the complainant, the resident's relatives, the resident, and the administrator. Document review of admission and property records including the original inventory and a signed property contract that stated: "Resident and representative agree to hold facility free from liability with respect to theft or loss of personal property." COVID-19 Infection Control Survey: Observations: - The facility did not have any positive COVID-19 residents or staff. - Facility staff checked the temperature of the health facility inspector prior to entry to the facility using an infra-red thermometer. The facility had two infrared thermometers. - The health facility inspector was required to answer screening questions about COVID-19. This included questions about symptoms and travel history. - Signs were posted on the front door requiring essential visitors to wear masks, gloves, and gowns. Signs also stated: "STOP" Masks and Gloves Required. Do not enter if you have a temperature or signs and symptoms of COVID-19." - Social distancing was practiced throughout facility. Residents were in their rooms, or in the living room	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	watching television sitting in recliner chairs that were separated to ensure social distancing. - Staff wore surgical masks throughout the facility, washed hands and donned gloves when assisting residents. - The facility had two staff members on duty. - Staff washed their hands and utilized alcohol-based hand sanitizers. - Instructions related to COVID-19 were posted on the on the front door of the facility. - The facility had one 64 ounce and three 32 ounce bottles of hand sanitizer available. Hand sanitizer was available in each bathroom, by the front door, and in the kitchen. - The facility had ten N-95 masks, 50 surgical style masks, six gowns, 200 gloves, and ten pairs of shoe booties. Interviews: The facility Administrator/Owner reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. - The facility had four caregivers. - Staff and residents all tested negative on 09/23/20. - Only essential medical personnel wearing proper personal protective equipment could visit residents. Other visitors were not allowed. Residents can communicate with family and friends by phone with caregiver assistance. - Window visits with proper social distancing and masks are also allowed. - Residents watch television in the living room while practicing social distancing. - Meals are served four residents at a time with two dining tables available to ensure social distancing. - Activities include music and exercise and watching television. - Essential visitors are required to complete temperature checks and a questionnaire about symptoms of COVID-19 prior to entry into the facility. Employees are also required to complete temperature and COVID-19 symptom checks prior to entry into the facility. - High touch areas and furniture are sanitized three times a day and resident rooms are cleaned and sanitized daily and as needed. - The facility had five N-95 masks, 10 gowns, eight boxes of gloves, 20 surgical			

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	style masks. - Resident temperatures are checked and they are observed and questioned about COVID-19 symptoms every morning. - If a resident test for COVID is positive, the resident will be isolated in a separate room and isolation signs will be placed on the door. A caregiver will be assigned to the resident and will not be allowed to assist other negative residents. - Dishes are sanitized in the dishwasher immediately after meals are served. - Caregivers are always required to wear masks and gloves. Documentation: - Infection control/COVID-19 prevention guidelines near the front door. - The staff were trained on COVID-19 procedures by the owner/administrator and documented in the caregiver files. - The facility had a COVID-19 plan titled: Infection Prevention and Control Plan for Joyful Senior Care COVID-19 Best Practices which included: Restrictions of visitors, Screening, Identifying and Responding to Residents with Suspected or Confirmed COVID-19, New Admissions and Re-Admissions, Local Health Department Notification, Tracking Residents and Staff During a Suspected Respiratory Illness Cluster/Outbreak, Tracking Residents and Staff During a Suspected Respiratory Illness Cluster/Outbreak, Handwashing, Personal Protective Equipment, OSHA Respiratory Program and Donning and Doffing. Guidance was provided to ensure employees were medically cleared and fit tested for N95 masks. There were no regulatory deficiencies identified. Please retain a copy for your records. 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.			