Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	**7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113**

(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 an annual State Licensure survey completed in your facility on 03/12/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 50 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 the survey was 24. Ten resident files and ten employee files were reviewed. The facility received a grade of D. 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
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 record review, document review and interview, the facility failed to ensure 2 of 10 employees had pre-employment physical examinations at the time of hire. (Employee #1 and #5) Findings include: Employee #1 (E1) E1 was hired on 02/02/23 as a Medication Technician. The employee file lacked documented evidence of a pre-employment physical examination. Employee #5 (E5) E5 was hired on 01/12/23 as a Personal Care Attendant. The employee file lacked documented evidence of a pre-employment physical examination. On 03/12/24 in the afternoon, the Administrator confirmed the missing pre-employment physical examinations for E1 and E5. Severity: 2 Scope: 1	0102	1. BOM got a hold of company used and had them send the original files over. 2. BOM and ED will double check all files to make sure all files are complete. 3. BOM and ED will continue to audit files monthly. 4. BOM and ED. 5. 3/20/2024 6. See attached.	03/25/2024
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; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 employees met the requirements for cardiopulmonary resuscitation (CPR) and first aid training. (Employee #9) Findings include: Employee #9 (E9) E9 was hired on 10/25/22 as a Personal Care Attendant. E9's record lacked documented evidence of initial first aid and CPR training. On 03/21/24 in the afternoon, the Administrator confirmed the missing first aid and CPR documentation for E9. Severity: 2 Scope: 1	0106	1. RCC reached out to employee & had them send over copy of updated CPR card. 2. Employees will be notified if CPR not updated, and removed from schedule if they do not update it. 3. BOM & ED to audit files monthly, keep updated tickler spreadsheet. 4. BOM & ED. 5. 3/20/2024. 6. See attached.	03/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview the facility failed to ensure the dumpster area was maintained. Findings include: On 3/12/2024 at 10:16 AM, the following was observed in the dumpster area: - A sofa - A toilet - One mattress - A bed frame - A chair covered in dirt - Other garbage and debris. On 03/12/2024 at 10:32 AM, the Maintenance Director indicated the reason all the items listed above were scattered in the dumpster area was because the facility could not get their recycling company to the facility in time to remove the debris. The Maintenance Director indicated the debris should have been put in the dumpster and not scattered throughout the area. On 03/12/2024 in the morning, the Executive Director acknowledged the dumpster area was not properly maintained and the debris should have been placed into the dumpster. Scope: 2 Severity: 1	0178	1. MD ordered additional bin to clean and maintain area. 2. MD & ED will monitor trash area during weekly inspection walks of property. 3. MD & ED will do weekly property inspections. 4. MD & ED. 5. 3/20/24. 6. See attached.	03/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
0220 SS= D	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview the facility failed to ensure the laundry room was free from excessive lint and debris. Findings include: On 03/12/2024 at 9:36 AM, an excessive amount of lint and debris was observed on the floor of the laundry room and behind the washer and dryer. On 03/12/2024 at 9:52 AM, the Maintenance Director acknowledged the excessive lint and debris in the laundry room and indicated the laundry room should have been free of any excessive debris. The facility's policy titled Grading System Standards For Textile Quality General Standards documented laundry room floors must be clean of any debris and must maintain a clean lint area behind the machines. Scope: 2 Severity: 1 REPEAT DEFICIENCY FROM ANNUAL SURVEY COMPETED ON 03/15/2023.	0220	1. MC cleaned out lint traps, going forward housekeeping will do so. 2. MD to create sign off sheet for daily lint trap cleaning. 3. MD & ED will audit signing sheet for daily use. 4. MD & ED. 5. 3/20/24. 6. See attached.	03/26/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
