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 _____	12/18/2025

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 12/18/25. The census at the time of the survey was 32. The sample size was five. The facility received a grade of A. There was one Complaint investigated. Substantiated: 1. Complaint #12513 was substantiated. (See TAGS Y850 and Y515) The investigation of the complaint included: Observation of caregivers assisting residents with breakfast, meal service and a tour of the facility. Interviews were conducted with residents, Caregivers, a Medication Technician, the Memory Care Director and the Executive Director. Clinical Record Review of five records, which included the resident of concern. Document Review included menus, facility electronic communication, meal attendance tracking forms, and facility policy and procedures.			
Y 0515 SS= D	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the	Y 0515	1) Residents Service Plan will be updated after any change in condition 2) In service on Chance of Condition P&P conducted 3) Resident Care Coordinator or designee will make sure the Service Plans are updated as need it	01/13/2026

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	staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities;		4) Resident Care Coordinator or a designee 5) 1/13/2026	

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	Inspector Comments: Based on record review and interview, the facility failed to update a person-centered service plan which documented a resident's need for assistance with eating for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 11/01/24, with a diagnosis of dementia. An Outside Agency Documentation Form dated 08/29/25 from R1's Nurse Practitioner documented concerns about R1's weight loss and recommended the facility to encourage R1 to eat three meals a day and snacks in between. An Outside Agency Documentation Form dated 09/11/25 from R1's Nurse Practitioner documented concerns about R1's weight loss and recommended the facility ensure R1 goes to all meals and eats something. An Outside Agency Documentation Form dated 10/16/25 from R1's Nurse Practitioner documented concerns that R1 had lost 11 pounds since 05/01/25 to 08/15/25 and recommended the facility continue to encourage R1 to eat and drink. On 12/18/25 in the morning, Employee #2 (E2) verbalized offering R1 assistance with eating when R1 was shaky. According to E2, staff would sit down and assist R1 with eating when R1 would allow them. On 12/18/25 in the morning, Employee #3 (E3) verbalized assisting R1 with eating R1's food. According to E3, R1 used to be a good eater, but had become less so over time. In September and October, E3 reported helping R1 eat in their room when R1 would not want to get up to go to the dining room.			

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	On 12/18/25, R1's record revealed a person-centered service plan dated 06/24/25 which documented R1 was independent with meals. R1's file lacked a person-centered service plan which documented R1 needed oversight and assistance with eating at meals. On 12/18/25 in the morning, the Memory Care Director acknowledged R1's service plan dated 06/24/25 documented R1 was independent with meals. The Memory Care Director acknowledged R1's Care Plan lacked documented evidence of when R1 started needing assistance with eating at meals. Facility Change in Resident Status Policy dated 12/05/25 documented changes in resident status or ability to function include but are not limited to (b.) refusal to eat, drink or take medications……all new orders will be entered into the resident's care plan. Severity: 2 Scope: 1 Complaint # 12513			
Y 0850 SS= D	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.** 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangement to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary. 2. A resident who is suffering from an	Y 0850	1) In service conducted on Proper notification of PCP and POA upon change of condition 2)Resident Care Coordinator or designee will follow up with POA,s and PCP after any change of condition 3)Follow ups notes will be documented in the resident chart 4)Resident Care Coordinator or Designee 5) 01/13/2026	01/13/2026

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	illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he is unavailable, by another licensed physician. 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. 4. The facility shall ensure that appropriate medical care is provided to the resident by: (a) A caregiver who is trained to provide that care; (b) An independent contractor who is trained to provide that care; or (c) A medical professional. 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. 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. (b) Monitor the ability of the resident to care for his own health conditions and shall document in writing any significant change in his ability to care for those conditions. 7. This section does not prohibit a resident			

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	from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection. 8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident. Inspector Comments: Based on interview, record review and document review, the facility failed to ensure the responsible party was notified of a change in a resident's condition for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 11/01/24 with a diagnosis of dementia. A Meal Attendance Tracking Form dated 10/15/25 documented R1 refused their breakfast, lunch and dinner. R1 was documented as having eaten snacks and fruits. On 12/18/25 in the morning, the facility lacked documented evidence R1's responsible party was notified of R1's change in condition of refusing to eat on 10/15/25. A Meal Attendance Tracking Form dated 10/16/25 documented R1 refused their breakfast, lunch and dinner.			

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	On 12/18/25 in the morning, the facility lacked documented evidence R1's responsible party was notified of R1's change in condition of refusing to eat on 10/16/25. A Meal Attendance Tracking Form dated 10/17/25 documented R1 refused breakfast and lunch. On 12/18/25 in the morning, the facility lacked documented evidence R1's responsible party was notified of R1's change in condition of refusing to eat on 10/17/25. On 12/18/25 in the morning, the Memory Care Director acknowledged R1 refused to eat breakfast, lunch and dinner on 10/15/25, 10/16/25 and 10/17/25. According to the Memory Care Director, they notified R1's physician regarding R1 not eating on 10/15/25, 10/16/25 and 10/17/25, but not R1's responsible party. An Incident Report dated 10/17/25 at 2:30 PM documented R1 was sent to the hospital after being found unresponsive in the facility. R1 had not been eating for 2 days. Both R1's physician and responsible party were documented as being contacted. On 12/18/25 in the morning, the Executive Director verbalized the Memory Care Director inadvertently called the responsible party's wrong number several times on 10/17/25 and acknowledged R1's responsible party had not been immediately notified of the incident on 10/17/25. Facility Change in Resident Status Policy dated 12/05/25 documented the Resident Care Director will notify the resident's family and responsible party of the change in resident status and actions taken by the Community. Severity: 2 Scope: 1 Complaint # 12513			