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 _____	**05/21/2025**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory State Licensure grading resurvey and complaint investigation completed at your facility on 05/21/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for 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 census at the time of the survey was 142. Ten resident files and six employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Substantiated: 1. Complaint #NV00073954 was substantiated. (See Tag Y0783) The investigation of the complaint included: Observation of insulin storage. Interviews were conducted with Medication Technician, Resident Care Manager, and the Wellness Director. Record Review of resident files, including the resident of concern. Document Review included policies and procedures and a sliding scale chart for insulin. 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		
0065 SS= F	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and	0065	**Tag 0065 - E2, E3 and E6** have completed their **8-hour annual caregiver training** on 0**6/11/2025**.**E4** completed her annual caregiver training on **05/25/2025**, and **E5** completed hers on **05/23/2025.** All supervisors will	06/12/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MICHAEL MASICH Title: Executive Director Date: 07/07/2025

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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	persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sections 2 to 16 inclusive of this regulation and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and (g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 6 sampled employees had completed annual caregiver training (Employee #2, #3, #4, #5, and #6). Findings include: Employee #2 (E2) E2 was hired on 10/31/23 as a Caregiver. E2's file documented E2 received six hours of annual Caregiver training on 04/18/24. E2's file lacked documented evidence E2 completed annual Caregiver training in 2025. Employee #3 (E3) E3 was hired on 11/31/24 as a Caregiver. E3's file documented E3 received five hours of initial Caregiver training on 04/18/24. E3's file lacked documented evidence E3 completed annual Caregiver training in 2025. Employee #4 (E4) E4 was hired on 09/23/23 as a Medication Technician (Med Tech). E4's file documented E4 received five hours of annual Caregiver training on 04/18/24. E4's file lacked documented evidence E4 completed annual Caregiver training in 2025. Employee #5 (E5) E5 was hired on 09/16/22 as a Med Tech. E5's file documented E5 received 0.5 hours of		ensure that existing employees are completing their self-paced Relias training. The administrative assistant will ensure that all new hires complete 2 hours of dementia training prior to their first day of work and finish all onboarding caregiver training through Relias within 60 days of hire. Training tracking system has been implemented to ensure that no training get missed.	

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	annual Caregiver training on 06/14/24. E5's file lacked documented evidence E5 completed annual Caregiver training in 2024 or 2025. Employee #6 (E6) E6 was hired on 04/06/24 as a Caregiver. E6's file documented E6 received 0.5 hours of initial Caregiver training on 04/18/24. E6's file lacked documented evidence E6 completed annual Caregiver training in 2025. On 05/21/25 in the morning, the Business Office Manager acknowledged the missing Caregiver training and reported the training was not completed. This was a subsequent deficiency from the 03/18/25 State Licensure survey. Severity: 2 Scope: 3			
0074 SS= F	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the	0074	**Tag 0074 - E1, E2, E3,** and **E6**completed their **annual Elder Abuse Training** on **06/10/2025**.**E4** completed her **Elder Abuse Training** on **05/24/2025.** Assisted Living Coordinator and Memory Care Coordinator will ensure that this training is conducted January every year for the Annual training. Training tracking system has been implemented to ensure that no training get missed.	06/12/2025

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	person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for			

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	groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 6 sampled employees had completed annual elder abuse training (Employee #1, #2, #3, #4, and #6). Findings include: Employee #1 (E1) E1 was hired on 10/31/23 as a Caregiver. E1 completed initial elder abuse training on 05/16/23. E1's file lacked documented evidence of annual elder abuse training. Employee #2 (E2) E2 was hired on 10/31/23 as a Caregiver. E2 completed initial elder abuse training on 11/01/23. E2's file lacked documented evidence of annual elder abuse training. Employee #3 (E3) E3 was hired on 11/31/24 as a Caregiver. E3 completed initial elder abuse training on 12/01/23. E3's file lacked documented evidence of annual			

