STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11211	A. BUILDING _____ B. WING _____	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY ADULT CARE	1733 HUNTERS BLUFF DRIVE, NORTH LAS VEGAS, NEVADA ,89032

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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 an annual survey completed at your facility on 10/22/2025. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The census at the time of the survey was five. Five resident files and four employee files were reviewed. The facility received a grade of B.			
Y 0515 SS= F	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each	Y 0515	ator prepared a activity calendar for the month had a specific file envelope for past activity calendar. b) Administrator shall discuss activity matters during next resident meeting. tag Y 0515 c) Administrator shall monitor tolerance and residents response to activities during his regular walk through. d) Person responsible : Administrator	05/05/2026

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	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;			

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	Inspector Comments: Based on interview and record review, the facility failed to develop and have a person-centered service plan for 5 of 5 residents (Resident #1, #2, #3, #4 and #5). Findings include: Resident #1 (R1) R1 was admitted on 09/09/2025, with diagnoses of Parkinson's Disease and Atrial Fibrillation. R1's clinical record lacked documented evidence of a person-centered service plan on file. Resident #2 (R2) R2 was admitted on 09/12/24, with diagnoses of Osteoarthritis, Chronic Obstructive Pulmonary Disease (COPD), Gastroesophageal Reflux Disease (GERD). R2's clinical record lacked documented evidence of a person-centered service plan on file. Resident #3 (R3) R3 was admitted on 06/10/2025,			

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	with diagnoses of acute renal failure, debility/muscle weakness. R3's clinical record lacked documented evidence of a person-centered service plan on file. Resident #4 (R4) R4 was admitted on 03/29/2025, with past medical history of uterine mass, diagnoses of hypertension and hypothyroidism. R4's clinical record lacked documented evidence of a person-centered service plan on file. Resident #5 (R5) R5 was admitted on 12/27/2024, with diagnoses of dementia, senile degeneration of the brain, chronic kidney disease (CKD) and falls. R5's clinical record lacked documented evidence of a person-centered service plan on file. On 10/22/2025, the Owner/Designee/Caregiver indicated the facility had not developed the required person-			

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	centered service plan for R1, R2, R3, R4 and R5 and acknowledged the findings at the exit interview. Severity: 2 Scope: 3			
Y 0870 SS= F	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report	Y 0870	TAG Y 0870: Tag-0870 A) A six month review form will be signed by a physician, pharmacist or registered nurse to verify the residents drug regiment for accurancy and appropriateness,at least once every six months. B- The administrator will review the form and audit the medications and sign after the health care professional signs it. C- The administrator will sign off within 72-hours D- Each report will be maintained for each resident and readily available E- PERSON RESPONSIBLE- ADMINISTRATOR F- DATE COMPLETED- 05/05/2026	05/05/2026

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	submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure six-month pharmacy reviews were implemented and/or were reviewed and signed off by the Administrator, for 3 of 5 residents. (Resident #2, #4 and #5) Findings include: Resident #2 (R2) R2 was admitted on 05/26/23 with diagnoses including chronic pain disorder and dementia. Review of R2's file documented R2 last had a pharmacy review on 05/20/24. There was no documentation the pharmacy review for R2 was reviewed or signed off by the Administrator. Resident #4 (R4) R4 was admitted on 03/29/2025, with past medical history of uterine mass, diagnoses of hypertension and hypothyroidism. There was no documentation the pharmacy review for R4 was reviewed or signed off by the Administrator. Resident #5 (R5) R5 was admitted on 12/27/2024, with diagnoses of dementia, senile degeneration of the brain, chronic kidney disease (CKD) and falls. There was no documentation the			

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	pharmacy review for R5 was reviewed or signed off by the Administrator. On 07/22/24 in the afternoon, the House Manager acknowledged the pharmacy reviews had not been signed off on by the Administrator and verbalized being unaware of the requirement. Severity: 2 Scope: 3			
Y 1825 SS= E	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 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	Y 1825	Y -1825 A -1825 A. -The housemanager will be deseginated as the primary infection control manager. B-The administratorr will be designated as the secondary infection control manager C- The information will be updated upon any changes by the administrator D- The information will be posted in the facility with the appropriate contact information	05/05/2026

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	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 interview and record review, the facility failed to ensure a primary and secondary person responsible for the facility's infection control program were identified. Findings include: There was no documentation the facility had designated who would be the primary and secondary program managers of their infection control program. On 10/22/2025 in the afternoon, the House Manager confirmed they had not identified the primary and secondary infection control program managers. Severity: 2 Scope: 2			
Y 1840 SS= D	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection;	Y 1840	TAG Y 1840: (2) After survey administrator went over with caregiver the importance of training. The employee went over the proper training and got the proper certificate. This is now in the file. (3) person responsible: Administrator (4) completed on: 2/25/2026 house manager will be designated as primary infection control. The administrator will be the secondary infection control manager.	05/05/2026

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	(d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on interview and record review the facility failed to ensure an employee who provided care to residents had completed initial Infection Prevention and Control Training for Unlicensed Caregivers for 1 of 4 employees (Employee #3). Findings include: Employee #3 (E3) E3 was hired by the facility on 06/27/2025 as a Caregiver/Medication Technician. E3's employee file lacked documented evidence to show E3 completed initial Unlicensed Caregiver Infection Control trainings. On 10/22/2025 in the morning, the House Manager indicated E3 had initially completed the Unlicensed Caregiver Infection Control training. The House Manager was unable to provide documented evidence of E3's certificate of completion prior to the end of survey. Severity: 2 Scope: 1			