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 _____	02/17/2026

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 02/17/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and Alzheimer's, Category II residents. The census at the time of the survey was ten. Ten resident files and four employee files were reviewed. The facility received a grade of A.			

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Y 0102 SS= D	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual tuberculin (TB) test was conducted for 1 of 4 employees (Employee #4). Findings include: Employee #4 (E4) was hired on 06/10/10 as a Caregiver. E4's employee file lacked documented evidence of an annual TB test. E4's employee file documented last annual TB test on 06/01/24 with a negative TB result. E4's employee file lacked documented evidence of an annual TB for 2025. On 02/17/26 in the morning, the Administrator acknowledged the lack of documentation of an annual TB test for E4 in 2025. Severity: 2 Scope: 1	Y 0102	1) How you will correct the specific findings stated in the Statement of Deficiencies? In order to become compliant with the regulation, Employee #4 has 2 step TB test. The test was negative. 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 the personnel records and audit and update the files constantly so that all 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 will maintain personnel records and audit and update it constantly so that facility will be in compliance with regulation. 4) The title of the person responsible for ensuring the plan of correction is implemented. The administrator is responsible. 5) The date of the corrective action will be completed. The corrective action was completed on March 2, 2026 6) You must attach all supporting documents into the system. ATTACHMENT (1) 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.	03/02/2026
Y 0930 SS= C	NAC 449.2749 Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.	Y 0930	1) How you will correct the specific findings stated in the statement of Deficiencies? In order to become compliant with the regulation, Resident (10) has document of Initial person centered service plan, care plan, activities of daily living assessment and 2 step TB test.	03/03/2026

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	1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services;		2) What measure or systematic change will be put into place to ensure the deficient practice does not recur? The administrator will maintain the residents records and audit and update 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 will not recur? The administrator will maintain residents file and audit and update it constantly 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 completed was March 3, 2026. 6) You must attach all supporting documents into the system. ATTACHMENT (2) 7) How you will identify and correct other areas having potential to be affected by the same deficient practice? All the residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.	

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	(2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he 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 ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and			

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	the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments:			

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	Based on interview, record review, and document review, the facility failed to ensure a completed file was maintained for 1 of 10 residents (Resident #10). Findings include: Resident #10 (R10) R10 was admitted on 02/13/26 with diagnoses including pleural effusion, tachycardia, polyneuropathy, and hyperlipidemias. R10's file lacked documented evidence of the following: - Activities of daily living assessment, per the NAC 449.2749 (1) (g) (1-3). - General physical exam, per the NAC 449.274 (5). - Documented tuberculin tests, per the provisions of chapter 441A of the NRS. - Signed ultimate user agreement, per the NAC 449.2742 (4) (a) (b). On 02/18/26 in the afternoon, the Administrator acknowledged R10's file was not complete with the requirements of NAC 449 and/or chapter 441 of the NRS. On 02/18/26, in the afternoon, the Administrator was informed to submit the documentation by end of business 5:30 PM on 02/19/26. On 02/19/26 at 5: 30 PM, the Administrator failed to provide the requested documentation. Severity: 1 Scope: 3			

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Y 1700 SS= E	**NRS 449.1845** **Administrator of residential facility for groups to conduct annual assessment of history of each 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	Y 1700	1) How you will correct the specific findings stated in the Statement of Deficiencies? In order to become compliant with the regulations pertaining to standard determination placement, Resident #2, Resident #3, Resident #5, Resident #7 and Resident #8 have records of standard placement determination 2) What measures or systematic changes will be put into place to ensure the deficient practice does not recur? The administrator of the facility will maintain for each residents records and audit and update the files so that requirements will be met in time 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 files and audit and update these files constantly so all requirements will be met. 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 3, 2026 6) You must attach all supporting documents into the system. ATTACHMENT (3) 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.	03/03/2026

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	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,			

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	"provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on interview and record review the facility failed to obtain a placement determination assessment for 5 of 10 residents (Resident # 2, #3, #5, #7, and #8). Findings include: Resident #2 (R2) R2 was admitted on 08/23/24 with a diagnosis including dementia, diabetes type 2, stage 3 kidney disease, major depression, and convulsions. R2's file lacked documented evidence of placement determination assessment. Resident #3 (R3) R3 was admitted to the facility on 01/28/26 with a diagnosis of dementia, atrial fibrillation, diabetes type 2, hypertension, and chronic obstructive pulmonary disease. R3's file lacked a placement determination assessment. Resident #5 (R5) R5 was admitted to the facility on 03/16/24 with a diagnosis of dementia and alzheimer's. R5's file lacked a placement determination			

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	assessment. Resident #7 (R7) R7 was admitted to the facility on 03/15/25 with a diagnosis of depression, dementia, hydronephrosis, diabetes type 2, and cirrhosis of the liver. R7's file lacked a placement determination assessment. Resident #8 (R8) R8 was admitted to the facility on 10/09/25 with a diagnosis of vascular dementia. R8's file lacked a placement determination assessment. On 02/17/26 in the morning, the Administrator acknowledged placement determination assessments was not obtained and on file for R2, R3, R5, R7, and R8. Severity: 2 Scope: 2			