

Bureau of Health Care Quality & 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 02/26/2009
NAME OF PROVIDER OR SUPPLIER DAWN GARDEN HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9190 DAWN GARDEN AVE LAS VEGAS, NV 89147		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 2/26/09.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for 8 total beds, classified as Category 2 beds.</p> <p>The facility has the following endorsement: Residential facility for persons with mental illnesses Residential facility which provides care to persons with Alzheimer's disease</p> <p>The census at the time of the survey was 6. Six sample resident files were reviewed and 3 employee files were reviewed.</p> <p>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.</p> <p>The following regulatory deficiencies were identified at the time of the survey.</p>	Y 000		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8</p>	Y 070		

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 070	Continued From page 1 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure that 2 of 3 caregivers received eight hours of annual training (Employee #1 and #3). This was a repeat of the 3/6/08 State Licensure survey. Severity: 2 Scope: 3	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure that 2 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1 and #3). This was a repeat deficiency from the 3/6/08 State Licensure survey. Severity: 2 Scope: 3	Y 103		

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Y 104 SS=C	<p>449.200(1)(e) Personnel File - References</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to investigate the references on 2 of 3 employees (Employee #2 and #3).</p> <p>Severity: 1 Scope: 3</p>	Y 104		
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure 3 of 3 caregivers met background check requirements (Employee #1, #2 and #3).</p>	Y 105		

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Y 105	Continued From page 3 This was a repeat deficiency from the 3/6/08 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 106 SS=D	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 record review on 2/26/09, the facility failed to ensure that 1 of 3 caregivers were trained in first aid (Employee #2). This was a repeat deficiency from the 3/6/08 State Licensure survey. Severity: 2 Scope: 1	Y 106		
Y 152 SS=C	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must	Y 152		

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Y 152	Continued From page 4 contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on observation and interview on 2/26/09, the facility failed to provide a certificate of insurance with documented evidence of an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. Severity: 1 Scope: 3	Y 152		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on observation and interview on 2/26/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. Severity: 1 Scope: 3	Y 274		

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Y 300	Continued From page 5	Y 300		
Y 300 SS=E	449.218(1) Bedrooms - Size Requirements NAC 449.218 1. A bedroom in a residential facility that is shared by two or three residents must have at least 60 square feet of floor space for each resident who resides in the bedroom. A resident may not share a bedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80 square feet of space. This Regulation is not met as evidenced by: Based on observation and interview on 2/26/09, the facility failed to ensure a maximum of 3 residents in a bedroom. Severity: 2 Scope: 2	Y 300		
Y 445 SS=D	449.229(10) Exit doors NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee. This Regulation is not met as evidenced by: Based on observation and interview on 2/26/09, the facility failed to ensure an exit door was not equipped with a lock which required a key to	Y 445		

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Y 445	Continued From page 6 open it from the inside. Severity: 2 Scope: 1	Y 445		
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure that 3 of 6 residents received an annual and/or initial physical (Resident #1, #2 and #3). Severity: 2 Scope: 2	Y 859		
Y 870 SS=F	449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:	Y 870		

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Y 870	Continued From page 7 (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 2 residents residing in the facility for longer than six months (Resident #1 and #2). Severity: 2 Scope: 3	Y 870		
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742	Y 876		

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Y 876	Continued From page 8 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure that an ultimate user agreement was obtained for 5 of 6 residents (Resident #1, #2, #4, #5 and #6). Severity: 1 Scope: 3	Y 876		
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 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. This Regulation is not met as evidenced by: Based on record review and interview on	Y 878		

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Y 878	Continued From page 9 2/26/09, the facility failed to ensure that 4 of 6 residents received medications as prescribed (Resident #1, #3, #5 and #6). Severity: 2 Scope: 3	Y 878		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 1 of 6 residents ((Resident #5). Severity: 2 Scope: 1	Y 883		
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to	Y 885		

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Y 885	Continued From page 10 NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observation and interview on 2/26/09, the facility did not destroy medications after they were discontinued, had expired or after a resident had been transferred. Severity: 2 Scope: 3	Y 885		
Y 899 SS=C	449.2744(2) Medication Administration NAC 449.2744 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. This Regulation is not met as evidenced by:	Y 899		

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Y 899	Continued From page 11 Based on interview and record review on 2/26/09, the facility failed to ensure a log of caregivers assigned to assist in the administration of medications to a resident were available. Severity: 1 Scope: 3	Y 899		
Y 908 SS=E	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility did not ensure the medication record was complete for 2 of 6 residents receiving as needed (PRN) medications (Resident #1 and #6). Severity: 1 Scope: 2	Y 908		

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Y 930 SS=C	449.2749(1)(a) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the resident's files were kept in a locked place resistant to fire and was protected against unauthorized use. Severity: 1 Scope: 3	Y 930		
Y 933 SS=C	449.2749(1)(d)(1)-(3) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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:	Y 933		

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Y 933	Continued From page 13 (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services. (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure 4 of 6 residents files contained a statement from the resident's physician (Resident #3, #4, #5 and #6). Severity: 1 Scope: 3	Y 933		
Y 936 SS=E	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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.	Y 936		

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Y 936	Continued From page 14 This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure that 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #3 and #5) which affected all residents. This was a repeat deficiency from the 3/6/08 State Licensure survey. Severity: 2 Scope: 2	Y 936		
Y 938 SS=B	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident.	Y 938		

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

Bureau of Health Care Quality & 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 02/26/2009
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 938	Continued From page 15 This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility did not perform an evaluation on 3 of 6 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #3, #4 and #6). Severity: 1 Scope: 2	Y 938		
Y 941 SS=B	449.2749(1)(h) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to have the rules of the facility signed by the administrator of the facility and 3 of 6 residents (Resident #1, #4 and #6).	Y 941		

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Bureau of Health Care Quality & Compliance

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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 941	Continued From page 16 Severity: 1 Scope: 2	Y 941		
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on interview and record review on 2/26/09, the facility failed to ensure one awake staff on duty at all times. Severity: 2 Scope: 3	Y 992		
Y1035 SS=D	449.2768(1)(a)(1) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer zs disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia,	Y1035		

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Y1035	Continued From page 17 including, without limitation, Alzheimer zs disease, and providing support for the members of the resident zs family. This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure that a minimum of 2 hours of training related to the emergency care of residents diagnosed with Alzheimer's and providing support to the member ' s of the family was received within the first 40 hours of hire by 1 of 3 employees (Employee #3). Severity: 2 Scope: 1	Y1035		
Y1036 SS=D	449.2768(1)(a)(2) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer zs disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer zs disease.	Y1036		

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Y1036	Continued From page 18 This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure that a minimum of 8 hours of training related to the care of residents diagnosed with Alzheimer's was received within 90 days of hire by 1 of 3 employees (Employee #3). Severity: 2 Scope: 1	Y1036		

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