DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/30/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOLA'S LEGACY	**8115 MOHAWK LANE, RENO, NEVADA ,89506-9126**

(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 and complaint survey conducted in your facility on 07/30/2025. 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 four employee records were reviewed. The facility received a grade of A. Complaint #NV00073974 with the allegation the facility had refuse and accumulated discarded items on the property was substantiated (See tag Y0178). The following allegations could not be substantiated due to a lack of evidence: -Allegation #1: The facility failed to repair or replace torn window screens. -Allegation #2: The facility failed to ensure staff had documented background checks and elder abuse training. The investigation into the allegations included: Observations of the surrounding area of the property, caregiver to resident interactions, and resident activities. Interviews were conducted with two residents, a caregiver, and the owner. Document review included all employee files for trainings, resident files, and the resident rights policy. 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:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARCUS RAUDSZUS Title: owner Date: 10/20/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/30/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOLA'S LEGACY	**8115 MOHAWK LANE, RENO, NEVADA ,89506-9126**

(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
0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the side yard and back yard were free of refuse and stored items. Findings include: On 07/30/2025 at 11:10 AM, the following items were in the side yard: -a van missing a rear tire and inoperable, -a truck missing a rear tire and inoperable, -two inoperable refrigerators. On 07/30/2025 at 11:22 AM, the following items were in the backyard, against the rear house wall: -a mirror -two hand trucks, -three cinder blocks, -six bricks, -one discolored wooden night stand/shelf, -one glass pot cover. On 07/30/2025 at 11:27 AM, the Owner confirmed the items stored on the side yard and backyard needed to be discarded. NV00073974 Severity: 2 Scope: 1	0178	Tag 0178 Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302). The refrigerators will be removed, but the location of the vehicles and refrigerators is not where the residents travel or use due to the uncomfortable terrain. The refrigerators and much of the garbage will be dumped as soon as my trailer is fixed. I'm not sure when this will happen, but hopefully 3rd week in September. The vehicles were moved and all vehicles on the property are operational or in use. All the hand carts and cinder blocks have been removed from the back of the house to give more freedom and safety for the residents' activity. The owner and administrator have reviewed with the staff where to store items that are not used by the residents. The owner will review the proper storage with the staff in the future to avoid any unclean areas.	08/01/2025
0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure expired food was removed from the facility pantry. Findings include: On 07/30/2025 at 10:31 AM, the following items were located and expired in the facility pantry: -Spicy refried beans, one 15 ounce (oz) can, expired 06/13/2025, -Refried beans, one 15 oz can, expired 03/31/2025, -No fat refried	0250	Tag 0250 Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302). Administrator and owner reviewed the best by dates for all food items. Staff dated the items and all items past their best by dates were removed from the residents' food. Owner reviewed the process to remove items past their "best by date" and method to remove these items to keep this incident from happening in the future with the staff.	08/01/2025

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/30/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOLA'S LEGACY	**8115 MOHAWK LANE, RENO, NEVADA ,89506-9126**

(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
	beans, one 15 oz can, expired 01/22/2025, -Vegetable snack crackers, one 13.3 oz box, expired 05/15/2025, -Apple-cinnamon nutrigrain bars, one 20.8 oz box, expired 05/23/2025, -Blueberry biscuits, one 8.85 oz box, expired 03/20/2025, -Thick and rich spaghetti sauce, one 11.5 oz jar, expired 06/13/2025, -Jellied cranberry sauce, five 14 oz cans, expired 03/07/2025, -Microwave movie theater butter popcorn, 44 3.3 oz bags, expired 10/21/2023, -Strawberry cake mix, one 15.25 oz box, expired 03/18/2025, -Blossom cookie kit, one 10.6 oz box, expired 01/06/2023, -Lower sugar yellow cake mix, one 15.25 oz box, expired 11/07/2024, -Perfectly moist french vanilla cake mix, one 15.25 oz box, expired 10/20/2021, -Elbox macaroni, one 20 oz bag, expired 12/29/2024, -Mac n cheese mix, 10 7.25 oz boxes, expired 03/13/2025, and -Macaroni and cheese mic, five 7/.25 oz boxes, expired 03/14/2025. On 07/30/2025 at 10:59 AM, the Owner/caregiver (Cg) explained thinking items such as expired pasta/macaroni and popcorn were acceptable to use for the residents past the expiration dates. The Owner/Cg confirmed all of the items were expired and should have been discarded by the expiration date. Severity: 2 Scope:1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/30/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOLA'S LEGACY	**8115 MOHAWK LANE, RENO, NEVADA ,89506-9126**

(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
0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on record review and interview, the facility failed to ensure a caregiver acquired first aid and cardiopulmonary resuscitation (CPR) training within 30 days of hire for 1 of 4 employees (Employee #1). Findings include: Employee #1 Employee #1 was hired as a caregiver on 12/15/2024. The employee's file contained a first aid and CPR training certificate dated 02/08/2025, beyond the required 30 days of hire. On 07/30/2025 11:45 AM, the Owner/Caregiver confirmed Employee #1 had not received the required first aid and CPR training within 30 days of hire. Severity: 2 Scope: 1	0450	Tag 0450 First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302). Administrator reviewed the proper requirement for hiring and maintaining caregiver qualifications to ensure proper care for residents. Owner acknowledged error in late scheduling of one staff's First Aid and CPR training. Owner committed to following proper requirements for hiring and maintaining caregivers' qualifications and ensuring this will not happen again.	08/01/2025