0253 SS= F	Adequate Supplies of Food - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure a 2-day supply of fresh food and a 1-week supply of non-perishable food was available onsite. Findings include: On 03/12/24 at 9:45 AM, an inspection of the commercial kitchen was conducted. The kitchen inspection revealed there was no food product stocked in the dry storage room. The walk-in cooler contained small cans of soda and the walk-in freezer contained a bucket of ice and individual containers of ice cream. The reach-in coolers contained a gallon of milk, cartons of juice and expired food products. On 03/12/24, the Dietary Manager of the assisted living across the street indicated food preparation and cooking operations had ceased approximately a year ago. The Dietary Manager indicated all food products were stored, prepared and cooked at Pacifica Senior Living San Martin across the street and transported to Legacies Memory Care at San Martin each meal period. The Dietary Manager indicated caregivers plated and served meals to the residents and also washed the dishes following the meals. In the event of an emergency, Legacies Memory Care at San Martin would have to rely on Pacifica Senior Living San Martin to be able to get food over to the facility. Severity: 2 Scope: 3	0253	1. DSD to ensure an emergency 2 days of fresh food and 1 week supply of non perishables to keep in walk in cooler and dry storage. 2. DSD will order 1st of every month & check/maintain quality weekly. 3. DSD to check quality weekly. 4. DSD & ED. 5. 4/10/24. 6. See attached.	03/25/2024
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. Inspector Comments: Based on observation	0255	Tag 0255 A- Critical 1. All food was disposed of and going forward no food to be put in walk in cooler by anyone other than dietary staff. 2. Signage created to remind staff not to store food in walk in. 3. DSD & ED to monitor walk in daily. 4. DSD & ED. 5. 3/22/24. 6. See attached.	04/05/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
	on 03/12/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In a reach-in cooler, a container of cottage cheese was expired 02/28/24. A pan of dice peaches were not dated and a slice of apple pie was not covered or dated; the items could not be confirmed as to when they were prepared. The Dietary Manager indicated food was not suppose to be stored in the cooler. b. There was a lack of food safety knowledge and oversight in the kitchen. A certified food protection manager was not onsite to oversee the kitchen and service of food at all times during operation. An interview with two caregivers, whom were instructed to work in the kitchen, revealed temperatures were not taken or recorded of the food brought into the facility. The caregivers did not know what the proper hot and cold holding temperatures should be to keep food out of the danger zone. Interview with the caregivers revealed dishes were washed in the dish machine; however, the caregivers did not know what the minimum wash and rinse temperatures should be and indicated they did not test the concentration of the chlorine sanitizer. Caregivers were required to work in the kitchen and serve food while on the schedule to provide medication and caregiving assistance which could lead to the potential of spread of illness by performing food service operations after providing caregiving services. c. The temperature gauge on the low temperature dish machine read 100 degrees Fahrenheit (F) for both the wash and rinse cycles after multiple operations. The inspector's thermometer read 112 degrees F during the final rinse cycle which did not meet the minimum temperature of 120 degrees F for the final rinse. There was no chlorine sanitizer in the chemical container connected to the dish machine. The dispenser at the three-compartment sink was not dispensing sink and surface sanitizer. d. At 11:00 AM, chicken and ranch salad for lunch was observed being plated by a caregiver, and the plated meals with plastic dome covers were stacked on the service counter. The caregiver indicated		Tag 0255 B- Critical 1. Our certified food protection managers will be on site during all meal times to oversee food service operations. Food will be pre-plated at main kitchen and delivered in hot cart, temped and logged by food protection manager, served by care staff. 2. DSD to make sure servsafe kept up to date. BOM to update spreadsheet tracker with information. 3. BOM & ED to use spreadsheet tracker to monitor compliance. 4. BOM & ED. 5. 4/30/24. 6. See attached. Tag 0255 C- Critical 1. Plumber has replaced temperature booster, routinely hitting 120. Will be training care staff in the proper technique for washing dishes in commercial dishwasher and 3 compartment sink. Water has been restored to 3 compartment sink, so that sanitizer's work correctly. 2. Constant temperature monitoring by DSD which is then tracked in logbook. 3. Temperature log for dishwasher. 4. DSD & ED. 5. 04/01/24. 6. See attached. Tag 0255 D- Critical 1. Food safety expert delivers all meals, temps food and makes sure the steam table is properly utilized. 2. Temp log created for MC. 3. DSD to monitor food temp log daily. 4. DSD & ED. 5. 3/22/24. 6. See attached. Tag 0255 A- Major 1. DSD has ordered chemical supply for hand sinks and restocked hand towels. 2. DSD will order supply regularly & check weekly to maintain compliance. 3. DSD to check weekly. 4. DSD & ED. 5. 3/22/24. 6. See attached. Tag 0255 B- Major 1. MD ordered additional bin to clean area.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	**7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113**

(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
