

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OR SUPPLIER THE VICTORIAN CENTER, LLC 1		STREET ADDRESS, CITY, STATE, ZIP CODE 11 WHITEWIND LANE, LAS VEGAS, NEVADA ,89110		
(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 a COVID-19 focused infection control State Licensure survey conducted initiated at your facility on 09/04/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was nine. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting non-essential visitors, requiring a mask before entry, and directing visitors to sanitize or wash hands when entering. - Facility checked the temperature of the health facility inspector prior to entry. - Health facility inspector was not asked COVID-19 screening questions related to: symptoms, travel history, an exposure to the virus at other facilities prior to entry to the facility (See TAG #0050). - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located on the counter near the facility entrance. - Three caregivers and the Administrator wore cloth masks. - The caregivers wore gloves with resident contact. - The caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Nine residents were in the living room sitting in recliners spaced six feet apart. - Staff cleaned high touch areas with Pine Sol. - The facility had 4,000 gloves, 1,200 disposable masks, 1,000 washable cloth masks, and 100 face shields, 100 gowns, two 32-ounce bottles of hand sanitizer, and two 67-ounce bottles of hand sanitizer. - One non-contact forehead thermometer and one temporal thermometer were available. Interview with one caregiver and the Administrator revealed: - Visitors were limited to essential healthcare workers. - Temperature checks are completed for staff and essential visitors upon entrance to the facility. - Screening	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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: MARIA ANTONIO Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 09/24/2020

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	questions had not been asked for visitors or staff (See TAG #0050). - Visitors are required to utilize hand sanitizer or wash hands upon entry. - Resident temperatures were checked twice a day in the morning and evening. - Residents were spaced six feet apart for meals and activities. - Staff sanitized high touch areas throughout the day with Pine Sol. - Training was held regarding proper donning and doffing of personal protective equipment (PPE). - The facility had a plan in place for isolation and quarantining residents. Record Review: - The facility did not develop policies and procedures regarding COVID-19 (See TAG #0050). 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 investigation, 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:			

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the Administrator failed to screen visitors and establish a comprehensive infection prevention and control plan related to the COVID-19 pandemic. Findings include: On 09/04/20, the caregiver did not ask the health facility inspector screening questions related to the signs and symptoms of COVID-19 upon entry to the facility. The facility did not have an infection control policy related to COVID-19 which included: - Isolation and quarantine measures for residents and staff who may have been potentially exposed to COVID-19. - Dedicated staff assigned to only provide care for COVID-19 infected residents. - Limitation of visitors and how visitors are screened prior to entry to the facility. - Monitoring residents for signs and symptoms of COVID-19 and documentation of sign and symptoms. - Infection control measures, including proper usage, disposal and decontamination of re-used PPE, cleaning schedules. - Education, monitoring and screening practices of staff. - Addressing staffing issues during emergencies, such as the transmission of COVID-19. - Notification of the resident's family and/or guardian and physician after a resident develops signs and symptoms -or tests positive for COVID-19. - Procedures to ensure the proper agencies are notified of confirmed and suspected cases of COVID-19. On 09/04/20, the caregiver and the Administrator reported the facility did not ask screening questions to visitors for COVID-19 upon entry. The Administrator verbalized a written infection control policy related to COVID-19 had not been developed. Severity: 2 Scope: 3	0050	A. Covid 19 screening questions are now being asked to visitors upon entry to the facility. The facility created a Symptoms Assessment to be filled out by a caregiver on duty. (Attachment#1, Tag 0050). To comply with regulations, the facility has constructed Infection Control Policies related to COVID 19.(Attachment#2. Tag 0050) B. A signage will be posted at the entrance door that would serve as reminder to the caregiver on duty the procedures to follow before allowing a visitor to enter the facility. (Attachment#3, Tag 0050). The administrator will conduct a meeting with all employees to discuss the Infection Control Policies of the facility. They must sign a form of agreement which signifies the employee has understood the Policies. C. September 30, 2020	09/24/2020