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 _____	**07/16/2024**

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 conducted at your facility on 07/16/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for ten 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. The sample size was one. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00071379 could not be substantiated. The investigation of the complaint included: Observation of residents and caregivers providing care to the residents. Interviews with residents and the Administrator. Record review of 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 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: JOSEPHINE EUGENIO | Title: Administrator | Date: 08/22/2024

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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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure an initial physical examination was completed for 1 of 1 residents. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted on 03/29/24. R1's record lacked documented evidence of an initial physical examination. On 07/16/24 in the morning, the Administrator confirmed the missing initial physical examination for R1 and acknowledged there should have have been an initial physical examination at admission. Severity: 2 Scope: 1	0859	1. How you will correct the specific findings stated in the Statement of Deficiencies? In order to become compliant with regulation pertaining to initial physical examination, Resident #1 has documentation of History and Physical. All documents will be maintained in the resident's file and will be available at anytime to the Bureau. 2. What measures or systematic changes will be put into place to ensure deficient practice does not recur? The administrator of Joyful Senior Care will maintain residents records in the resident's file and audit and update the files constantly so that all requirements will be met and carried on at all times. 3. How the corrective actions will be monitored to ensure the deficient practice does not recur? The administrator will maintain residents records in the resident's file and audit and update the files constantly so that the facility is in compliance with the regulation. 4. The title of the person responsible for ensuring the plan of correction is implemented. The administrator of Joyful Senior Care is responsible. 5. The date of corrective will be completed. 6.You must attach all supporting documents into the system. ATTACHMENT #1 7. How you will 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.	08/22/2024