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 _____	03/25/2025

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 03/25/25, 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 35. Ten resident files and ten employee files were reviewed. The facility received a grade of C. 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: ARMANDO RODRIGUEZ	Title: Executive Director	Date: 05/15/2025

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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 03/25/25 at 11:10 AM, an inspection of the commercial kitchen was conducted. The kitchen inspection revealed a limited amount of food product was stocked in the dry storage room, including three large cans of vanilla pudding and multiple containers of oatmeal. There was no fresh food onsite. On 03/25/25, the Dietary Manager indicated all of the meals were prepared at Pacifica Senior Living San Martin across the street and transported to Legacies Memory Care at San Martin each meal period, including beverages. The Dietary Manager indicated food supplies were stored at Pacifica Senior Living San Martin; however, revealed they were in the process to have food supplies stocked at Legacies Memory Care at San Martin. This is a repeat deficiency from the 03/12/24 annual State Licensure survey. Severity: 2 Scope: 3	0253	1. FSD purchased 1 week of perishable and non-perishable food on 4/1/25 2. FSD will monitor and order 1st of every month to check and maintain quality weekly. 3. Food supplies for 2 days fresh food and 7 days canned food will be available at all times. 4. FSD and ED will continue to monitor adequate food supplies.	05/16/2025

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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 on 03/25/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. There was no detectable level of chlorine sanitizer dispensed during the final rinse cycle at the low temperature dish machine. b. The sink and surface sanitizer dispensed at the three-compartment sink was not within the approved manufacturer and EPA dilution range of 2.11 - 4.30 milliliters (mL)/Liter (L) of dodecylbenzene sulfonic acid (DDBSA) and lactic acid. 2. Major Violations: a. The walk-in cooler was at a temperature of 66.7 degrees Fahrenheit (F); however, no food was stored in the cooler at the time of inspection. b. There was grease and dust build-up behind the equipment on the cook's line. c. There were no paper towels at four of five hand washing sinks in the kitchen and dining room. d. The dumpster enclosure was littered with leaves, debris and trash. Severity: 2 Scope: 3	0255	1. Ecolab was called and completed work order for sanitizer to be dispensed at the appropriate level of dilution range. Completed 5/5/25 2. FSD will monitor and order sanitizer as needed. 3. Walk-in cooler to be serviced to correct temperature. In the process of getting bids for repair of the cooler. Still awaiting bid. 4. A bid is being obtained to deep clean the area behind the cook's line. Still awaiting bid. 5. Paper towels have been installed at all of the hand sinks. Maintenance Director will monitor for upkeep. 6. The dumpster enclosure area has been cleaned and power washed. The Maintenance Director will power wash this area monthly.	05/16/2025
0966 SS= F	Alzheimer's Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 3. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake; Inspector Comments: Based on observation, document review and interview, the facility failed to maintain staff	0966	Continuing hiring staff to augment present staffing in memory care. Because of the revolving door of workers in the valley area, BOM will have applicants on standby by either PRN or on-call for possible replacements for employees that resigns or terminated. Enough staffing will be maintained per regulations and monitored by RCC and RSD.	05/16/2025

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	ratios of not more than six residents to one caregiver during waking hours for an Alzheimer's endorsed facility. Findings include: On 03/25/25 at 8:45 AM, the total number of residents in the facility was 35. On 03/25/25 in the afternoon, the facility Staffing Schedule for March 2025, between 03/01/25 and 03/25/25 documented the AM schedule was from 6:00 AM - 2:00 PM and the PM schedule was from 2:00 PM - 10:00 PM. Six Caregivers were needed per shift to meet the staffing ratio. The daily census between 03/01/25 and 03/25/25 was 35 residents. The Caregiver/Med Tech schedules for March 2025 revealed the following: On 03/01/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of three Caregivers and one Med Tech. On 03/02/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of two Caregivers and one Med Tech. On 03/03/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of three Caregivers and one Med Tech. On 03/04/25 the PM shift consisted of three Caregivers and one Med Tech. On 03/05/25 the PM shift consisted of three Caregivers and one Med Tech. On 03/06/25 the PM shift consisted of two Caregivers and one Med Tech. On 03/07/25 the PM shift consisted of three Caregivers and one Med Tech. On 03/08/25 the AM shift consisted of two Caregivers and two Med Techs. The PM shift consisted of three Caregivers and one Med Tech. On 03/09/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of two Caregivers and one Med Tech. On 03/10/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of three Caregivers and one Med Tech. On 03/11/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of three Caregivers and one Med Tech. On 03/12/25 the AM shift consisted of two Caregivers and one Med Tech. The PM shift consisted of three Caregivers and one Med Tech. On 03/13/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of two Caregivers and one Med Tech. On 03/14/25 the AM shift			

