Division of Public and Behavioral Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 2850 | A. BUILDING _____ B. WING _____ | 09/04/2020 |

| 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 |
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| 0000 | Initial Comments<br><br>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 six 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 two. 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 staff did not check the temperature of the health facility inspector, one caregiver, and the Administrator prior to entry (See TAG #050). - Health facility inspector and two staff members were 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 #050). - Health facility inspector and two staff members were asked to sanitize their hands prior to entry. - Hand sanitizer was located on the medication cart and was available upon request due to an Alzheimer's endorsement. - Two caregivers wore disposable masks and the Administrator wore a cloth mask. - The caregivers wore gloves with resident contact. - The caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Two residents were in the living room sitting on two separate couches. - Staff cleaned high touch areas with Pine Sol. - The facility had one 32-ounce bottle of hand sanitizer, 100 boxes of disposable masks, five washable cloth masks, and 200 pairs of gloves on hand. - One non-contact forehead thermometer and one temporal thermometer were available. Interview with one caregiver and the Administrator revealed: - Visitors were limited to essential | 0000 | | |

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| | healthcare workers. - Temperature checks are normally completed for staff and essential visitors upon entrance to the facility. - Screening questions had not been asked for visitors or staff (See TAG #050). - 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. 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: | | | |
| 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.<br><br>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 take the temperature of or ask the health facility inspector, a caregiver, and the Administrator 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 | 0050 | A. The caregiver on duty was reminded to always take temperature of all visitors before entry to the facility. The facility created a Symptoms Assessment to be filled out by 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)<br>B. A signage will be posted at the entrance door that would serve as a reminder to the caregiver on duty the procedure 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 serves as an indication that the employee has understood the policies.<br>C. September 30, 2020 | 09/24/2020 |

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| | 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 acknowledged temperatures should have been taken. The caregiver and the Administrator reported the facility did not screen 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 | | | |