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 _____	02/15/2023

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the State Licensure Annual Grading and infection control survey conducted at your facility on 02/15/23, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility was licensed for 10 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 ten. Ten resident records and five employee records 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		

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the environment was free from hazards. Findings include: On 02/15/2023 at 9:00am, during the initial tour of the facility, an uncovered electrical box with exposed wires was observed. The electrical box was in resident room number three, approximately four inches from the ceiling on the left side of an exit door. On 02/15/2023 at 9:00am, the Administrator acknowledged that the open electrical box posed a hazard and needed to be covered to be inaccessible to residents Severity: 2 Scope: 3	0174	1) How will you correct the specific finding stated in the Statement of Deficiencies? In order to become compliance with the regulation, a new operational emergency light was installed in Room #3. 2) What measures or systematic change will be put into place into place to ensure the deficient practice does not recur? The administrator of Joyful Senior Care will ensure that emergency light is operational and inspection will be done monthly so that the facility remains in compliance with the regulation. 3) How the corrective action will be monitored to ensure the deficient practice will not recur? The administrator will ensure that the emergency light is operational and will be conducted monthly and inspection is done monthly so that facility remains in compliance with the regulation. 4) The title of the person responsible for ensuring the plan of correction is implemented. The administrator is responsible. 5) The date the corrective action will be completed. The corrective action was completed February 28, 2023. 6) You must attach all supporting documents into the system. Attachment One (1) 7) How will you identify and correct other areas having potential to be affected by the same deficient practice? All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.	02/28/2023
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the	0895	1) How you will correct specific findings stated in the Statement of Deficiencies? In order to become compliant with the regulation, at the time of the survey, Resident #1 simethicon and robafen medication was documented on	02/15/2023

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	administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview, observation and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 1 of 10 residents medications (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/09/2021 with diagnoses including hypertension, acute kidney injury, benign prostatic hyperplasia and dementia. On 02/15/23 in the morning, the medication container for R1 contained one bottle labeled Simethicone 80 milligrams (mg) chewable tablets. The physician's order documented to take one tablet by mouth three times a day after meals for gas pain as needed. The order was not transcribed on the MAR. On 02/15/23 in the morning, the medication container for R1 contained one bottle labeled Robafen DM 100-10mg/5ml. The physician's order documented to take 10 milliliters (ml) by mouth every six hours as needed. The order was not transcribed on the MAR. On 02/15/23 in the morning, the Administrator confirmed the physician's orders should have been documented on the MAR. Severity: 2 Scope: 1		Resident #1 medication administration record. 2) What measures or systematic change will be put into place to ensure the deficient practice does not recur? The administrator of Joyful Senior Care will ensure that all medications of each resident will be documented in the medication administration record and maintain resident records for each resident and audit and update files constantly so that requirements will be met and carried on at all times. 3) How the corrective action will be monitored to ensure the deficient practice does not recur? The administrator of Joyful Senior Care will ensure that all medication of each resident will be documented in the medication administration record and maintain records of each resident and audit at all times so that requirements will be met and carried on. 4) The title of the person responsible for ensuring the plan of correction is implemented. The administrator is responsible. 5) The date of corrective action will be completed. The corrective action was completed on February 15, 2023. 6) You must attach all supporting documents into the system. ATTACHMENT #2 7) How will you identify and correct other areas having the potential to be affected by the same deficient practice? All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.	
1700 SS= F	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each	1700	1) How you will correct the specific findings stated in the Statement of Deficiencies? In order to become compliant with the regulation, Resident #1, Resident #2,	03/01/2023

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	resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record		Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9 and Resident #10 have documentation of Standard Placement Determination. 2) What measures or systematic change will be put into place to ensure the deficient practice does not recur? The administrator of Joyful Senior Care will maintain residents file and audit and update these files constantly so that all requirements will be met and carried on in timely fashion. 3) How the corrective action will be monitored to ensure the deficient practice will not recur? The administrator of the facility will maintain residents records and audit and update files at all times so that requirements will be met and carried on. 4) The title of the person responsible for ensuring the plan of correction is implemented. The administrator is responsible. 5) The date the corrective action will be completed. The corrective action was completed on March 1, 2023. 6) You must attach all supporting into the system. ATTACHMENT THREE (3) 7) How you will identify and correct other areas having the potential to be affected by the same deficient practice? All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.	

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	review and interview, the facility failed to obtain a Standard Placement Determination Form, per the requirement for 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/09/21, with diagnoses including dementia, hypertension, hypothyroidism, acute kidney injury and diabetes. R1's record lacked documented evidence of a completed Standard Placement Determination Form. Resident #2 (R2) R2 was admitted to the facility on 10/07/21, with diagnoses including Alzheimer's dementia, anxiety and hypothyroidism. R2's record lacked documented evidence of a completed Standard Placement Determination Form. Resident #3 (R#) R3 was admitted to the facility on 02/10/23, with diagnoses including hypertension, dysuria and malignant neoplasm. R3's record lacked documented evidence of a completed annual Standard Placement Determination Form. Resident #4 (R4) R4 was admitted to the facility on 05/22/22, with diagnoses including dementia, stroke and hypertension. R4's record lacked documented evidence of a completed Standard Placement Determination Form. Resident #5 (R5) R5 was admitted to the facility on 06/15/20, with diagnoses including Alzheimer's dementia, hypertension and major depressive disorder. R5's record lacked documented evidence of a completed annual Standard Placement Determination Form. Resident #6 (R6) R6 was admitted to the facility on 07/01/20, with diagnoses including chronic congestive heart failure, chronic obstructive pulmonary disease, hypertension and osteoarthritis of the knee. R6's record lacked documented evidence of a completed annual Standard Placement Determination Form. Resident #7 (R7) R7 was admitted to the facility on 02/21/22, with diagnoses including diabetes, depression, insomnia, hypertension, peripheral vascular disease, paroxysmal atrial fibrillation and abnormal gait. R7's record lacked documented evidence of a completed annual Standard Placement Determination Form. Resident #8 (R8) R8 was admitted to			

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	the facility on 04/03/21, with diagnoses including hypertension, gastroesophageal reflux disease, depression, Alzheimer's disease and seizure disorder. R8's record lacked documented evidence of a completed annual Standard Placement Determination Form. Resident #9 (R9) R9 was admitted to the facility on 10/06/22, with diagnosis including dementia with behavioral disturbance, psychotic disorder, osteoporosis, abnormal posture, and generalized weakness. R9's record lacked documented evidence of a completed Standard Placement Determination Form. Resident #10 (R10) R10 was admitted to the facility on 08/20/22, with diagnoses including major depressive disorder, generalized anxiety disorder, unspecified neurocognitive disorder, hyperlipidemia, diabetes and hyper tension. R10's record lacked documented evidence of a completed Standard Placement Determination Form. On 01/11/23 in the morning, the Administrator acknowledged the files for R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10 lacked a completed Standard Placement Determination Form, per the requirement. Severity: 2 Scope: 3			