

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER DAWN GARDEN HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 9190 DAWN GARDEN AVE, LAS VEGAS, NEVADA ,89147		
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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State licensure complaint investigation survey initiated at your facility on 03/26/25 and completed on 05/01/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 8 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. The sample size was 7 including the resident of concern. The facility received a grade of B. There was one complaint investigated. Substantiated: 1. Complaint #NV00072828 was substantiated (See TAG #'s 0050, #0053, #0830 and #853). Observation of Resident care, incontinent supplies, juice and hair supplies for residents and a tour of the facility. Interviews were conducted with Residents, Hospice Case Manager and Caregivers. Clinical Record Review of six records. Document Review included hospice records, hospital records, and Resident admission agreements. 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 regulatory deficiencies were identified:		0000		
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706,		0050	Tag 050 a) After survey administrator directed his assistant and office personnel to rectify the records as some of the residents mentioned are no longer residents of the facility; b) Administrator shall discuss resident files during his next caregiver's meeting to ensure updates and to meet statutory requirements; c) Administrator shall go over resident files	05/27/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

Name: PETERSON DURIAS

Title: ADMINISTRATOR

Date: 06/30/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview and record review, the Administrator of the facility failed to ensure the facility was in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Findings include: The Administrator failed to ensure resident files were complete and on site (See Tag Y0053). The Administrator failed to ensure a medical exemption from the Bureau was either submitted or approved to retain a resident (Resident #1) who had diagnoses including an indwelling urinary catheter, extremity contractures, an unstageable coccyx pressure ulcer, and a Percutaneous Endoscopic Gastrostomy (PEG) Tube for nutrition and administering medication. (See Tag Y0830). The Administrator failed to ensure an incident report was complete and on file to document an incident whereby Resident #1 was transferred to the hospital after a change in condition. (See Tag Y0853). On 03/26/25 in the morning, a Caregiver verbalized having no knowledge of where R1's file and the missing documentation for R3, R4, R5, R6, and R7 was. On 03/26/25 in the afternoon, the Administrator acknowledged the resident files for R1, R3, R4, R5, R6 and R7 should have been on site and complete at the time of the survey. On 05/08/25 in the morning during a follow-up telephone interview, the Administrator did not answer questions asked by the surveyor related to R1's care and current residents' care. The Administrator verbalized the Assistant would call the surveyor to provide answers to residents' care questions, send missing documents and answer medical questions regarding R1 and the current residents. The Assistant did not call or send any records to the surveyor pertaining to this investigation as of 05/14/25. Severity: 2 Scope: 3		during his regular walkthrough ; (d) Date of completion: May 27, 2025		
0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The	0053	Tag 053 a) After survey administrator directed his assistant and office personnel to rectify the	05/27/202 5	

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	<p>administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.</p> <p>Inspector Comments: Based on interview, and record review, the Administrator failed to ensure 6 of 7 sampled residents had a complete resident file on site at the facility at the time of survey (Residents #1, #3, #4, #5, #6, and #7). Findings include: Resident #1 (R1) R1's file was not on site for review 03/26/25 and was requested verbally by phone to the Administrator and by email but was still not provided by the facility as of 05/14/25. Resident #3 (R3) R3 was admitted to the facility on 11/27/24 with diagnoses including diabetes and hypertension. R3's file lacked an Activities of Daily Living (ADL) assessment, a Person Centered Care Plan, a Physician Placement Determination form, and an area for preferred name, pronoun, gender identity, and sexual orientation. Resident #4 (R4) R4 was admitted to the facility on 11/29/24 with diagnoses including altered mental status and anemia. R4's file lacked an ADL assessment, a Person Centered Care Plan, a Physician Placement Determination form, an area for preferred name, pronoun, gender identity, and sexual orientation, a signed admission agreement containing resident rights and an ultimate user agreement. Resident #5 (R5) R5 was admitted to the facility on 10/22/24 with diagnoses including diabetes and polyneuropathy. R5's file lacked a Person Centered Care Plan, a Physician Placement Determination form, an area for preferred name, pronoun, gender identity, and sexual orientation, and documentation of the wound on their right arm. Resident #6 (R6) R6 was admitted to the facility on 08/27/24 with diagnoses including hypertension and arthritis. R6's file lacked an ADL assessment, a Person Centered Care Plan, a Physician Placement Determination form, an area for preferred name, pronoun, gender identity, and sexual orientation, a six</p>		<p>records as some of the residents mentioned are no longer residents of the facility;</p> <p>b) Administrator shall discuss resident files during his next caregiver's meeting to ensure updates and to meet statutory requirements;</p> <p>c) Administrator shall go over resident files during his regular walkthrough ;</p> <p>(d) Date of completion: May 27, 2025</p> <p>Copies of Documentations of residents are herein attached as TAG -053</p>		