	lunch was to be served at 11:30 AM. Sliced breaded chicken was observed in a pan in the steam table at 90 degrees F. The steam table was not turned on to ensure proper hot holding, and the caregiver indicated they do not turn on the steam table when serving. Chocolate pudding in a deep clear food pan was at 73 degrees F and ranch dressing in a stainless steel pan was at 54 degrees F. The plated food on the service counter was at approximately 78 degrees F at 11:30 AM. 2. Major Violations: a. Two of four hand washing sinks in the kitchen were not stocked with hand soap. Three of four hand washing sinks in the kitchen and one hand washing sink at the service counter in the dining room were not stocked with paper towels. b. The dumpster enclosure was littered and heavily soiled with trash, debris, mattresses, a toilet, a recliner, a couch and other miscellaneous furniture items. The dumpster was stored outside of the enclosure in the parking lot. 3. Equipment and Maintenance Violations: a. The pre-rinse spray valve and hose were not installed on the faucet riser on the dirty side of the dish machine. The caregiver indicated the faucet was in disrepair for approximately one month. b. The air vents in the kitchen were soiled with dust build-up. Severity: 2 Scope: 3		2. MD & ED to monitor trash area during weekly inspection walks of property. 3. MD & ED will do weekly property inspections. 4. MD & ED. 5. 3/20/24. 6. See attached. Tag 0255 A- Equipment & Maintenance 1. MD installed pre-rinse spray valve & hose, confirmed it was working. 2. MD & ED will do weekly inspections of property. 3. MD & ED to do weekly inspections of property. 4. MD & ED. 5. 3/20/24. 6. See attached. Tag 0255 B- Equipment & Maintenance 1. MD cleaned out air vents. 2. MD &DSD will monitor vents to ensure cleanliness is maintained. 3. ED to do weekly property inspections to ensure compliance. 4. MD, DSD & ED. 5. 3/20/24. 6. See attached.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain 1 of 10 sampled residents (Resident #9). Findings include: Resident #9 (R9) R9 was admitted on 04/27/23, with diagnoses including mild cognitive impairment. Review of R9's record revealed R9 had a Foley catheter under the care of hospice. R9's file lacked documented evidence of an application for submission and/or an approved medical exemption for a Foley Catheter. On 03/12/24 in the morning, the Resident Care Coordinator confirmed R9 had a Foley catheter and had not applied for a medication exemption. Severity: 2 Scope: 1	0830	1. RCC applied & got approval for R9 to have foley catheter under hospice care. 2. RSD & RCC will ensure that all residents, new or current, have proper approvals and waivers for foley catheters. 3. RSD & ED to audit files. RSD to do all assessments. 4. RSD, RCC, & ED. 5. 3/20/24. 6. See attached.	03/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on record review and interview, the facility failed to obtain an ultimate user agreement for 1 of 24 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 08/25/22 with diagnoses including Dementia and hypertension. Review of R7's file revealed an ultimate user agreement which did not contain the signatures of R7's representative and the Director of the facility, and which was not dated. On 03/12/24 in the afternoon, the Administrator acknowledged R7's file did not contain a signed and dated ultimate user agreement. Severity: 2 Scope: 1	0876	1. RCC had POA & ED sign ultimate user agreement, then filed into chart. 2. RCC & RSD will ensure that all proper paperwork is completed. 3. ED to audit charts quarterly. 4. ED, RCC, & RSD. 5. 3/20/24. 6. See attached.	03/26/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
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 interview and record review, the facility failed to ensure an initial tuberculosis (TB) test was completed, per the requirement for 1 of 10 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 01/28/24 with diagnoses including Alzheimer's Dementia and hypertension. Review of R6's medical record revealed an initial TB test administered on 01/22/24 and read on 01/25/24, with a negative result. The second step of the TB test was administered on 02/01/24 and read on 02/11/24. The second step of the TB test should have been read within 72 hours, rendering the results of the second step invalid. On 03/12/24 in the afternoon, the Administrator acknowledged the second step of R6's TB test was not read within 72 hours, and a new second step needed to be completed. Severity: 2 Scope: 1	0936	1. R6 had new second step TB performed & completed. 2. RSD will double check all incoming paperwork. 3. ED will audit resident charts quarterly to ensure compliance. 4. ED, RSD, RCC. 5. 3/20/24. 6. See attached.	03/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
