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 _____	**11/20/2023**

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 completed in your facility on 11/20/23, 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 141. The sample size was 15 residents. The facility received a grade of A. One complaint was investigated: Unverified: Complaint #NV00069683 could not be verified. The investigation of the complaint included: Observations of grooming and physical appearance for residents, residents using oxygen, staff answering call lights, staff providing care and a tour of the facility. Interviews were conducted with residents, the Wellness Director and Caregivers. Clinical Record review of 15 resident records. Document review included staff schedules, incident reports and policies. 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 investigations, 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: TRUDY ANDREWS Title: Administrator Date: 01/02/2024

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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0087 SS= D	Limitation on Number of Residents - NAC 449.199 Staffing requirements 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure the number of residents at the time of inspection did not exceed the specified number on the facility's license. Findings include: Review of the facility's Current Occupancy document dated 11/20/23 reported the total occupancy as 113 occupants in the assisted living units and 28 occupants in the memory care units for a total of 141 occupants. Review of the facility license documented the facility was currently licensed for 106 Category II residents and 30 Category II Alzheimer's residents for a total of 136 licensed beds. The facility was in excess of four residents. On 11/20/23 in the afternoon, the Resident Care Coordinator confirmed the current occupancy at the facility was 141 residents and acknowledged the facility was over census and should have remained at 136 occupants, per the facility license. Severity: 2 Scope: 3	0087	The community census as of 1/2/24 is 29MC residents and 103 AL residents. See Exhibit 1. The Executive Director is responsible for ensuring that the community does not have more residents than the community is licensed for. The Administrator applied for an increase of beds on 11/28/23.	01/02/2024