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
	3888	A. BUILDING _____ B. WING _____	11/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOYFUL SENIOR CARE HAVEN 2	4353 JODI AVE, 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 an annual State Licensure survey conducted in your facility on 11/07/17. This State Licensure survey was conducted by the authority of NRS 449.0307 Powers of the Division of Public and Behavioral Health. The facility is licensed for ten residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and four employee files 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 deficiencies were identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: JOSEPHINE EUGENIO	Title: Administrator	Date: 11/27/2017

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0620 SS= D	449.2702(4)(a), (6)(a)(1&2) - Admission Policy - NAC 449.2702 Written policy on admissions; eligibility for residency. 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast. 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. Inspector Comments: Based on record review and interview, the facility failed to renew a bedfast waiver for one resident (Resident #7). Findings include: On 11/07/17 a review of resident files revealed the following: Resident #7 Resident #7's file revealed the resident had a bedfast waiver on file with the Bureau of Health Care Quality and Compliance which expired on 11/30/16. On 11/07/17 in the afternoon, the Administrator reported they unaware the bedfast waiver for Resident #7 had expired and must be renewed annually. Severity: 2 Scope: 1	0620	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: In order to become compliant with the regulation, Bedfast waiver of Resident #7 was generated and submitted to the bureau. All documentation are placed in Resident #7 files. ATTACHMENT #1 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 NOT RECUR: The administrator of Joyful Senior Care Haven II will ensure that residents file will be maintained to include all pertinent records pursuant to this regulations. It is the responsibility of the administrator to make sure that all records are placed in proper file and audit it in timely manner. INDIVIDUAL RESPONSIBLE: The administrator is responsible.	11/27/2017
0870 SS= E	449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-	0870	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: Resident #1: In order to become compliant with the regulation, Resident #1 has a recent documentation of Medication Review. All documents are placed in Resident #1 files. ATTACHMENT #2: Resident #4: In order to become compliant with the regulation, a recent medication review of Resident#4 was generated.	11/27/2017

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	counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure a medication profile review was accurately performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 7 residents (Resident #1 and #4). Findings include: On 11/07/17, a review of the resident files revealed the following: Resident #1 Resident #1 was admitted on 06/02/16. The resident's file contained documented evidence of medication reviews dated 09/27/16 and 07/06/17. There was no documentation of a 6 month review conducted between 09/26/16 and 07/06/17. Resident #4 Resident #4 was admitted on 07/01/13. The resident's file contained documented evidence of medication reviews dated 07/08/16 and 05/30/17. There was no documentation of a 6 month review conducted between 07/08/16 and 05/30/17. On 11/07/17 in the afternoon, the Administrator acknowledged the missing a medication reviews and reported Resident #1 had spent several months in the hospital during the previous year. Severity: 2 Scope: 1		Documents are placed on the resident files. 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 NOT RECUR: The Administrator of Joyful Senior Care Haven II will ensure that each residents file will be maintained to include all pertinent records pursuant to this regulations. It is the responsibility of the administrator to make sure that all records and tests are in timely manner. It is also the responsibility of the administrator to make sure that documents are placed in the proper file and these files will be audited monthly. INDIVIDUAL RESPONSIBLE: The administrator is responsible.	

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0993 SS= D	449.2756(1)(d) - Alzheimer's training - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. Inspector Comments: Based on record review and interview, the facility failed to ensure that 1 of 4 employees received required Alzheimer's training (Employee #4). Findings include: On 11/07/17, a review of employee files revealed the following: Employee #4 Employee #4 was hired on 07/10/17 as a caregiver. The file contained documentation of eight hours of Alzheimer's training completed on 3/29/17, however, lacked documented evidence of completion of an additional two hours of Alzheimer's training for a total of ten hours within the first 90 days of employment. On 11/07/17 in the afternoon, the Administrator acknowledged the missing documentation and reported they thought the requirement was only eight hours within the first 90 days.. Severity: 2 Scope: 1	0993	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: In order to become compliant with the regulations, Employee #1 completed two hours of Alzheimer's training. The documentation are placed on Employee #4 files. ATTACHMENT #4 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 NOT RECUR: The administrator will maintained employees records and audit and update files constantly so that all requirements will be met and carried on at all times. INDIVIDUAL RESPONSIBLE: The administrator is responsible.	11/20/2017