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
	8726	A. BUILDING _____ B. WING _____	07/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOUSE OF CENTENNIAL HILLS	**6310 N. DURANGO DRIVE, LAS VEGAS, NEVADA ,89149**

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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 07/19/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 136 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness and/or persons with Alzheimer's disease which provide assisted living services, Category II residents. The census at the time of survey was 133. 25 resident files and ten employee files were reviewed. The facility received a grade of C. 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		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TRUDY ANDREWS Title: Administrator Date: 08/11/2023

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 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; Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 employees (Employee #6 and Employee #7) had a pre-employment physical. Findings include: Employee #6 was hired on 03/01/22, and lacked documented evidence of a signed and dated pre-employment physical examination to indicate when it was completed. Employee #7 was hired on 05/16/17, and lacked documented evidence of a signed and dated pre-employment physical examination to indicate when it was completed. On 07/19/23 in the afternoon, the Administrator acknowledged physical examinations should have been signed and dated to indicate when they were completed. Severity: 2 Scope: 1	0102	Employee #6 is scheduled for a Pre-Employment physical on 8/10/23. Employee #7 had a Pre-Employment physical on July 21, 2023. Please see attachment #1 and attachment #2 The Employee's file will have a check off sheet that is to be completed by the Administrative Assistant that will include Pre-Employment physicals signed and dated. Please see attachment #3. The Administrator will oversee this process.	08/10/2023

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure the laundry room was kept in a sanitary manner as evidenced by: The memory care laundry room had heavy lint build-up behind the washer and dryers on the chords, floor, and wall. Two commercial dryers in the laundry room in the basement had a thick lint build-up on the lint trap screen and large clumps of lint on the floor of the lint trap. The Memory Care Director acknowledged the lint build-up in the memory care laundry room and indicated it was not clean. The Maintenance Director acknowledged the lint build-up in the commercial dryers and indicated lint traps should have been cleaned daily. Severity: 2 Scope: 3	0220	The memory care laundry has been cleaned of heavy lint build-up behind the washer and dryers on the chords, floor and the walls. See Attachment #4. The two commercial dryers in the basement has been cleaned. The thick lint build-up on the lint trap screen and large clumps of lint on the floor of the lint trap has been cleaned. See Attachment #5. There has been a Lint Trap Check sheet implemented on August 10, 2023 Attachment #6 The Housekeepint Supervisor is responsible for checking and ensuring that there is no lint bulid-up daily. The Maintenance Director will oversee this process and the Administrator is responsible for compliance.	08/10/2023

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 07/19/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the Bistro reach-in refrigerator, cookie dough was expired January 2023 and two containers of yogurt were expired 07/08/23 and 07/12/23. b. In the Bistro reach-in refrigerator, raw chicken was stored over ready to eat food products. c. The final rinse temperature at low temperature dish machine was recorded at 105 degrees Fahrenheit (F) and did not reach the minimum final rinse temperature of 120 degrees F. 2. Major Violations: a. A dipper well was not provided next to the display top ice cream freezer to allow scoops to be stored under running water during service. b. There was grime build-up on the interior plastic shield of the microwave. c. The cook's line equipment and ventilation hood filters were heavily soiled with grease and debris. d. The outside doors and handles of reach-in units and the mop sink closet were sled with debris. Severity: 2 Scope: 3	0255	The cookie dough and yogurt were found to be expired in the bistro were thrown out the day of the inspection. The raw chicken that was found to stored over the ready to eat food products was thrown out the day of the inspection. See attachment #7 The water temperature was raised and the dishwasher machine temperature is 126.1. See attachment #8 A dipper well was purchased and will be installed by August 31, 2023. See attachment (9) The interior plastic shield of the microwave was cleaned. See attachment (10) The cooks line and ventilation hood filters were cleaned. See attachment (11) The outside doors and handles of the reach in units and the mop sink closet were cleaned. See attachment (12) A cleaning schedule was put into place on August 10, 2023. See attachment #(13) A hood Filter Cleaning Schedule was put into place on August 10, 2023 See Attachment # (14) The Food Service Director is responsible for ensuring that no food is expired in the bistro area. The Administrator is responsible for overseeing. The Food Service Director is responsible for ensuring that all equipment is cleaned in the kitchen. The Administrator is responsible for overseeing.	08/10/2023

