

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER LOLA'S LEGACY		STREET ADDRESS, CITY, STATE, ZIP CODE 8115 MOHAWK LANE, RENO, NEVADA ,89506-9126		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 07/25/24. The State Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly or disabled persons, and/or persons with mental illness, and/or persons with intellectual disabilities, Category II residents. The census at the time of the survey was seven. Seven resident records and three employee records 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 deficiencies were identified:			

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: MARCUS RAUDSZUS Title: Owner
REPRESENTATIVE'S SIGNATURE

Date: 08/26/2024

Division of Public and Behavioral Health

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(X4) ID PREFIX TAG 0933 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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: (d) A statement from the resident 's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a standard placement determination was accurately completed by a provider upon admission for 1 of 7 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 01/09/24, with diagnoses including hypertension, and aphagia. Resident #2's clinical record lacked documentation of a Physician Placement Determination completed on or prior to admission. Physician Placement Determination dated 07/10/24, was completed six months late. On 07/25/23 at 10:07 AM, the Caregiver confirmed Resident #2's Physician Placement Determination was completed late, and should be completed on or prior to admission to the facility. Severity: 2 Scope: 1	ID PREFIX TAG 0933	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 0933 : Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) The missing Physician Placement was identified in July 2024 after the administrator's audit, but we were unable to find the original copy. The administrator and owner reviewed the admission packet, which includes the Physician Placement document. The owner will do a digital copy of each admission packet to avoid losing necessary documents.	(X5) COMPLETION DATE 08/26/2024