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 _____	**11/18/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HOUSE OF SOUTHERN HILLS	**9750 W. SUNSET ROAD, LAS VEGAS, NEVADA ,89148**

(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 completed in your facility on 11/18/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for 158 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and provides assisted living services, Category II residents. The facility has applied for a 22-bed increase and was approved to add 22 group beds which provide services for elderly and disabled persons and/or persons requiring assisted living services, for a total of 136 Category-I beds and 44 Alzheimer's disease Category II beds, bringing the total number of beds to 180. The census at the time of the survey was 135. The sample size was six. There was complaint investigated Substantiated: Complaint #NV00072664 was substantiated. (See Tag 503) The investigation of Complaint included: Observation of infection control practices and a tour of the facility. Interviews were conducted with residents, Caregivers, the Wellness Director and the Administrator. Record Review of six records. Document Review included facility policy and procedures, and tracking forms 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		
0503 SS= F	Written Policies - Compliance with - NAC 449.258 Written policies for facility; policy on visiting hours; residents ' mail; compliance with policies. (NRS 449.0302) 4. The employees of the facility shall comply	0503	Plan of Correction for Tag 0503: Written Policies - Compliance with NAC 449.258	12/03/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MICHAEL MASICH Title: Executive Director Date: 12/03/2024

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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	with the policies developed pursuant to this section. Inspector Comments: Based in interview, record review, and document review the facility failed to notify the proper State agency regarding Norovirus in the facility for 6 of 6 sampled residents. (Resident's #1, #2, #3, #4, #5, and #6). Findings include: The facility's policy titled Infection Control-Norovirus revised 2021 documented: Per CDC: an outbreak of norovirus is defined as an occurrence of two or more similar illnesses resulting from common exposure that is either suspected or laboratory confirmed to be caused by norovirus. a. Common signs/symptoms include a new onset of unexplained diarrhea, nausea, stomach pain, malaise, cramping, etc. Upon a suspected outbreak, the following notification steps are taken: a. Notify the wellness and executive director b. Notify the dining services director c. Notify the appropriate corporate contact d. Contact the county health department for guidance as needed e. Follow appropriate reporting procedures per state licensing agency. Resident #1 (R1) R1 was admitted to the facility on 06/27/2023 with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). The facility's illness tracking form documented R1 began to have symptoms of nausea and vomiting on 11/18/2024 and was transferred to the acute care hospital and had not returned to the facility. Resident #2 (R2) R2 was admitted to the facility on 03/02/2023 with a diagnosis of Parkinson's. The facility's illness tracking form documented R2 began to have symptoms of diarrhea, nausea, and vomiting on 11/08/2024 and was transferred to the acute care hospital and had not returned to the facility. Resident #3 (R3) R3 was admitted to the facility on 03/14/2023 with a diagnosis of heart disease. The facility's illness tracking form documented R2 began to have symptoms of diarrhea, nausea, and vomiting on 11/14/2024 was		In response to the identified deficiency, the Wellness Director and Executive Director will ensure that all WSLM policies are followed as outlined. We are committed to adhering to our established policies and will take the necessary steps to reinforce compliance moving forward.	

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	transferred to the acute care hospital and returned to the facility on 11/14/2024. Resident #4 (R4) R4 was admitted to the facility on 03/02/2023 with a diagnosis of Dementia. The facility's illness tracking form documented R4 began to have symptoms of diarrhea, nausea, and vomiting on 11/10/2024 and was transferred to the acute care hospital and had not returned to the facility. Resident #5 (R5) R5 was admitted to the facility on 10/15/2024 with a diagnosis of Diabetes. The facility's illness tracking form documented R5 began to have symptoms of diarrhea, and nausea, on 11/06/2024 and was transferred to the acute care hospital and had not returned to the facility. Resident #6 (R6) R6 was admitted to the facility on 04/18/2024 with a diagnosis of Deep Vain Thrombosis (DVT). The facility's illness tracking form documented R6 began to have a symptom of vomiting on 11/17/2024 and was transferred to the acute care hospital and had not returned to the facility. On 11/18/2024 at 9:20 AM, the Wellness Director indicated as soon as R1, R2, R3, R4, R5, an R6 reported symptoms of Norovirus they were immediately transferred to the acute care hospital, but the county health department was not notified of the suspected illness. On 11/18/2024 in the afternoon, the Executive Director verified the facility did not contact the county health department for guidance regarding the illness. The Executive Director indicated although R1, R2, R3, R4, R5, an R6 had not had a laboratory confirmed test verifying they had norovirus, it was still suspected, and the county health department should have been notified based on their policy. Severity: 2 Scope: 3 Complaint #72664			