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	month pharmacy review, a signed admission agreement containing resident rights and an ultimate user agreement. Resident #7 (R7) R7 was admitted to the facility on 10/30/24 with diagnoses including cerebral vascular infarction. R7's file lacked an ADL assessment, a Person Centered Care Plan, a Physician Placement Determination form, and an area for preferred name, pronoun, gender identity, and sexual orientation. On 03/26/25 in the morning, a Caregiver verbalized having no knowledge of where R1's file and the missing documentation for R3, R4, R5, R6, and R7 was. On 03/26/25 in the afternoon, the Administrator verbalized, the facility would send R1's complete file and R3, R4, R5, R6 and R7's missing documents. The Administrator acknowledged the resident files should have been on site at the time of the survey and complete. On 05/08/25 in the morning, the Administrator acknowledged the documents for R1, R3, R4, R5, R6 and R7 had not been submitted to the surveyor and verbalized the Administrator would have the Assistant call and send the missing documents for the residents. Records for R1, R3, R4, R5, R6 and R7 were not submitted to the Bureau as of 05/14/25. Severity: 2 Scope: 3 Complaint #72828				
0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance	0690	Tag 0690 (A) After survey administrator checked on and/or followed up on those oxygen tanks which were just delivered earlier. Administrator had those tanks placed and stored in a secured and safe place . (B) Administrator shall discuss safety as a matter of facility policy during the caregiver's meeting, to include matters affecting those oxygen tanks, in particular safety and emergency protocols; (C) Administrator shall go over oxygen storage to ensure safety during his regular walkthrough. (D) Person responsible: Administrator Date of completion : May 22, 2025		05/22/2025

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	with the orders of a physician; and (b) Ensure that: (1) The resident 's physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secured. Findings include: On 03/26/25 in the morning, three small oxygen tanks were observed sitting on the floor near the entry door in Room #4 unsecured. On 03/26/25 in the morning, the Caregiver confirmed the oxygen tanks were unsecured and acknowledged the tanks should have been secured. Severity: 2 Scope: 3		Photo of Oxygen storage attached as Tag 0690 ...		
0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on record	0830	Tag 830 (A) After survey administrator directed facility to retrieve Res # 1 's file which were already on the repository considering R#1 had long left the facility. Documentations had been produced in respect Res.#1's admission relative to her case. (B) Administrator shall discuss with management and employees during their next meeting the need to have residents' records to be at all times stored within the facility repository and at all times be		05/22/2025

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	review, document review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau and/or approved by the Bureau to retain 1 of 7 sampled residents (Resident #1). Findings include: Resident #1 (R1) (ROC) R1's file was not on site for review on 03/26/25 and was requested verbally by phone to the Administrator and by email but was still not provided by the facility as of 05/14/25. Review of R1's hospital record triage note dated 07/06/24 revealed R1 was transported to the emergency room on 07/06/24 with diagnoses including an indwelling urinary catheter, extremity contractures, an unstageable coccyx pressure ulcer, and a Percutaneous Endoscopic Gastrostomy (PEG) Tube for nutrition and administering medication. R1's file lacked documented evidence of an application for submission and/or an approved medical exemption for an indwelling urinary catheter, extremity contractures, an unstageable coccyx pressure ulcer, and a PEG Tube. Review of the Bureau's medical exemptions applications database, revealed the facility had not submitted an application for a medical exemption to retain R1 at the facility. On 03/26/25 in the morning, a Caregiver verbalized being employed at the facility for one month. The Caregiver verbalized having no knowledge of R1's care needs. On 05/08/25 in the morning, the Administrator acknowledged R1 required a medical exemption. The Administrator verbalized not knowing the details of R1's medical history. The Administrator acknowledged being unable to verify whether or not the facility had submitted an application and/or received an approved medical exemption from the Bureau to retain R1 at the facility. Severity: 2 Scope: 1 Complaint# NV00072828		available for retrieval if necessary; (C) Administrator shall go over residents' records during his monthly walkthrough to ensure access and availability at all times. (D) Person responsible : Administrator Care (E) Date of completion : May 22, 2025 Copies of Res#1 Application with BLCQC in respect to the facility's exemption to assist in the (1) Administration for in dwelling urinary catheter ; Extremity Contractions; Unstageable Coccyx Pressure Ulcer and PEG Tube are herein attached as Tag 0830		
0853 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical	0853	Tag 0853 (A) After survey administrator requested his assistant to go over resident #1 file in respect to locate for the aforesaid Incident		05/22/2025

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	care by resident; written records. (NRS 449.0302) 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; and (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. Inspector Comments: Based on interview and record review, the Administrator failed to ensure an incident report was completed and on file to document an incident whereby a resident was transferred to the hospital after a change in condition for 1 of 7 residents (Resident #1). Findings include: Resident #1 (R1) (ROC) R1's file was not on site for review on 03/26/25 and was requested verbally by phone to the Administrator and by email but was still not provided by the facility as of 05/14/25. Review of R1's hospital record triage note dated 07/06/24 revealed R1 was transported to the emergency room on 07/06/24 with diagnoses including a Urinary Tract Infection (UTI), indwelling urinary catheter, extremity contractures, a dislocated shoulder, an unstageable coccyx pressure ulcer, and a Percutaneous Endoscopic Gastrostomy (PEG) Tube for nutrition and administering medication. R1's hospital record revealed a radiology note dated 07/06/24 noting R1's dislocated shoulder. The Administrator did not provide evidence of an incident report, nor documentation of notification to the family and physician in regards to the incident when R1 was transferred to the hospital on		Report regarding the hospital transfer on 07/06/24 . (B) Administrator shall discuss the need for documentation in respect to incidents happening within the facility affecting resident care. (C) Administrator shall follow up matters indicated on those incident reports generated on account of the above. (D) Person responsible : Administrator Care of Completion : May 22, 2025 Copy of Res # w Incident Report is herein attached as Tag 0853		

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	07/06/25 after a change in condition. On 05/08/25 in the morning, the Administrator acknowledged R1 required an incident report. The Administrator verbalized not knowing the details of R1's medical history. The Administrator acknowledged being unable to verify whether or not the facility had completed an incident report and verbalized the Administrator would have the Assistant submit the missing documents for R1. R1's file, including a completed incident report was still not provided by the facility as of 05/14/25. Severity: 2 Scope: 1 Complaint# NV00072828				