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 _____	**07/09/2025**

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 and Complaint Investigation survey completed at your facility on 07/09/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 156 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 census at the time of survey was 133. Twenty six resident files and ten employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: Complaint #NV00074013 was unsubstantiated. No regulatory deficiencies could be identified. The investigation of the Complaint included: Observation of residents in the facility. Interviews were conducted with the physician and the Administrator. Record Review of five records, which included the resident of concern. 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: TRUDY ANDREWS Title: Executive Director Date: 08/09/2025

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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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 interview and document review, the facility failed to ensure a tuberculosis (TB) screening, was completed annually, for 2 of 10 employees (Employee #3 and Employee #10). Findings include: Employee #3 (E3) E3 was hired on 05/27/25 as a Medication Technician. Review of E3's employee record revealed E3 last completed a QuantiFERON test on 05/14/24. There was no documentation E3 completed an annual TB screening in the past 12 months. Employee #10 (E10) E10 was hired on 02/01/18 as a Caregiver. Review of E10's employee record revealed E10 last completed a TB screening on 12/05/22. There was no documentation E10 completed an annual TB screening in the past 12 months. On 07/09/25, in the morning, an Administrative Assistant confirmed E3 and E10 had not completed annual TB screenings in the past 12 months. Severity: 2 Scope: 1	0102	Employee E3 is no longer employed with us. Employee E10 had a QuantiFERON - TB Gold Plus done on 7/10/2025. See attached Ex 1 The Adm Assistant will use tickler sheet specific for TB's for all employees. See attached Ex 2. The Admin Assistant is responsible for ensuring all Employee TB's are current. The Executive Director or designee is responsible for overseeing.	07/10/2025

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure a background check was completed every five years through the Nevada Automated Background Check System (NABS) for 1 of 10 employees (Employee #10). Findings include: Employee #10 (E10) was hired on 02/01/18 as a Caregiver. E10's file and the NABS system revealed E10 last completed a background check on 02/08/18. There was no documentation R10 completed a background check in the last five years. On 07/09/25 in the morning, an Administrative Assistant confirmed E10 had not completed a background check in over five years. Severity: 2 Scope: 1	0104	Employee E10 had the background check completed on 7/13/25. See Attached Ex 4. A 5 year Background Check Reminder Sheet was put in place on 7/13/25. See Attachment Ex 5. The Admin Assistant is responsible for ensuring all employees are given a background check every 5 years that the employee is employed. The Executive Director or designee is responsible for the oversee.	07/13/2025

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0255 SS= D	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 07/09/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. There was heavy grease and debris build-up on the following non-food contact surfaces of the cook's line equipment: sides of the deep fat fryer, range, oven, the bottom portion of the equipment stand and the underside of the shelf on the range. b. The floor was soiled with debris under the beverage table. Severity: 2 Scope: 1	0255	The sides of the deep fryer were cleaned on 7/15/25. See attachment 20. The Range was cleaned on 7/15/25 See Attachment 21 The oven was cleaned on 7/15/25. See attachment 24 The bottom side of the equipment stand was cleaned on 7/15/25. See attachment 23 The underside of the shelf on the range was cleaned on 7/15/25. See attachment 25 The floor was cleaned on 7/14/25. See attachment 26. A cleaning schedule was put in place to include non-food equipment. See attachment 27. The FSD is responsible for ensuring that the equipment in the kitchen is kept clean to include the floor. The Executive Director or designee will oversee.	07/15/2025
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on interview and record review, the facility failed to ensure resident physician orders for	0905	R1 Medication order for Loperamide HCl Oral Tablet 2MG,Take 1 Tablet by Mount every 6 hours as needed was updated to include the symptom for Diarrhea on 8/8/25. See attachment 6 R2 Medication order for Risperidone 0.25mg po three times a day was updated on 8/7/25 to include for anxiety See attachment Ex 7. R3 Medication or for Ibuprofen Tab 200mg Take 2 Tablets (400) by mouth every four hours as needed was updated on 8/5/25 to include as needed for pain or fever. See attachment 8 .Our Med cart Audit Sheet was updated to include Diagnosis/Symptoms on orders for PRN's? and Diagnosis/Symptoms on Label for PRNs. See attachment 9. The Wellness Director is responsible for Auditing the Med Carts. The Executive Director or designee is responsible for overseeing that it is done.	08/11/2025

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	medications administered on an as needed basis had written instructions indicating the symptoms for which the medication was to be administered for 3 of 25 sampled residents (Resident #1, #2, and #3) and the facility failed to ensure medications administered did not need to be assessed to determine the amount of medication to be administered for 1 of 25 sampled residents (Resident #3). Findings include: Resident #1 (R1) R1 was admitted on 05/28/24 with diagnoses including dementia. R1's record revealed a physician order dated 03/27/25 documented Loperamide 2 milligrams, give one tablet every six hours as needed. R1's July 2025 Medication Administration Record documented Loperamide 2 milligrams, give one tablet every six hours as needed. R1's medication bin contained a medication labeled Loperamide 2 milligrams, give one tablet by mouth every six hours as needed. There were no written instructions indicating the symptoms for which the Loperamide was to be administered. Resident #2 (R2) R2 was admitted on 11/20/23 with diagnoses including senile degeneration of the brain. R2's record revealed a physician order dated 02/26/25 documented Risperidone 0.25 milligrams, give half a tablet by mouth three times a day as needed. R2's July 2025 Medication Administration Record documented Risperidone 0.25 milligrams, give half a tablet by mouth three times a day as needed. R2's medication bin contained a medication labeled Risperidone 0.25 milligrams, give half a tablet by mouth three times a day as needed. There were no written instructions indicating the symptoms for which the Risperidone was to be administered. Resident #3 (R3) R3 was admitted on 03/24/24 with diagnoses including Alzheimer's disease. R3's record revealed a physician order dated 02/26/25 documented Ibuprofen tablet 200 milligrams, take one to two tablets by mouth everyday with food as needed. R3's July			

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	2025 Medication Administration Record documented Ibuprofen tablet 200 milligrams, take one to two tablets by mouth everyday with food as needed. R3's medication bin contained a medication labeled Ibuprofen tablet 200 milligrams, take one to two tablets by mouth everyday with food as needed. There were no written instructions indicating the symptoms for which the Ibuprofen was to be administered. Additionally, the staff were required to assess the resident to determine the amount of Ibuprofen to be administered. On 07/09/25 in the morning, the Medication Technician acknowledged there were no written instructions indicating the symptoms for the as needed medications for R1, R2, and R3 and acknowledged the staff were not allowed to assess a resident to determine the amount of a medication to be administered. On 07/09/25 in the afternoon, the Administrator acknowledged as needed medications must have written instructions indicating the symptoms for which the as needed medication is to be administered and acknowledged the staff are not allowed to assess a resident to determine the amount of a medication to be administered. Severity: 2 Scope: 1			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 25 sampled residents received an annual tuberculosis (TB) test (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 05/28/24 including a diagnosis of dementia. R1's file revealed an initial TB test completed on 04/22/24. R1's file lacked documented evidence of an annual TB test for 2025. On 07/09/25 in the afternoon, the Administrator acknowledged R1's file lacked documented evidence of an annual TB test for 2025. Severity: 2 Scope: 1	0936	R1 is scheduled to have a Quantiferon on 8/11/25. See Attachment 11.An Annual Resident TB Tracker is being used to track. See Attachment 12. The Wellness Director is responsible for ensuring all residents get tested for TB Annually. The Executive Director or Designee will oversee.	08/11/2025