0999 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: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation interview and document review the facility failed to ensure a door leading to the kitchen was secured. Findings include: On 03/12/2024 at 9:56 AM, a door leading to the kitchen was unsecured. Inside the kitchen there was a closet which was also unsecured that contained toxic cleaning substances. On 03/12/2024 in the morning the Executive Director indicated there was a sign on the door to the kitchen indicating the door should have always been locked. The Executive Director acknowledged the door was not secured and there were toxic substances located in the kitchen that could have been harmful to residents. The facility's Environmental Safety policy dated 12/01/2023 documented any toxic substances, such as certain plants or cigarettes, shall be secured by staff and inaccessible to residents. Scope: 2 Severity: 3	0999	1. MD adjusted both kitchen doors so they are flush with the door jam and will now close and lock automatically. 2. Signs remain on door to keep locked at all times. MD will monitor integrity of the doors. 3. MD & ED to walk property weekly for inspection. 4. MD & ED. 5. 3/20/24.	03/25/2024
1037 SS= D	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3	1037	1. ED performed audit of employee files and located E8 annual dementia training in another file. 2. BOM & ED to do monthly file audits. 3. BOM & ED to use spreadsheet to monitor upcoming trainings needed. 4. BOM & Ed. 5. 3/20/24. 6. See attached.	03/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
	hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on interview and record review the facility failed to ensure 1 of 10 sampled employees received at least three hours of annual dementia training (Employee #8). Findings include: Employee #8 (E8) E8 was hired on 02/01/2022 as a Caregiver. E8's employee file lacked documented evidence E8 had completed three hours of dementia training annually. On 03/12/2024 in the morning, the Executive Director was unable to provide the missing annual dementia training and was aware of the requirement. Scope: 2 Severity:1			
1540 SS= E	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or	1540	1. ED to enroll E4 & E6 in Cultural Competency class on 3/29/24. E9 Cultural Competency certificate found in file and attached. E5 was suspended on 3/20/24, therefore he missed the 3/29/24 class. E5 has been enrolled in Cultural Competency class on 4/26/24. 2. All new hires are enrolled into cultural competency class within 30 days of hire. 3. BOM & ED to use spreadsheet to monitor which employee needs cultural competency training. 4. BOM & ED. 5. 3/20/24.	03/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
	employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and		6. See attached.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
	(c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
	provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials: (a) An overview of cultural competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	**7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113**

(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
	overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 10 sampled employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #4, #5, #6, and #9) Findings include: Employee #4 (E4)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	**7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113**

(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
	E4 was hired on 11/10/22, as a Personal Care Attendant. E4's file lacked documented evidence of initial cultural competency training. Employee #5 (E5) E5 was hired on 01/12/23, as a Personal Care Attendant. E5's file lacked documented evidence of initial cultural competency training. Employee #6 (E6) E6 was hired on 10/19/23, as a Personal Care Attendant. E6's file lacked documented evidence of initial cultural competency training. Employee #9 (E9) E9 was hired on 10/25/22 as a Personal Care Attendant. E9's file lacked documented evidence of initial cultural competency training. On 03/12/24 at 11:30 AM, the Administrator was unable to provide evidence of initial cultural competency training for E4, E5, E6 and E9. Severity: 2 Scope: 2			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9548	A. BUILDING _____ B. WING _____	03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACIES MEMORY CARE AT SAN MARTIN	7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113

(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
1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designees acquired the required initial infection control training. (Employee #10 and #11) Findings include: On 03/12/24 in the morning, the records for E10 and E11, the primary and secondary infection control designees respectively, lacked documented evidence of the initial 15 hours of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 03/12/24 at 11:30 AM, the Administrator confirmed the required infection control and prevention training from a nationally recognized organization had not been completed for E10 and E11. Severity: 2 Scope: 3	1830	1. E10 & E11 took their 15 hours of infection control, through the CDC. 2. ED & BOM will utilize spreadsheet tracker to maintain when training is due. 3. ED to monitor spreadsheet tracker. 4. ED & BOM. 5. 3/25/24. 6. See attached.	03/25/2024