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 _____	07/16/2021

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 and infection control survey conducted at your facility on 07/14/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities 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 received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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:	0000		

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 REPRESENTATIVE'S SIGNATURE Name: MARIA FE ANTONIO Title: Administrator Date: 07/27/2021

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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 interview and document review, the facility failed to implement safe infection control practices for the protection of residents and staff in response to the COVID-19 Pandemic. Findings include: On 07/16/21 in the morning, the facility lacked documented evidence a staff member had been medically cleared and fit-tested to wear an N95 mask. The Administrator acknowledged the facility lacked documented evidence a staff member was fit-tested or medically cleared to wear an N95 mask. Severity: 2 Scope: 3	0050	a) A staff member went to Southern Nevada Occupational Health Center last July 23, 2021 to get fit-tested to wear an N95 mask. Attached is the documented evidence that a staff member was fit-tested or medically cleared to wear an N95 mask. (Attachment#1) b) The administrator will ensure compliance to the new regulation on annual N95 fit testing by a staff member. The administrator will be responsible that a documented evidence of a staff member being medically cleared and fit tested to wear an N95 mask is on file. c) July 23, 2021	07/27/2021
0088 SS= C	Staffing Schedule - NAC 449.199 Staffing requirements 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 ensure a current staff schedule was posted. Findings include: On 07/16/21 in the morning, a staff schedule dated for 2019 was posted in the hallway. The Administrator verbalized she had not written a current staffing schedule. The administrator acknowledged a current staffing schedule needed to be created and posted. Severity: 1 Scope: 3	0088	a) Current staff schedule is now posted on the bulletin board inside the facility. Attached is the work schedule prepared by the administrator. (Attachment#2) b) The administrator will make sure that current 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. c) July 17, 2021	07/27/2021

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0178 SS= F	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 exterior of the home was free of broken/damaged items including broken and torn window screens. Findings include: On 07/16/21 in the morning, three windows screens were observed broken and torn lying against both sides of the house in the backyard. The Administrator acknowledged the windows screens were old, broken, torn, and needed to be disposed. Severity: 2 Scope: 3	0178	a) The broken and torn window screens lying against both sides of the house in the backyard were already removed. Attached is a proof that the backyard is now free of broken/damaged items. (Attachment#3) b) The administrator will be responsible to make sure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. The administrator will do monthly inspection of the premises to ensure compliance with NAC 449.209. c) July 19, 2021	07/27/2021
1555	Within 90 days after a facility is licensed Inspector Comments: Based on interview the facility failed to submit to the Division a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate the program for cultural competency for employee training. Findings include: On 7/16/21 in the morning, the Administrator acknowledged there was no cultural competency training program implemented for the employees.	1555	a) Last July 22, 2021, the administrator enrolled in the Asynchronous Cultural Competency Training given by the Nevada Public Health Training Center. On July 27, 2021,she completed all course requirements for the Asynchronous Cultural Competency Training. Attached is the Certificate of Completion for the training. (Attachment#4) b) The administrator will first try to develop and submit for approval its own cultural competency training to be provided annually, and at time of hire for all staff. The administrator's other option is to choose to use an approved third party cultural competency training. c) within 6 months	07/27/2021