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 _____	**10/17/2023**

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

(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) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation initiated in your facility on 09/28/23 and finalized on 10/17/23, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 136 Residential Facility for Group beds for elderly or disabled persons, and/or persons with chronic illness, and/or persons with Alzheimer's disease, and Assisted Living services. The census at the beginning of the survey was 130. The sample was four residents and three employees. The facility received a grade of A. One complaint was investigated: Unverified: Complaint #NV00069194 could not be verified. No regulatory deficiencies could be identified. The investigation of the complaint included: -Tour of the facility and observations of twelve rooms. Testing of call buttons and plumbing equipment. Observations of staff responding to call buttons. Observations of the staff monitoring residents in the Memory Care Unit. Observations of residents being provided meals in the dining room. - Interviews were conducted with the Administrator, the Wellness Director, the Director of Maintenance, the Assisted Living Coordinator, the Housekeeping Supervisor, the Assistant Dietary Manager, ten residents, two family members, a Housekeeper, and five caregivers. Telephone interview with the Call Bell Vendor. -Record review of four residents, including the resident of concern. - Document review of pest extermination invoices, call light history, incident reports, and the Memory Care Activity Schedule. Policies regarding call light responses, special diets and meal accommodations, emergency response, and resident rights. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	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. There were no regulatory deficiencies identified. No action is necessary. Retain this Statement for your records.			