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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**06/30/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAWN GARDEN HOME CARE	**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 complaint investigation completed in your facility on 06/30/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The census at the time of survey was zero. The sample size was twelve. The facility received a grade of B. One complaint was investigated. Substantiated: 1. Complaint #NV00074338 was substantiated. (See Tag Y0050, Y0053, Y1225) The investigation into the complaint included: Observation of bedrooms within the facility. Interviews with the the Administrator and Owner. Clinical record review of residents, including the residents of concern and employee records. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: P DURIAS Title: administrator Date: 12/18/2025

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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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, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, record review and interview, the Administrator failed to provide oversight and supervision to ensure the facility was in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and NRS Chapter 449. Findings include: The following TAGs were cited in this Statement of Deficiency (SOD) and lacked oversight by the Administrator. (Y0053) Failed to ensure resident records were onsite, complete and accurate. (Y0053) Failed to ensure employee records were onsite, complete and accurate. (Y0088) Failed to ensure employee Staffing Schedules were available for review. (Y1045) Failed to display grade placard from previous survey. (Y1225) Failed to ensure there was written 30 day notice of intent to transfer a resident. This is a repeat deficiency from the 05/01/25 annual State Licensure survey. Severity: 2 Scope: 3 Complaint #NV00074338	0050	Tag 0050 a) After survey administrator gathered all resident files and undertook measures to ensure that all are stored and are made readily available on site, complete and accurate. Employee schedule were also made available and duly posted in a conspicuous place in the facility. The placard reflecting facility grade from prior inspection was likewise posted in a conspicuous manner. A 30-day prior notice of intent to transfer a resident was likewise made available for future use by the facility and/or residents which include among others the notification of resident relatives/family or guardian, and a space for them to sign the same, and importantly the need to notify the Office of the Ombudsman. b) The above-mentioned matters shall be discussed during the next general meeting by management and caregivers to avoid the recurrence of the same. c) Administrator shall go over the above-documentations to ensure compliance and updates as needed during his regular walkthrough. d) Person responsible: Administrator e) Date of Compliance: August 25, 2025	08/30/2025
0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.	0053	a) After survey all of residents' files namely of res # 1,2,3,5,7,8,9,10 and 11 and that of Employee 1 were retrieved and all were restored back to the facility cabinet. In respect to Res# 7, her file was likewise	11/20/2025

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	Inspector Comments: Based on record review and interview, the Administrator failed to ensure 9 of 12 sampled residents had a complete file on site (Residents #1, #2, #3, #5, #7, #8, #9, #10 and #11); and 2 of 2 employee records were onsite at the facility at the time of survey. (Employee #1 and #2) Findings include: Resident #1 (R1) R1's file was not on site for review. On 06/30/25 in the morning, the Administrator and Owner reported a Caregiver sent E1's file with E1. Resident #2 (R2) R2's file was not on site for review. Resident #3 (R3) R3's file was not on site for review. Resident #5 (R5) R5's file was not on site for review. Resident #7 (R7) R7 was admitted on 10/30/24 with diagnoses including cerebral vascular infarction. R7 had a discharge date of 07/06/24. R7's file lacked a Discharge Summary, 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 06/30/25 at 11:35 AM, the Administrator confirmed there was no Discharge Summary and R7's file was incomplete. Resident #8 (R8) R8's file was not on site for review. Resident #9 (R9) R9's file was not on site for review. Resident #10 (R10) R10's file was not on site for review. Resident #11 (R11) R11 was admitted on 05/21/23. R11's record lacked documented evidence of a Discharge Summary. There was an Incident Report dated 03/27/25 documenting R11 was transported to the hospital. On 06/30/25 at 11:00 AM, the Administrator confirmed there was no Discharge Summary for R11 and R11's file was incomplete. Employee #1 (E1) E1's file was not on site for review. Employee #2 (E2) E2's file was not on site for review. On 06/30/25 in the morning, the Administrator and the Owner confirmed there were no records on site for Resident #1, #2, #3, #5, #8, #9, #10, E1 and E2. The Administrator acknowledged the resident and employee files should have been on site and complete at the time of the survey.		retrieved, and all the necessary documentations are herein attached. b) Administrator shall discuss with management and caregivers during the next regular meeting of the need to keep the residents' records stored within the facility at all times. c) Administrator shall go over facility files and records, to include those of the residents and employees during his regular monthly walkthrough to ensure proper maintenance of facility's files and to require employees to update their files if necessary. Person Responsible: Administrator Date of completion: August 25, 2025	

