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
	11211	A. BUILDING _____ B. WING _____	10/30/2024

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

(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 conducted at your facility on 10/30/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of survey was four. Four resident files and three 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		

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: MARINA C VAUGHN Title: Administrator Date: 11/10/2024

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure full bed rails were not used as a restraint for 1 of 4 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 10/24/24 with diagnosis of neuropathy, type 2 diabetes, heart failure. On 10/30/24 in the morning, R1 was observed lying in bed, with full bed rails up on both sides of the bed. R1 verbalized being unable to lower the bedrails. R1 was unaware the reason full bed rails were up on both sides of the bed, and acknowledged being immobile and could not get out of bed without assistance. On 10/30/24 in the afternoon, the House Manager acknowledged full bed rails were up on both sides on R1's bed. When asked why full bed rails were on the bed, the house manager didn't have a reason. Severity: 2 Scope: 1	0557	#2- Tag- 0557 (A) After survey administrator confirmed that the bed was brought from hospice. but was picked back up ,client is no longer at the facility. (B)Administrator shall discuss with employees how important it is to keep the clients free from any restraints preventing any movement from the client. (C) Administrator shall go over the dwelling while doing her monthly walkthrough. (D) Person responsible: Administrator (E) Date completed: 11/10/2024	11/10/2024

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0876 SS= F	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on interview and record review, the facility failed to ensure, an Ultimate User Agreement, to administer medications to residents, was completed for 3 of 4 residents (Resident #2, Resident #3 and Resident #4). Findings include: Resident #2 (R2) R2 was admitted on 10/18/24 with diagnosis including Liver Cell Carcinoma. Review of R2's medical record revealed there was no Ultimate User Agreement completed, authorizing staff to administer medications to R2. Resident #3 (R3) R3 was admitted on 09/12/24 with diagnosis chronic obstructive pulmonary disease (COPD) and hypertension (HTN). Review of R3's medical record revealed there was no Ultimate User Agreement completed, authorizing staff to administer medications to R3. Resident #4 (R4) R4 was admitted on 10/23/24 with diagnosis including chronic pain, end stage renal disease and diabetes. Review of R4's medical record revealed there was no Ultimate User Agreement completed, authorizing staff to administer medications to R4. All residents had a medication administration record (MAR) and it was documented that each resident was being administered medications. On 10/30/24 in the afternoon, the House Manager confirmed an Ultimate User Agreement had not been completed for R3, R3, or R4. House manager did confirm medications were being given. Severity: 2 Scope: 3	0876	#3 - Tag-0876 (A) After the survey the caregiver was instructed how important it is to give and manage the medication for each and every client. (B) Administrator shall go over the importance of medication management at this months meeting. (C) Person responsible: Administrator (D) Date completed: 11/09/2024	11/10/2024

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0930 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation and interview, the facility failed to ensure resident records were secure. Findings include: On 10/30/24 in the morning, Hospice and Home Health folders for four residents was observed on a shelf in the corner of the living room. On 10/30/24 in the morning, the House manager acknowledged the observation and verbalized the binders should have been locked up. Severity: 2 Scope: 3	0930	#4-tag- 0930 (A) After survey administrator went over how important it is to have each and every file seperately stored in a locked area. (B) Administrator shall go over all files to ensure all files are seperate from the others and locked in a safe area. (c) Person responsible: Administrator (D)Date completed: 11/10/2024	11/10/2024