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 _____	11/16/2018

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 a annual State Licensure survey conducted at your facility on 11/16/18, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. 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 nine. Nine 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		
0895 SS= E	449.2744(1)(b 1-4)+449.2746(2) - Medication / MAR-PRN MAR - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. 1. The administrator of a residential facility that provides assistance to residents in the administration of medication 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. NAC 449.2746 (Refer to NAC 449.2742(5) The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The	0895	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, Resident #1, Resident # 4 and Resident #6 medication administration record were corrected.Resident #1 Psyllium Fiber Powder was documented in the medication administration record. ATTACHMENT #1 Resident #5 Polyethylene Glycol 3350 powder was documented in the medication administration record. ATTACHMENT #2 Resident #6 omeprazole 20 mg was documented 1 tab by mouth twice a day in the medication administration record. ATTACHMENT #3 HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE	11/17/2018

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	date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) 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 and document review, the facility failed to ensure medications were documented correctly on the Medication Administration Record (MAR) for 3 of 9 sampled residents (Resident #1, #4, and #6). Findings include: Resident #1 Resident #1 was admitted on 12/24/34, with a diagnosis of dementia. A physician's order dated 03/10/18, documented an order for Psyllium Fiber (five grams) powder, one teaspoon mixed with eight ounces of water daily. On 11/16/18, Resident #1's medication bin included a bottle of Psyllium Fiber powder. On 11/16/18, Resident #1's Medication Administration Record (MAR) failed to document the Psyllium Fiber powder. On 11/16/18, Employee #1 acknowledged the Psyllium Fiber powder had not been documented on the resident's MAR, and should have been documented. Resident #4 Resident #4 was admitted on 10/24/18, with diagnoses including hypertension and hyperlipidemia. A physician's order dated 08/27/18, documented an order for Polyethylene Glycol 3350 powder, mix 17 grams powder with eight ounces liquid daily. On 11/16/18, Resident #4's MAR failed to document the Polyethylene Glycol 3350 powder. On 11/16/18, Employee #1 acknowledged the Polyethylene Glycol 3350 powder had not been documented on the resident's MAR, and should have been documented. Resident #6 Resident #6 was admitted on 09/04/14, with diagnosis of dementia. A physician's order dated 01/15/18, documented an order for Omeprazole 20 milligrams (mg), one capsule by mouth twice per day. On 11/16/18, Resident #6's MAR documented Omeprazole 20 mg, one capsule by mouth once per day. On 11/16/18, Employee #1 acknowledged the physician's order documented Omeprazole 20 (mg), one capsule by mouth twice per day, and the		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 2 will maintain medication administration records for each resident and audit and update records constantly so that requirements will be met and carried on at all times. INDIVIDUAL RESPONSIBLE: The administrator is responsible.	

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	medication bottle of Omeprazole 20 mg indicated the administration twice per day, but the MAR indicated the Omeprazole 20 mg was to be administered once per day, and that was incorrect. Severity: 1 Scope: 2			