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	consisted of three Caregivers. The PM shift consisted of three Caregivers and one Med Tech. On 03/15/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of two Caregivers and one Med Tech. On 03/16/25 the AM shift consisted of three Caregivers. The PM shift consisted of two Caregivers and one Med Tech. On 03/17/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of three Caregivers and one Med Tech. On 03/18/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of two Caregivers and one Med Tech. On 03/19/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of two Caregivers, one Caregiver in training and one Med Tech. On 03/20/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of two Caregivers, one Caregiver in training and one Med Tech. On 03/21/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of two Caregivers, one Caregiver in training and one Med Tech. On 03/22/25 the AM shift consisted of two Caregivers and one Med Tech. The PM shift consisted of one Caregiver, one Caregiver in training and one Med Tech. On 03/23/25 the AM shift consisted of two Caregivers and one Med Tech. The PM shift consisted of two Caregivers, one Caregiver in training and one Med Tech. On 03/24/25 the AM shift consisted of three Caregivers and one Med Tech. The PM shift consisted of three Caregivers and one Med Tech. On 03/25/25 the PM shift consisted of two Caregivers and one Med Tech. The shifts listed during this time lacked documented evidence there was one Caregiver to not more than six residents on duty. On 03/27/25 in the afternoon, review of the facility's daily census report revealed the census was 35 residents daily between 03/01/25 and 03/25/25. On 03/25/25 at 3:15 PM, the Administrator acknowledged the lack of caregiver staff to meet the one staff to not more than six resident ratio requirement and confirmed the facility had at least 35 residents for the past three weeks. On 03/27/25 in the afternoon, the Resident			

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	Care Coordinator confirmed the lack of caregiver staff to meet the one staff to not more than six resident ratio requirement. Severity: 2 Scope: 3			
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, document review and interview, the facility failed to ensure a door leading from the dining room to the kitchen was secured. Findings include: On 03/25/25 at 9:15 AM, one door (East door) leading to the kitchen and kitchen equipment from the dining room was unsecured. There was one resident sitting in the dining room. There were no staff present. On 03/25/25 at 11:10 AM, the East door leading to the kitchen and kitchen equipment from the dining room remained unsecured. There were no staff present. The facility's license documented an Alzheimer's endorsement. The resident that was unattended to, had a diagnosis of Alzheimer's disease/dementia related illness. Document review revealed a sign on the two doors leading to the kitchen dated 03/26/24 from the Executive Director, documenting to keep the door closed and locked at all times. On 03/25/25 in the afternoon, the Administrator acknowledged the observation and expressed an unawareness of the need for the kitchen doors to be closed. This was a repeat deficiency from the 03/12/24 annual State Licensure survey and the 04/30/24 mandatory grading resurvey. Severity: 2 Scope: 3	0999	Sinage will be in place to remind employees to keep the door lock at all times to prevent residents access to substances that may cause them harm or injury. RCC to monitor compliance of staff.	05/05/2025

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1035 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 holds an endorsement as a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia pursuant to NAC 449.2754 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 in addition to the training required by NAC 449.196: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of tier 2 training . Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 1 of 10 sampled employees acquired 2 hours of Tier 2 Alzheimer's training within 40 hours of hire (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 10/22/24 as a Caregiver. E1's file lacked documented evidence of two hours of tier two initial dementia training within 40 hours of hire. On 03/25/25 in the morning, the Resident Care Coordinator acknowledged E1 lacked two hours of tier two dementia training upon hire. Severity: 2 Scope: 1	1035	Employees will take initial dementia training (tier 2) within 40 hour of start of employment. BOM, RSD, and RCC will ensure compliance of required training upon hiring or before start of employment. Use training spreadsheet to monitor start dates and compliance with all required training.	05/05/2025
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	1540	Employee #1 has completed Cultural Competency Training. Community will ensure each employee take Cultural Competency within 90 days of hire. A tracking tool has been developed to track required items. ED & BOM will competed the tracking tool. ED will monitor.	05/16/2025

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	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 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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 sampled employees received cultural competency training completed within 90 days of hire (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 10/22/24 as a Caregiver. E1's file lacked documented evidence cultural			

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	competency training was completed within 90 days of hire. On 03/25/25 in the morning, the Resident Care Coordinator acknowledged E1 lacked documented evidence of cultural competency training and reported the employee had not completed the training. Severity: 2 Scope: 1			