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 _____	**11/14/2024**

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 complaint investigation initiated at your facility on 10/16/24 and completed on 11/14/24, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The census at the time of the survey was 136. The sample size was five. The facility received a grade of A. One complaint was investigated: Substantiated: 1. Complaint #NV00072077 was substantiated (See TAG Y0393). The investigation into the complaint included: Observations of call bells, resident to staff ratio, staff attending to residents and a tour of the facility. Interviews conducted with residents, Caregivers, Medication Technicians, Wellness Director and the Administrator. Record review of resident records, including the resident of concern. Document review including facility policies and procedures, call bell response times and incident 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 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		
0393 SS= G	Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. (NRS 449.0302) 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each	0393	**Corrective Action Plan for State Tag-0093** **Completion of Training** **Training on the use of the call system was conducted during the all-staff meeting on 12/11/2024. The training covered the following key areas:** 1. **Understanding the Call System**: Purpose, components, and activation methods.	12/20/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MICHAEL MASICH Title: Executive Director Date: 12/31/2024

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.

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 _____	**11/14/2024**

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
	resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the auditory system was responded to in a timely manner for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 07/20/23, with diagnosis including chronic kidney disease. On 10/16/24 at 9:10 AM, R1 indicated R1 pressed the call pendant on 07/19/24 because R1 lost the use of R1's hand during breakfast and eventually R1's arm, and was not assisted in a timely manner. R1 reported having to call two times before assistance was provided by staff. R1 believed two hours had passed before R1 was sent to the hospital. R1 reported having had a stroke the day of the incident. An incident report dated 07/19/24 documented Employee #4 (E4) responded to R1's call pendant. R1 was complaining their left arm was numb. E4 called the Medication Technician (Med Tech) Employee #3 (E3) to assist R1. E4 then left R1 to assist another resident. After assisting the other resident, E4 found R1 crying in the hallway reporting no staff had come to assist R1. E4 called E3 a second time to assist. R1 was sent out to the hospital. A second incident report dated 07/19/24 documented R1 complained of left arm numbness and inability to raise R1's left arm. R1 appeared agitated. 911 was called. On 07/19/24, the auditory system log documented R1 pressed R1's pendant two times. At 8:49 AM, the log showed it took a total of 26 minutes for a Caregiver to respond to R1's first call for help. At 9:32 AM the log showed R1 called again for help		2. **Resident Education**: Instruction for residents on the use of pendants and pull cords. 3. **Staff Responsibilities**: Prompt response to alerts, system resetting procedures, and maintaining high-quality care. 4. **Common Area Accessibility**: Identification of emergency pull cord locations and guidance on their use. 5. **Maintenance and Reporting**: Protocols for reporting damaged equipment or pendants and ensuring ongoing system functionality. **Systematic Changes to Prevent Recurrence** **To ensure the deficient practice does not recur, the following systematic changes will be implemented:** • A monthly inspection schedule for all call system equipment, including pendants and pull cords, to identify and address any issues proactively. • Updated staff orientation materials to include a comprehensive section on call system usage and maintenance. • Quarterly refresher training for all staff to reinforce the importance of prompt alert response and system upkeep. **Monitoring the Corrective Actions** **The corrective actions will be monitored through:** • Weekly audits of the call system functionality by the Assisted Living Coordinator. • Random spot checks conducted by the Wellness Director, Wellness Nurse and or Assisted Living Coordinator to ensure staff compliance with procedures.	

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 _____	**11/14/2024**

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
	and it took 12 minutes for a Caregiver to respond to R1's second call. On 10/16/24 at 10:35 AM, E4 reported the expectation to answer a resident's call pendant was within ten minutes of the time a resident calls. E4 acknowledged on 07/19/24, R1 pressed the call pendant at 8:49 AM and E4 responded to R1's first pendant call 26 minutes later and R1 indicated being in pain. E4 acknowledged the call pendant was not responded to within ten minutes and acknowledged a 26-minute response time was not timely and not per the facility's expected process. E4 acknowledged E4 called the Med Tech E3 to assist R1 after responding to R1 for the first time and after R1 reported being in pain. E4 acknowledged leaving R1 to go and assist another resident, thinking E3 would come to assist R1. E4 acknowledged E3 never came to assist R1 after the first call. E4 acknowledged on 07/19/24, while E4 was assisting another resident, E4 overheard R1 crying, complaining of continued pain and numbness in R1's arm. E4 acknowledged R1 pressed the call pendant a second time at 9:32 AM and E3 eventually responded to R1's pendant call 12 minutes later. E4 acknowledged the call pendant was not responded to within ten minutes and acknowledged a 12-minute response time was not timely and not per the facility's expected process. E4 explained after the second call, it was assessed that 911 needed to be called and R1 was subsequently transferred to the hospital. On 07/24/24, a hospital discharge summary documented R1 was transferred to the hospital on 07/19/24 and R1's diagnosis was that R1 had a transient ischemic attack (stroke). On 10/16/24 at 3:00 PM, E3 reported the expectation to answer a resident's call pendant was within ten minutes. E3 explained the Med Techs were not always readily available if they were passing medication. E3 acknowledged E4 called E3 over the radio on two occasions to attend to R1, but E3 was in the middle of a		**Responsibility for Implementation** The **Wellness Director** will be responsible for over seeing the implementation and adherence to this plan of correction. **Completion Date** **The corrective actions will be fully implemented and completed by 12/20/2024**.	

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 _____	**11/14/2024**

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
	medication pass and was not able to respond to R1 in a timely manner. On 10/16/24 at 12:40 PM, the Wellness Director reported staff were trained to respond to a resident's call pendant within ten minutes. The Wellness Director acknowledged response times of 26 minutes for R1's first call, and 12 minutes for R1's second call were too long and should have been responded to in a more timely manner. 10/16/24 at 12:52 PM, the Administrator indicated the call system should have been responded to within ten minutes and acknowledged twenty or more minutes to respond to a call was too long. The Call System policy dated 07/13/22, documented staff would respond to the call system timely and assist with the resident's needs. The Medical Emergency policy dated 2018, documented Caregivers immediately summoned the Resident Care Coordinator (RCC) or Medication Technician (Med Tech) on duty when a resident exhibited signs and symptoms of a medical emergency. The RCC decides the severity of the situation. In the event the RCC is not available, the Executive Director, Med Tech, or Caregivers made the determination. The community calls 911 when a resident exhibited signs and symptoms of distress and/or emergency conditions to include sudden onset of severe pain, sudden lack of muscle control, or other signs of stroke. Severity: 3 Scope: 1 Complaint #NV00072664			