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 _____	06/21/2023

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 at your facility on 06/21/23, 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 elderly and disabled persons and/or persons with Alzheimer's disease, 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. 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 investigation, 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		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent	0074	1) How you will correct the specific findings stated in the statement of deficiencies? In order to become compliant with regulation pertaining to employee Elder Abuse training, Employee #2 has documentation of Elder Abuse training. The documentation is in Employee #2 file. 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 Haven 2 will maintain employees training 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 practice will not recur? The administrator will maintain employees file and audit and update files constantly so that all requirements will be met and carried on at all times.	06/23/2023

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	the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for		4) The title of the person responsible for ensuring the plan of correction is implemented. The administrator of Joyful Senior Care Haven 2 is responsible. 5) The date of corrective action will be completed. The corrective action was completed June 23, 2023. 6) You must attach all supporting documents into the system. ATTACHMENT #1 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 addresses other residents.	

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	groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 4 sampled employees had completed an annual Elder Abuse training (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 08/25/12 as a Caregiver. E2's personnel record documented E2 had completed Elder Abuse training on 05/20/21. E2's personnel record lacked documented evidence E2 completed an annual Elder Abuse Training. On 06/21/23 in the morning, the Administrator acknowledged E2 had not completed an annual Elder Abuse training. Severity: 2 Scope: 1			
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 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.	0178	1) How you will correct the specific findings stated in the statement of deficiencies? In order to become compliant with regulation pertaining to health and sanitation, new tiles of the wall of bathroom were replaced and fixed. New bathroom	06/27/2023

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	Inspector Comments: Based on observation and interview, the facility failed to ensure the interior of the facility was well maintained. Findings include: On 06/21/23 at 9:00 AM, one centrally located bathroom had a large area of broken tile, near the floor, on the entry wall to the shower. This exposed an opening in the wall to a wet, black substance. On 06/21/23 in the morning, the Administrator acknowledged the area with broken tile needed cleaning and repair. Severity: 2 Scope: 3		fixtures were also replaced. 2) What measures or systematic changes will be put into place to ensure the deficient practice does not recur? The administrator of Joyful Senior Care Haven 2 will ensure and maintain that the facility is clean and the interior and exterior of the facility is free from hazards and inspection will be done each day to make sure the facility remains in compliance with regulations. 3) How the corrective action will be monitored to ensure the deficient practice will not recur? The administrator of the facility will maintain and ensure that facility is clean and free from hazards and inspection will be done daily so that facility is in compliance with the regulation. 4) The title of the person responsible for ensuring the plan of correction is implemented. The administrator of the Joyful Senior Care Haven @ is responsible. 5) The date the corrective action will be completed. The corrective action was completed on June 27, 2023. 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 residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.	

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1540 SS= D	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on interview and employee record review, the facility failed to ensure 1 of 4 sampled employees received Cultural Competency training (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 08/25/12 as a Caregiver. E2's personnel record lacked documented evidence E2 completed Cultural Competency training. On 06/21/23 in the morning, the Administrator acknowledged E2 had not completed Cultural Competency training. Severity: 2 Scope: 1	1540	1) How you will correct the specific findings stated in the statement of deficiencies? In order to become compliant with regulation, Employee #2 has documentation of Cultural Competency Training. The documentation is in Employee #2 file. 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 2 will maintain the employees file and audit and update these 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 will not recur? The administrator will ensure and maintain the employees file and audit and update it so that all requirements will be met and carried on in timely fashion. 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 June 24, 2023. 6) You must attach all supporting documents into the system. ATTACHMENT #3 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.	06/24/2023