

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2850	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2018
NAME OF PROVIDER OR SUPPLIER THE VICTORIAN CENTER, LLC 2		STREET ADDRESS, CITY, STATE, ZIP CODE 1895 PRISCILLA ST, LAS VEGAS, NEVADA ,89115		
(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 annual State Licensure at your facility on 12/17/18, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five 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 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
0088 SS= D	4493199(4) - Staffing Schedule - NAC 449.199 Staffing requirements; limitations on number of residents; written schedule required for each shift. 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on observation and interview, the facility failed to maintain a written schedule for staffing. Findings include: On 12/17/18 at 9:35 AM, upon entrance to the facility, a staffing schedule was not posted in the facility. On 12/17/18 at 1:05 PM, a Administrator acknowledged the staff schedule had not been posted. The Administrator explained the scheduled was not posted due to the short amount of staff at the facility. The Administrator indicated a staff schedule should have been posted. Severity: 2 Scope: 1	0088	A monthly written staffing or work schedule is now posted on the bulletin board inside the facility. The caregivers employed by the facility are live-in caregivers. Attached is the work schedule prepared by the administrator.(Attachment#1) The administrator will make sure that work schedule is posted at the bulletin board inside the facility. The administrator will retain the schedule for at least 6 months after the schedule expires.	12/18/2018

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 F ANTONIO Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 12/22/2018

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(X4) ID PREFIX TAG 0251 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 449.217(2) - Storage of Food-Perishable foods refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. Inspector Comments: Based on observation and interview, the facility failed to ensure proper food temperatures were maintained. Findings include: On 12/17/18 at 9:45 AM, during a tour of the facility a package of chicken was observed on the counter top. On 12/17/18 at 9:50 AM, a Caregiver acknowledged the chicken on the countertop. The Caregiver indicated the chicken had been sitting on the countertop to be thawed out and served for lunch. Severity: 2 Scope: 3	ID PREFIX TAG 0251	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The administrator called a meeting with all the staff after the survey and discussed the proper way of thawing frozen foods especially frozen meats. The administrator will ensure that the procedure of thawing frozen foods is properly done. The administrator will check regularly to ensure compliance.	(X5) COMPLETION DATE 12/18/201 8

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(X4) ID PREFIX TAG 0920 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure a medication was secured in a refrigerator. Findings include: On 12/17/18 at 9:35 AM, a box of Levemir Flextouch insulin 100 units/milliliters (ml), had been located in the bottom drawer of a refrigerator unsecured in the kitchen. On 12/17/18 at 9:40 AM, a Caregiver acknowledged the medication was unsecured and should have been locked. Severity: 2 Scope: 3	ID PREFIX TAG 0920	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The administrator gave instruction to the med tech-on-duty to remove the auto inject pens from their boxes so they could all fit into the locked container. This was done during the survey and was witnessed by the surveyor. The other two(2) med techs were also informed on the procedure. The administrator will check on a regular basis to make sure that medications are properly secured in a locked container inside the refrigerator. The administrator will issue a disciplinary action to the staff- on-duty for non-compliance	(X5) COMPLETION DATE 12/17/2018