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 _____ | 09/09/2021 |

| 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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey conducted at your facility on 09/09/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files and five employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 | | |
| 0878 SS= D | Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions | 0878 | 1. How you will correct the specific finding stated in the statement of deficiencies?<br><br>In order to become compliant will the regulations, on the day of the survey called up the RN nurse of the hospice company to order the bisacodyl suppository of Resident #7.<br><br>2.What measures or systematic change will be put into place to ensure the deficient practice does not recur?<br>The administrator of Joyful Senior Care | 09/09/2021 |

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| | of the physician. 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. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.<br><br>Inspector Comments: Based on observation, record review, and interview the facility failed to ensure medication was available and on site for 1 of 10 residents (Resident #7). Resident #7 (R7) R7 was admitted on 11/09/18, with diagnoses including dementia and encephalopathy. R7 was prescribed Bisacodyl 10 milligrams, insert one suppository rectally as needed if no bowel movement for three days. The medication was not on site and available to R7. On 09/09/21, the Administrator acknowledged the medication was not on-site and verified the medication was not discontinued. Severity: 2 Scope: 1 | | Haven 2 will ensure that all medications of the residents are available at all times. Medications of each residents will be check daily so that all requirements will be met and carried on at all times.<br><br>3.How the corrective action will be monitored to ensure the deficient practice will not recur?<br>The administrator will check all residents medications daily so that all requirements will be met in timely fashion.<br><br>4. The title of the person responsible for ensuring the plan of correction is implemented.<br>The administrator is responsible.<br><br>5. The date the corrective action will be completed.<br>The corrective action was completed on September 9, 2021.<br><br>6. You must attach all supporting documents into the system.<br>ATTACHMENT #1<br><br>7.How will you identify and correct other areas having the potential to be affected by the same deficient practice?<br>All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents. | |

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| 0936 SS= D | Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 residents had an initial two-step tuberculosis test (Resident #10 - admitted 03/23/21). Resident #10 had a one-step TB test read on 09/16/20. The Administrator was unable to provide documented evidence Resident #10 received an initial two-step TB test. Severity: 2 Scope: 1 | 0936 | 1. How you will correct the specific finding stated in the statement of deficiencies?<br>In order to become compliant with the regulation, a 2-step TB test was administered to Resident #10 on September 10, 2021 and September 19, 2021. All tests are negative.<br><br>2. What measures or systematic change will be put into place to ensure the deficient practice does not recur?<br>The administrator of Joyful Senior Care Haven 2 will maintained residents records for each residents and audit and update the files constantly so that all requirements will be met and carried on in timely fashion.<br><br>3. How the corrective action will be monitored to ensure the deficient practice will not recur?<br>The administrator will maintained residents records and audit and update files constantly so that all requirements will be met and carried on at all times.<br><br>4. The title of the person responsible for ensuring the plan of correction implemented.<br>The administrator is responsible.<br><br>5. The date the corrective action will be completed.<br>The corrective action was completed on September 21, 2021.<br><br>6. You must attach all supporting documents into the system.<br>ATTACHMENT #2<br><br>7. How you will identify and correct other areas having potential to be affected by the same deficient practice?<br>All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents. | 09/21/2021 |