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 |
|---|---|---|---|
| | 2275 | A. BUILDING _____ B. WING _____ | 05/23/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE VICTORIAN CENTER, LLC 1 | 11 WHITEWIND LANE, LAS VEGAS, NEVADA ,89110 |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of the Annual State Licensure Grading survey and Infection Control Inspection conducted at your facility on 05/23/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility was licensed for 10 Residential Facility for Group beds for persons with Alzheimer's disease or related dementia, Category II residents. The census at the time of the survey was six. Six resident records and four employee records were reviewed. 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: 05/31/2022

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|---|---|---|---|---|
| 0178 SS= E | 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.<br><br>Inspector Comments: Based on observation and interview the Administrator failed to ensure the inside of the facility was maintained. In the bathroom in the master bedroom, paint was peeling around shower wall and there appeared to be mold in the shower. The Administrator acknowledged the bathroom needs repair. Severity: 2 Scope: 2 | 0178 | a) The molds in the shower room were already removed. Administrator contacted the handyman to paint & repair the bathroom in the master bedroom. Attached is the receipt from the handyman. (Attachment#1)<br>b) The administrator will check on a regular basis to ensure that the premises are clean and well maintained. The administrator instructed all staff to do regular cleanings in all areas of the house and regular inspection of the facility will be done by the administrator to ensure a safe and clean environment.<br>c) According to handyman work will be completed on or before June 8, 2022. | 05/31/2022 |