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 _____	06/26/2025

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 a mandatory grading resurvey completed in your facility on 06/25/25, 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 29. Six employee files were reviewed. The facility received a grade of A. 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		
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.	0253	N/A	07/16/2025
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	N/A	07/16/2025
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	0966	1) Schedule reviewed and updated to comply with the ratio requirements 2) Resident Care Coordinator will review the schedule weekly to ensure compliances 3) Resident Care Coordinator will review the schedule weekly to ensure compliances 4) Resident Care Coordinator 5) 07/16/2025	07/16/2025

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	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 ratios of not more than six residents to one caregiver during waking hours for an Alzheimer's endorsed facility. Findings include: On 06/26/25 at 9:20 AM, the total number of residents in the facility was 29. On 06/26/25 in the afternoon, the facility Staffing Schedule for June 2025, between 06/01/25 and 06/26/25 documented the AM schedule was from 6:00 AM - 2:00 PM and the PM schedule was from 2:00 PM - 10:00 PM. Five Caregivers were needed per shift to meet the staffing ratio. The daily census between 06/01/25 and 06/26/25 averaged 29 residents. The Caregiver/Med Tech schedules for June 2025 revealed the following: On 06/01/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/02/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/03/25 the PM shift consisted of two Caregivers and one Med Tech. On 06/05/25 the AM shift consisted of two Caregivers, one Med Tech and the Resident Care Coordinator (RCC). The PM shift consisted of three Caregivers and one Med Tech. On 06/06/25 the AM shift consisted of two Caregivers, one Med Tech and the RCC. The PM shift consisted of three Caregivers and one Med Tech. On 06/07/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/08/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/09/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/10/25 the PM shift consisted of two Caregivers and one Med Tech. On 06/11/25 the PM shift consisted of two Caregivers and one Med Tech. On 06/12/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/13/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/14/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/15/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/16/25			

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	the PM shift consisted of three Caregivers and one Med Tech. On 06/17/25 the PM shift consisted of two Caregivers and one Med Tech. On 06/18/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/20/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/21/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/22/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/23/25 the PM shift consisted of three Caregivers and one Med Tech. On 06/24/25 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 06/26/25 in the afternoon, review of the facility's daily census report revealed the census was between 28 and 30 residents daily between 06/01/25 and 06/26/25. On 06/26/25 in the morning, the Administrator acknowledged the lack of caregiver staff to meet the one staff to not more than six resident ratio requirement and described the difficulty in hiring and retaining Caregivers. On 06/26/25 in the morning, the Resident Care Coordinator acknowledged the lack of caregiver staff to meet the one staff to not more than six resident ratio requirement, and confirmed the facility census between 06/01/25 and 06/26/25. This was a subsequent deficiency from the 03/25/25 annual State Licensure Survey. Severity: 2 Scope: 3			

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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 06/26/25 at 9:20 AM, one door (East door) leading to the kitchen and kitchen equipment from the dining room was unsecured. There were no staff present. Document review revealed a sign on the two doors leading to the kitchen from the Executive Director, documenting to keep the door closed and locked at all times. On 06/26/25 in the morning, the Administrator acknowledged the observation. This was a repeat deficiency from the 03/12/24 annual State Licensure survey, the 04/30/24 mandatory grading resurvey, and a subsequent deficiency from the 03/25/25 annual State Licensure survey. Severity: 2 Scope: 3	0999	1) All door locks replaced with the self locking mechanism to ensure the doors will remain locked at all time 2) Inservice on Safety completed with staff members on 5/8/25 3) RCC or designee will walk trough the Dining room/Kitchen are to ensure compliance 4) Resident Care Coordinator 5) 07/15/2025	07/16/2025

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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 .	1035	N/A	07/16/2025
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	1540	N/A	07/16/2025

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	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.			