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 _____	06/26/2024

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 completed at your facility on 06/26/24, 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 three 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		
1600 SS= C	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or	1600	1. How you will correct the specific findings stated in the Statement of Deficiencies. In order to be compliant with the regulation, the sexual orientation/ Preferred Name/ Pronoun was added on the admission record of each residents. 2. What measures or systematic change will be put into place to ensure the deficient practice does not recur? The administrator will maintain records on each residents in the residents file and audit and update the files 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 of Joyful Senior Care Haven 2 will maintain residents records in the residents file and audit and update the files constantly so that all requirements will be met and carried on at all times 4. The title of the person responsible for ensuring the plan of correction is implemented. The administrator is responsible.	06/28/2024

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	resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1. Inspector Comments: Based on interview and record review, the facility failed to ensure 10 of 10 residents files included documentation of preferred pronoun, gender expression and sexual orientation. Findings include: Review of 10 of 10 resident files revealed the facility did not document, residents preferred pronoun,		5. The date of the corrective action will be completed. The corrective action was completed on June 28, 2024 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 adequately addresses other residents.	

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	gender expression and sexual orientation. On 06/26/24 in the morning, the Administrator confirmed they did not ask and document 10 of 10 residents preferred pronoun, gender expression and sexual orientation and had not added this information to their admission documents. Severity: 1 Scope: 3			
0074 SS= F	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 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	0074	1. How you will correct the specific findings stated in the Statement of Deficiencies? In order to become compliant with the regulation, employee #2 and employee #3 has elder abuse training. 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 records in the employees file and audit and update the 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 corrective action will be monitored constantly so that all requirements 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 of the corrective action will be completed. The corrective action was completed on July 3, 2024. 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.	07/03/2024

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	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 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			

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	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 document review, the facility failed to ensure Elder Abuse training was completed annually for 2 of 3 employees (Employee #2 and Employee #3). Findings include: Employee #2 (E2) E2 was hired in 2009 as a Caregiver. Review of E2's record revealed E2 last completed Elder Abuse training on 03/01/23. Employee #3 (E3) E3 was hired in 2000 as a Caregiver. Review of E2's record revealed E2 last completed Elder Abuse training on 03/01/23. On 06/26/24 in the morning, the Administrator confirmed E2 and E3's last completed Elder Abuse training was on 03/01/23 and it should have been completed annually. Severity: 2 Scope: 3			