

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2789AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2010
NAME OF PROVIDER OR SUPPLIER DAWN GARDEN HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9190 DAWN GARDEN AVE LAS VEGAS, NV 89147		
(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) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division 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. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 4/22/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds which provide care to persons with Alzheimer's disease and/or persons with mental illnesses Category II residents. The census at the time of the survey was six. One resident file was reviewed, six resident's medications were reviewed and three employee files were reviewed. Complaint #NV00025120 was substantiated. See Tag Y0072 and Y0923.	Y 000		
Y 072 SS=E	449.196(3) Qualifications of Caregiver-Med Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with	Y 072		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

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

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Y 072	Continued From page 1 satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 4/22/10, the facility failed to ensure 1 of 3 caregivers had completed the required initial medication management training and associated test (Employee #1). Severity: 2 Scope: 2	Y 072		
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review on 4/22/10, the facility failed to ensure 1 of 3 caregivers (Employee #2) had current training in first aid and cardiopulmonary resuscitation (CPR).	Y 106		

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Y 106	Continued From page 2 This is a repeat deficiency from the 2/29/09 State Licensure survey. Severity: 2 Scope: 2	Y 106		
Y 356 SS=E	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Based on observation on 4/22/10, the facility failed to ensure the locks on 1 of 2 bathroom doors could be opened with a single motion (the bathroom located in the hallway near the front door). Severity: 2 Scope: 2	Y 356		
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.	Y 923		

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Y 923	Continued From page 3 This Regulation is not met as evidenced by: Based on interview on 4/22/10, the facility failed to keep medications belonging to 6 of 6 residents in their original container (Resident #1, #2, #3, #4, #5 and #6). Severity: 2 Scope: 3	Y 923		

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