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 _____	**11/13/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VICTORIAN CENTER, LLC 2	**1895 PRISCILLA ST, LAS VEGAS, NEVADA ,89115**

(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 survey and complaint investigation initiated at your facility on 11/13/19 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for persons with Alzheimer's disease and/or Category II residents. The census at the time of the survey was four. Five resident files were reviewed and five employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00058095 was substantiated. The allegation a resident who did not have all their prescribed medications was given the discontinued medications of another resident was substantiated (See tag 871). The following allegations could not be substantiated: Allegation #2. Discontinued medications of residents were not being properly destroyed/disposed of by the facility The investigation into the allegations included: Observation of medication pass to residents. Interviews were conducted with three residents, one Caregiver, a Nurse Practioner and the Administrator. Review of five medical records including the resident of concern. Document review of the Medication Administration Record and the medication destruction record. 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: MARIA F ANTONIO Title: Administrator Date: 11/30/2019

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.

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0357 SS= E	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 7. Each resident must have his or her own toilet articles and must be provided with toilet paper, individual towels and washcloths. Paper towels may be used for hand towels. The towels and washcloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap. Inspector Comments: Based on observation and interview, the facility failed to ensure hand drying supplies were present in one bathroom used by 2 of 4 residents (Resident #2 and #3). Severity: 2 Scope: 2	0357	A) Paper Towels are now provided to all the residents to dry their hands when using the bathroom. (Attachment#1) B) All the staff were instructed to always make sure that toilet articles such as toilet paper, paper towel and soap are always available in all the bathrooms. The administrator will check on a regular basis to ensure compliance. C) November 14, 2019	
0871 SS= D	Medication Administration - Plan - 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: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of	0871	A) If a resident can not afford the co-pay for her/her medication and his/her doctor would not switch him/her to a similar product or a generic, the administrator will take the resident to the hospital. B) The administrator will make sure that discontinued medication of a resident is not given to another resident. The administrator will see to it that discontinued or unused medications are properly destroyed/disposed of by the facility. The administrator will ensure full compliance to the state regulations on medication management. C) November 13, 2019	

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	subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. Inspector Comments: Based on interview and record review, the facility failed to ensure a prescribed medication was available for 1 of 4 residents (Resident #5) and used the discontinued medication of another resident to supplement the unavailable medication. Findings include: Resident #5 (R5) was admitted on 07/03/19 and discharged on 10/01/19 with diagnosis including dementia and cerebral infarction. On 11/13/19 at 7:55 AM, a Caregiver indicated R5 was given discontinued medications belonging to another resident because they could not afford the medications. On 11/13/19 at 9:50 AM, the Administrator indicated they received permission from the physician, to give a discontinued resident's Eliquis to R5, because they could not afford the co-payment of the medication. On 11/13/19 at 10:15 AM, a Nurse Practioner confirmed			

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	they provided a verbal order for the facility to administer the discontinued Eliquis belonging to another resident to R5. Severity: 2 Scope: 1 Complaint #NV00058095			
0938 SS= D	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an activities of daily living screening was completed upon admission for 1 of 4 residents (Resident #3). Severity: 2 Scope: 1	0938	A) Resident"s #3 activities of daily living screening is now on file. (Attachment#2) B) The administrator will ensure that residents' activities of daily living screening is done upon admission. The administrator will check on a monthly basis residents' files to ensure all records are current and contain accurate documentation to meet the regulatory requirements. C) November 13, 2019	