

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9548	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2026
NAME OF PROVIDER OR SUPPLIER LEGACIES MEMORY CARE AT SAN MARTIN		STREET ADDRESS, CITY, STATE, ZIP CODE 7230 GAGNIER BOULEVARD, LAS VEGAS, NEVADA ,89113		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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 Name:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

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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 an annual survey initiated at your facility on 04/06/26. The facility is licensed for 50 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 29. Ten resident files and eight employee files were reviewed. The facility received a grade of A.			
Y 0065 SS= D	NAC 449.196 & R043-22 Qualifications of caregivers: 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and <i>sections 2 to 16, inclusive, of this regulation</i> and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the	Y 0065		

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	residents of the facility; and <i>(f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and</i> <i>(g)Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training.</i> Inspector Comments: Based on record review and interview, the facility failed to ensure one employee received Caregiver training (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 09/09/25 as a Medication Technician. E4's file lacked documented evidence of Caregiver training. On 04/06/26 in the afternoon, the Business Office Manager acknowledged E4's file lacked documented evidence of Caregiver training. Severity: 2 Scope: 1			
Y 0393 SS= F	NAC 449.226 Safety requirement: Auditory systems for bathrooms and bedrooms -More than 10 residents	Y 0393		

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	4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the call bell system provided an alert to notify staff for 11 of 29 sampled residents' rooms. Findings include: On 04/06/26, a surveyor observed three call bell pull cords in each resident's room. One surveyor pulled 90 call bell cords from 30 resident bedrooms and bathrooms. A second surveyor observed the call bell monitoring panel to assess whether the call panel lit up and alerted the staff member when the call bell cord was pulled. Of 90 call bell cords pulled, 11 of the residents' call bells did not alert the call panel when pulled. On 04/06/26 in the morning and in the afternoon, the Maintenance Director was unaware how the call bell system worked. The Maintenance Director acknowledged 11 residents were affected when call bell board did not light up when the pull cords were			

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	pulled. TheMaintenance Director agreed the system needed to be fixed. On 04/06/26 in the afternoon,the Administrator acknowledged when the 11 residents' call bell cords werepulled, the call bell panel did not light up and the staff were not notifiedthe residents needed assistance. The Administrator acknowledged the system wasnot fully operable and the potential danger to residents posed by the impairedcall bell system, and agreed it needed to be either fixed or replaced. Severity:2 Sco pe: 3			
Y 1035 SS= D	NAC 449.2768 Residential facility which provides care to persons with Alzheimer's disease: Alzheimer's/dementia Training: 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 is initially employed at the facility, at least 2 hours of tier 2 training. (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. (3) If such an employee is licensed or certified by an occupational licensing board,	Y 1035		

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	at least 3 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). (b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education. 2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he has completed that training within the previous 12 months. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 9 employees acquired 2 hours of Tier 2 Alzheimer's training within 40 hours of hire and the additional 8 hours of Alzheimer's training within 90 days of hire (Employee #4 and #8). Findings include:			

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	Employee #4 (E) E4 was hired on 09/09/25 as a Medication Technician. E4's file lacked documented evidence of Alzheimer's Training. Employee #8 (E8) E8 was hired on 12/11/25 as a Caregiver. E8's file lacked documented evidence of Alzheimer's Training. On 04/06/26 in the afternoon, the Business Office Manager acknowledged E4 and E8's file lacked documented evidence of Alzheimer's training. Severity: 2 Scope: 1			