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	This was a repeat deficiency from the 05/01/25 annual State Licensure survey. Severity: 2 Scope: 3 Complaint #NV00074338			
0088 SS= C	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on observation, document review and interview, the facility failed to maintain a staffing schedule. Findings include: On 06/30/25 at 11:00 AM, there was no Employee Staffing Schedule posted in the facility. The Administrator confirmed there were no staffing schedules available for March, April and May 2025, and there should have been. Severity: 1 Scope: 3	0088	a) After survey administrator directed to have the missing Staffing Schedules for the months of March, April, May, and June, 2025which were unavailable during survey. b) Administrator shall discuss the need to keep Staffing schedule on file during the next employee's meeting. c) Administrator shall go over Staffing Schedule to ensure compliance during his monthly walkthrough. d) Person Responsible: Administrator e) Date of completion: August 25, 2025 o over	08/30/2025
1045 SS= C	Placard - Display - NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302) 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. Inspector Comments: Based on observation and interview, the facility failed to display the B letter grade from the annual State Licensure survey dated 05/01/25. Findings include: On 06/30/25 in the morning, there was no grade placard posted in the facility. On 06/30/25 in the morning, the Administrator and Owner acknowledged the B grade was not posted and should have been. Severity: 1 Scope: 3	1045	a) After survey administrator ordered that proper grade be posted in a conspicuous place inside the facility for public viewing. b) Administrator shall coordinate with the inspector for the immediate release of the facility's latest grade and shall likewise include this matter with management for the immediate retrieval of the facility's grade should one be already released. c) Administrator shall check on the proper posting of the facility's current grade and to ensure that such grade is the updated one. d) Person responsible: Administrator e) Date of completion: August 21,2025 Copy of Grade Placard attached as TAG 1045	08/30/2025

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1225 SS= F	Patient's Rights - Certain facilities - NRS 449A.114 Certain facilities to notify patient and State Long-Term Care Ombudsman of intent to transfer patient and provide opportunity for patient or representative to meet with administrator; exceptions. 1. Except as otherwise provided in subsection 2, before a facility for intermediate care, facility for skilled nursing or residential facility for groups transfers a patient to another medical facility or facility for the dependent or discharges the patient from the facility, the facility shall: (a) At least 30 calendar days before transferring or discharging the patient, provide the patient and the Ombudsman with written notice of the intent to transfer or discharge the patient; and (b) Within 10 calendar days after providing written notice to the patient and the Ombudsman pursuant to paragraph (a), allow the patient and any person authorized by the patient the opportunity to meet in person with the administrator of the facility to discuss the proposed transfer or discharge. 2. The provisions of this section do not apply to: (a) A voluntary discharge or transfer of a patient to another medical facility or facility for the dependent at the request of the patient; or (b) The transfer of a patient to another facility because the condition of the patient necessitates an immediate transfer to a facility for a higher level of care. 3. As used in this section, "Ombudsman" means the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125. (Added to NRS by 2019, 440) Inspector Comments: Based on record review and interview, the Administrator failed to ensure a written 30 calendar day notice of intent to transfer a resident was given to 9 of 12 sampled residents and the Ombudsman. (Resident #1, #2, #3, #5, #7, #8, #9, #10 and #11) Findings include: On 06/30/25 in the morning, the Administrator reported they closed the facility in May 2025 due to not having any Caregivers available	1225	a) After survey administrator gathered all resident files and have them made readily available within the facility file cabinet- complete and accurate. A 30-day prior notice of intent to transfer a resident was likewise made available for future use by the facility and/or residents with emphasis on the notification of resident relatives/family or guardian, and a space provided for them to sign the same, and importantly the need to likewise notify the Office of the Ombudsman. b) Administrator shall discuss the importance of documenting resident's discharge or transfer from the facility, providing the reasons and the need of informing their relatives or guardians of the aforementioned transfer after signing the same. Also a discussion shall be opened on the need to inform the Office of the Ombudsman of 30 days prior to the transfer/discharge . c) Administrator shall go over residents' files to ensure the proper storage inside the facility. Also administrator shall check on discharge documentations in respect to transfers /discharges to ensure proper procedural compliance. d) Person responsible: Administrator e) Date completed: August 25, 2025 Copies of Discharged of Res 1,2,3,4,5,6,7,8,9,10,11,12 attached and bundled as TAG 1225	08/30/2025

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	to provide care for the residents. The Administrator explained the plan was to bring the residents back to the facility within two weeks to a month. On 06/30/25 at 10:50 AM, the Administrator reported resident families were called one week prior to discharge. The Administrator confirmed there were no calls to the Ombudsman prior to 05/27/25, regarding intent to transfer residents from the facility. There was a lack of documented evidence of the facility's intent to transfer residents for R1, R2, R3, R5, R7, R8, R9, R10 and R11. The Administrator reported there was no written documentation of intent to transfer residents for the Ombudsman or R1, R2, R3, R5, R7, R8, R9, R10 and R11. On 06/30/25 in the morning, the Administrator and Owner acknowledged the missing evidence of written documentation of intent to transfer, and acknowledged the information should have been on site at the time of survey. The Administrator reported the facility protocol was to notify residents 30 days prior to a move. The facility's Resident Agreement, Termination of Agreement documented it is agreed that either party may terminate this agreement with 7 days notice given for whatever reason. Severity: 2 Scope: 3 Complaint #NV00074338			