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 _____	11/08/2016

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 11/08/16. 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 nine. Nine resident files were reviewed and five 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		

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0178 SS= F	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was clean and maintained. Findings include: On 11/8/16 in the morning, observed the following: - Backyard and side of the house - Accumulation of garbage/debris, buckets with unknown liquids, broken exercise equipment, wood boards/planks, shopping cart, broken/dismantled furniture, barbeque covered in grease/dirt, broken shade cover and chicken wire. On 11/8/16 in the morning, the Administrator acknowledged the findings and reported items are garbage and due for disposal. Severity: 2 Scope: 3	0178	**What corrective action will be accomplished for those residents found to have been affected by deficient practice?** In order to become compliant with the regulation, the back yard of the facility were cleaned and old barbecue grill, exercise equipment and all backyard garbage were discarded. **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 measure will be put into place or what systemic changes will you make to ensure that deficient practice does not recur?** The administrator of Joyful Senior Care Haven II will ensure that garbage will be dispose and checks at all time so that requirements are met. **Individual Responsible:** The administrator is responsible.	11/23/2016