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
	3105	A. BUILDING _____ B. WING _____	11/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BILLMAN HOUSE	**3646 BILLMAN AVE, LAS VEGAS, NEVADA ,89121**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey and infection control survey conducted at your facility on 11/01/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six beds for persons with persons with mental illness, Category I residents. The census at the time of survey was six. Six resident files and two employee files were reviewed. The facility received a grade of B. 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 investigations, 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: HELEN NICOLAS Title: Owner Date: 11/12/2021

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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 employee record review, the facility failed to ensure infection control practices were implemented and maintained in response to the COVID-19 pandemic. Findings include: On 11/01/21 at 11:00 AM, the facility had no N95 masks and no employees were medically cleared and fit tested to wear an N95 mask. The Owner acknowledged no employees were medically cleared and fit tested to wear an N95 mask. Severity: 2 Scope: 3	0050	The employee was cleared to wear an N95 mask. See attached document. The facility will ensure that all future employees will be cleared for the N95 mask.	11/10/2021

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0617 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 2. A person who wishes to reside in a residential facility with residents that require a higher category of care than the person requires may reside in the facility if he or she is not otherwise prohibited from residing in the facility. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a resident who required a higher category of care was not admitted for 1 of 6 sampled residents (Resident #5) Findings include: Resident #5 (R5) Resident #5 was admitted on 04/01/21, with diagnoses including heart failure, history of stroke, surgical wound and bedbound. The resident was under the care of hospice. R5 was observed lying in bed. R5's nursing assessment dated 04/21/21, documented R5 was unable to ambulate, dress or bathe without assistance. A Hospice Case Manager confirmed R5 was bedbound and unable to care for himself. The Hospice Case Manager acknowledge R5 was totally dependent on staff assistance. The Owner acknowledged R5 was bedbound and unable to care for himself. The Owner indicated R5 required assistance to be removed from the bed. Severity: 2 Scope:1	0617	The owner is currently searching for an appropriate facility to transfer the bedbound patient. The owner will not admit higher category patients in the future.	11/10/2021

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 residents had an ultimate user agreement (Resident # 5). Findings include: Resident #5 (R5) R5 was admitted on 04/01/21, with diagnoses including heart failure and hypertension. R5's file lacked documented evidence an ultimate user agreement was completed upon admission. On 11/01/21 at 10:15 AM, the Owner acknowledged an ultimate user agreement was not completed for R5. The Owner indicated an ultimate user agreement should have been completed for R5 upon admission to the facility. Severity: 2 Scope: 1	0876	The patient signed and the caregiver completed the ultimate user agreement. See attached document. The facility will assure that future patients will have completed agreements as necessary upon admission.	11/10/2021
0936 SS= F	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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	0936	R1 has started the step 1 on 11/9/2021 and will do step 2 on 11/16/2021. R2 Step 1 was completed on 11/2/2021. Step2 was completed on 11/9/2021. R3 The lab took a blood test on him for the quantiferon test on 11/12/2021. R5 The doctor has scheduled the TB test on 11/15/2021. R6 The patient was tested positive on 11/9/2021 and the doctor told him to have x-ray and the x-ray was cleared. see attached document.	11/12/2021

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	Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 6 sampled residents (Resident #1. #2, #3, #5 and #6) met tuberculosis (TB) requirements in accordance with Nevada Administrative Code (NAC) 441a. Findings include: Resident #1 (R1) R1 was admitted to the facility on 08/20/21, with diagnoses including chronic pain and fall risk. R1's first step TB test was completed on 08/09/21. R1's file lacked documented evidence a second step TB test was completed. Resident #2 (R2) R2 was admitted to the facility on 08/10/21. R2's file lacked documented evidence an initial two step TB test was completed. Resident #3 (R3) R3 was admitted to the facility on 04/05/19, with diagnoses including chronic obstructive pulmonary disease and diabetes. R3's first step was completed on 04/29/19. R3's file lacked documented evidence a second step was completed. Resident #5 (R5) Resident #5 (R5) was admitted on 04/01/21, with diagnoses included heart failure and hypertension. R5's first step was completed on 04/26/21. R5's file lacked documented evidence a second step TB test was completed. Resident #6 (R6) R6 was admitted on 10/01/21, with diagnoses included hypertension and altered mental status. R6's file lacked documented evidence an initial two step TB test had been completed. On 11/01/21 at 10:45 AM, the Owner acknowledged R1, R2, R3, R5 and R6's file did not have the required TB documents. Severity: 2 Scope: 3			

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0960 SS= D	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview, and record review, the facility admitted and retained a resident with diagnoses of mild neurocognitive disorder and memory loss for 1 of 6 sampled residents (Resident #4). Findings include: Resident #4 (R4) The facility was endorsed for mental illness. R4 was admitted to the facility on 06/01/21, with diagnoses including mild neurocognitive disorder and memory loss. R4's History and Physical Examination dated 06/16/21, documented R4's had stopped taking prescribed medications for memory loss. R4 was able to answer all mini-cognitive questions correctly. R4's file lacked documented evidence a Standard Placement Determination form had been completed. On 11/01/21 at 10:30 AM, the Owner acknowledged a Standard Placement Determination form had not been completed. The Owner indicated she was unaware a Standard Placement Determination form needed to be completed. Severity: 2 Scope: 1	0960	The owner completed the Standard Placement Determination form. See attached document. In the future the owner will make sure that all patients' forms will be completed.	11/10/2021