

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 07/12/2023
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) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 07/12/23. 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 chronic illness, and/or persons with intellectual disabilities, Category II residents. The census at the time of the survey was five. Five resident records and four 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:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on record review and interview, the facility failed to ensure residents receiving skilled nursing services were not allowed to admit or remain in the facility for 2 of 5 residents receiving skilled nursing services (Resident #1 and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 09/17/19, with diagnoses including cancer, degeneration of brain, chronic obstructive pulmonary disease, and encounter for palliative care. Resident #1's record documented the resident had been	0620	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. POC: The manager has applied for the bedfast waiver for both residents #1 and #2 because there was no bedfast waiver on file since the residents' increased level of care was required. The administrator is following up with HCQC to ensure proper qualification of care exists for the residents. The administrator trained caregivers on the required documentation anytime a resident requires hospice, home health, or is bedfast and requires waiver from HCQC to ensure future compliance and the facility's	07/13/2023

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: 07/30/2023

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	receiving hospice nursing services since the resident was admitted to the facility related to cancer and degeneration of brain. Resident #1's record lacked documented evidence from the Division the resident had met the requirements for eligibility to remain in the facility. Resident #2 Resident #2 was admitted to the facility on 02/13/19, with diagnoses including bipolar, hypertension, schizophrenia, and adult failure to thrive. Resident #2's record documented the resident had been receiving hospice nursing services since the resident was admitted to the facility related to schizophrenia, and adult failure to thrive. Resident #2's record lacked documented evidence from the Division the resident had met the requirements for eligibility to remain in the facility. On 07/12/23 at 11:45 AM, the Manager confirmed Resident #1 and #2 had been receiving skilled nursing care from a hospice provider. The Manager verbalized not having been aware of the regulation related to residents receiving hospice nursing services. The Administrator confirmed the facility had not submitted waiver applications to the Division to retain the residents receiving skilled nursing care. Severity: 2 Scope: 1		qualification to care for residents.	

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(X4) ID PREFIX TAG 0870 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0870	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 07/14/2023
	Medication Administration-Accuracy & Report - 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 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 record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 5 residents residing in the facility for longer than six months (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/25/16, with diagnoses including vitamin D deficiency, mood disorder, pain, and history of hepatitis C antibody. Resident #4's record documented the last medication review was completed on 07/01/22. Resident #4's record lacked documented evidence a medication review had been completed since 07/01/22. On 07/12/23 at 12:33 PM, the Manager confirmed a medication review for Residents #4 had not been completed since 07/01/22 and should have been completed every six months. Severity: 2 Scope: 1		Medication Administration-Accuracy & Report - NAC 449.2742Administration of medication: Responsibilities of administrator, caregiver andemployees of facility. 1. The administrator of a residential facility thatprovides assistance to residents in the administration of medications shall:(a) Ensure that a physician, pharmacist or registered nurse who does not have afinancial interest in the facility: (1) Reviews for accuracy andappropriateness, 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 supplementstaken by a resident; and (2) Provides a written report of that review to theadministrator of the facility. (b) Include a copy of each report submitted tothe administrator pursuant to paragraph (a) in the file maintained pursuant toNAC 449.2749 for the resident who is the subject of the report. (c) Make andmaintain a report of any actions that are taken by the caregivers employed bythe facility in response to a report submitted pursuant to paragraph (a). POC:The manager and caregivers identified the proper documentation was not given tothe resident's provider to complete the medication review, despite the providerhaving conducted the medication review. The administrator has reviewed theproper process during resident's provider physical assessments and medicationreviews to avoid any future mistakes. The provider for resident #4 has updatedthe medication review from previous physical assessment.	