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure medications were secured in 2 of 3 unsampled resident rooms. Findings include: On 07/19/23 at 9:30 AM, room C36 in the memory care unit had unsecured urinary pain relief, urinary health medication, and antifungal power in the resident's bathroom cabinet. The lock was broken on the cabinet. On 07/19/23 at 9:35 AM, room C39 in the memory care unit had unsecured Acetaminophen in the resident's bathroom cabinet. The Memory Care Director acknowledged the unsecured medications in Room C36 and C39 and indicated both residents did not have physician's orders to self-administer the medications, and the facility administered the resident's medications. Severity: 2 Scope: 3	0920	The unsecured urinary pain relief, urinary health medication nd antifungal powder in C36 bathroom was removed on July 19, 2023. The lock on the cabinet was replaced on July 20, 2023. See attachment # (14). The unsecured Acetaminophen in room C-39 was removed on July 19, 2023. See Attachment #15 A check sheet was created to use when checking each resident's apartment daily. See attachment # (16) The Memory Care Director is responsible for ensuring that all residents medications are locked in the Med Cart. The Administrator is responsible for compliance.	08/11/2023

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects were secured in 1 of 3 unsampled resident rooms. Findings include: On 07/19/23 at 9:30 AM, room C36 in the memory care unit had unsecured nail clippers and scissors in the resident's bathroom cabinet. The lock was broken on the cabinet. On 07/19/23 at 9:35 AM, room C39 in the memory care unit had unsecured lancets in the resident's bathroom cabinet. The Memory Care Director acknowledged the unsecured sharp objects and indicated they should have been locked and secured. The Memory Care Director verified the bathroom lock was broken in C36. Severity: 2 Scope: 3	0994	The lock was replaced on the cabinet in C-36 on July 20, 2023. See attachment # (14) The unsecured lancets were removed on July 19, 2023. A checklist was created and implemented on August 10, 2023. See attachment (16) The Memory Care Director will be responsible for ensuring that all residents medications are locked in the MedCart. The Administrator is responsible for ensuring compliance.	08/10/2023

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured in 3 of 3 unsampled resident rooms. Findings include: On 07/19/23 at 9:25 AM, room C32 in the memory care unit had unsecured cologne in the resident's bathroom cabinet. The lock was broken on the cabinet. On 07/19/23 at 9:30 AM, room C36 in the memory care unit had unsecured nail polish, nail polish remover, perfume, air fresher, hair spray, mouth wash, and eye glass cleaner in the resident's bathroom cabinet. The lock was broken on the cabinet. On 07/19/23 at 9:35 AM, room C39 in the memory care unit had unsecured toilet bowl cleaner and mouth wash in the resident's bathroom cabinet and unsecured mouth wash and after shave on the bathroom counter. The Memory Care Director acknowledged the unsecured toxic substances and indicated they should have been locked. The Memory Care Director verified the bathroom lock was broken in C32 and C36. Severity: 2 Scope: 3	0999	The unsecured cologne in room C-32 was removed on July 19, 2023. The locked in room C32 was replaced on July 20, 2023. See attachment # (14). The unsecured nail polish remover, perfume, air freshner, hair spray, mouth wash, and eye glass cleaner in room C-36 were removed on July 19, 2023. The lock in room C-36 was replaced on July 20, 2023. A check list was created and implemented on Aug 10, 2023. See attachment # (17).The unsecured toilet bowl cleaner and mouth wash and after shave was locked in residents cabinet on July 19, 2023. See checklist attachment # ( ). The Memory Care Director is responsible for ensuring all toxic substances are secure in a locked cabinet. The Administrator is responsible for compliance.	08/10/2023