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 _____	**09/26/2024**

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 bed increase and complaint investigation surveys completed at your facility on 09/26/24, 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 Alzheimer's disease which provide assisted living services, Category II residents. The facility has applied for a 20 bed increase for elderly or disabled persons. The facility was approved to add 20 group beds which provide services for elderly and disabled persons, for a total of 126 Category I beds and 30 Category-II beds = total 156 beds. The census at the time of survey was 133. The sample size was six residents. The facility received a grade of A. There were two complaints investigated. Substantiated without deficient practice: 1. Complaint #NV00072096 was substantiated with no deficient practice. Unsubstantiated: 2. Complaint #NV00072015 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observation of dining in assisted living and memory care units, palatability test of food, facility cleanliness in both resident rooms, laundry room and commons areas, available wheelchairs, proper elevator functions, staff working with residents and staff to resident interactions. Interviews were conducted with residents, Caregiver, Medication Technicians, the Food Services Manager, resident family members and the Executive Director. Clinical Record review of six residents, including the resident of concern. Document review including regular and substitution menus, staffing schedule, elevator maintenance reports, resident Service Agreement, resident council minutes, grievance reports and facility incident	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.

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 _____	**09/26/2024**

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
	reports. 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. There were no deficiencies identified. Maintain a copy for your records.			