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	elder abuse training. Employee #4 (E4) E4 was hired on 09/23/23 as a Medication Technician (Med Tech). E4 completed initial elder abuse training on 09/21/23. E4's file lacked documented evidence of annual elder abuse training. Employee #6 (E6) E6 was hired on 04/06/24 as a Caregiver. E6 completed initial elder abuse training on 04/07/24. E6's file lacked documented evidence of annual elder abuse training. On 05/21/25 in the morning, the Business Office Manager acknowledged the missing annual elder abuse trainings and reported the training was not completed. This was a subsequent deficiency from the 03/18/25 State Licensure survey. Severity: 2 Scope: 3			
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;	0102	completed	06/02/2025
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation;	0106	complete	06/02/2025
0255 SS= F	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.	0255	complete	06/02/2025
0783 SS= D	Diabetes-Med Admin Assist - NAC 449.2726 - Residents having diabetes 2. A caregiver employed by a residential facility may assist a resident in the administration	0783	**TAG 0783 - Insulin Not at Maintenance Level**	06/12/2025

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	of the medication prescribed to the resident for his or her diabetes if: (a) A physician, physician assistant or advanced practice registered nurse has determined that the resident's physical and mental condition is stable and is following a predictable course. (b) The amount of the medication prescribed to the resident for his or her diabetes is at a maintenance level and does not require a daily assessment, including, without limitation, the use of a sliding scale. Inspector Comments: Based on record review and interview, the facility failed to ensure a resident's insulin was prescribed at a maintenance level for 1 of 10 sampled residents (Resident #1). Findings include: R1 was admitted on 04/01/25, with a diagnosis including diabetes. On 05/21/25 at 9:00 AM, R1's insulin was kept in the refrigerator in the medication room. The box matched the physician's order. A chart was on the refrigerator door documenting R1's sliding scale. A physician's order dated 04/02/25 and a chart in the medication room for R1, documented Insulin Aspart Inject Flexpen. Inject subcutaneously per sliding scale four times per day 151-200: 2 units; 201-250: 4 units; 251-300: 6 units; 301-350: 8 units; 351-400: 10 units; greater than 400: 14 units, call doctor. R1's Ultimate User Agreement signed on 02/28/25, gave the Med Techs the responsibility to administer R1's medications. The physician's assessment dated 02/20/25, documented R1 was not able to administer R1's medications. There was no physician's order documenting the resident could self-administer their own insulin. On 05/21/25 at 10:30 AM, the Medication Technician (Med Tech) reported R1 was able to check their own blood sugar but required assistance reading the glucometer due to visual impairment. The Med Tech assisted R1 in reading the glucometer and determining the appropriate insulin dosage according to the chart and physician's order. The Med Tech reported turning the dial on the insulin pen		**Deficiency:** Insulin for Resident #1 was administered using a sliding scale, which is not considered maintenance-level medication. **Corrective Action:** • The attending physician will re-evaluate R1 and issue a clarified order indicating whether insulin administration qualifies as maintenance level. • Med Techs will receive retraining on diabetic care by **June 30, 2025**. Training will be conducted by Wellness Director. **Monitoring:** Wellness Director and Wellness Nurse will review all insulin-related orders monthly.	

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	for R1 and then R1 injected R1's self. On 05/21/25 at 11:00 AM, the Wellness Director acknowledged R1's visual impairment and required the Med Techs to determine the appropriate insulin dosage based on a sliding scale. The Wellness Director confirmed the Med Techs turned the dial on the insulin pen for R1 and R1 injected R1's self. Severity: 2 Scope: 1 Complaint #NV00073954			
0859 SS= F	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure 7 of 10 sampled residents received an annual physical examination (Resident #2, #3, #4, #5, #6, #9, and #10). Findings include: Resident #2 (R2) R2 was admitted on 03/17/23, with diagnosis including diabetes. R2 completed an annual physical examination on 05/07/24. R2's file lacked documented evidence of an annual physical examination. Resident #3 (R3) R3 was admitted on 12/03/21, with diagnosis including diabetes. R3 completed an annual physical examination on 03/19/24. R3's file lacked documented evidence of an annual physical examination. Resident #4 (R4) R4 was admitted on 05/27/22, with diagnosis including mild cognitive impairment. R4 completed an annual physical examination on 05/02/24. R4's file lacked documented evidence of an annual physical	0859	**TAG 0859 – Missing Annual Physical Exams** **· Corrective Action: R9 and R10 see visiting doctor and will have Annual Physical completed by 7/18/2025. R2,R3,R4,R5 and R6 doctors who don't do house calls. Wellness Director is working with families and residents to schedule appointments and will have all Annual Physical Exams.** **· Prevention Plan: Establish an assessment schedule to ensure all residents are evaluated annually. The Wellness Department will conduct periodic file checks to confirm documentation is complete.** **· Wellness Department's Role: The Wellness Department will coordinate assessments, maintain records, and communicate with families and staff to ensure timely placement updates.** **Monitoring:** A master calendar for annual exams will be implemented.	06/12/2025

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	examination. Resident #5 (R5) R5 was admitted on 08/23/22, with diagnosis including hyperlipidemia. R5 completed an annual physical examination on 04/24/24. R5's file lacked documented evidence of an annual physical examination. Resident #6 (R6) R6 was admitted on 02/09/23, with diagnosis including Alzheimer's disease. R6 completed an annual physical examination on 01/18/24. R6's file lacked documented evidence of an annual physical examination. Resident #9 (R9) R9 was admitted on 09/07/22, with diagnosis including mild cognitive impairment. R9 completed an annual physical examination on 12/24/23. R9's file lacked documented evidence of an annual physical examination. Resident #10 (R10) R10 was admitted on 05/09/24, with diagnosis including atrial fibrillation. R10 completed an annual physical examination on 05/16/24. R10's file lacked documented evidence of an annual physical examinations. On 05/21/25 in the morning, the Wellness Director acknowledged the resident files lacked documented evidence of the annual physical examinations and was unable to provide documented evidence. This was a subsequent deficiency from the 03/18/25 State Licensure survey. Severity: 2 Scope: 3			
0936 SS= F	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.	0936	**TAG 0936 – Missing TB Documentation in Resident Files** **Deficiency:** Several resident files lacked evidence of TB tests. **· Corrective Action: R2,R4,R5,R6,R7,R10 will all have Annual TB Testing completed by 7/18/2025 by Wellness Director.** **· Prevention Plan: Implement an annual TB testing schedule,**	06/12/2025

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	Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 10 sampled residents received a two-step tuberculosis (TB) test and/or an annual TB test (Resident #2, #4, #5, #6, #7, and #10). Findings include: Resident #2 (R2) R2 was admitted on 03/17/23, with diagnosis including diabetes. R2 completed an annual TB test on 03/01/24. R2's file lacked documented evidence of an annual TB test. Resident #4 (R4) R4 was admitted on 05/27/22, with diagnosis including mild cognitive impairment. R4's file lacked documented evidence of a two-step TB test. Resident #5 (R5) R5 was admitted on 08/23/22, with diagnosis including hyperlipidemia. R5 completed an annual TB test on 05/01/24. R5's file lacked documented evidence of an annual TB test. Resident #6 (R6) R6 was admitted on 02/09/23, with diagnosis including Alzheimer's disease. R6 completed an annual TB test on 01/03/24. R6's file lacked documented evidence of an annual TB test. Resident #7 (R7) R7 was admitted on 04/04/25, with diagnosis including diabetes. R7 completed a one-step TB test on 04/10/25. R7's file lacked documented evidence of a second step TB test. Resident #10 (R10) R10 was admitted on 05/09/24, with diagnosis including atrial fibrillation. R10 completed a QuantiFERON blood test on 05/10/24. R10's file lacked documented evidence of an annual TB test. On 05/21/25 in the morning, the Wellness Director acknowledged the resident files lacked documented evidence of TB tests, per the requirement, and was unable to provide documented evidence. This was a subsequent deficiency from the 03/18/25 State Licensure survey. Severity: 2 Scope: 3		**ensuring all residents receive the test in advance of the due date. Regular audits will be conducted to verify compliance by Wellness Director and Wellness Nurse.** **· Wellness Department's Role: The Wellness Department will track and schedule resident TB tests, maintain accurate records, and coordinate with medical providers as needed.**	

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility.	0991	complete	06/02/2025
1540 SS= D	Cultural Competency Training - R004-24 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall	1540	complete	06/02/2025

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		A. BUILDING _____ B. WING _____	**05/21/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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1600 SS= C	Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident.	1600	complete	06/02/2025

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1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other	1700	complete	06/02/2025

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	severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)			