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 _____	**06/17/2022**

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

(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 the State Licensure Complaint Investigation survey conducted at your facility on 04/21/22 and concluded on 06/17/22, in accordance with Nevada Administrative Code, 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 mental illness, Category I. The census at the beginning of the survey was three. Two resident records were reviewed. The facility received a grade of A. One complaint was investigated: Complaint #NV00066007 with three allegations was substantiated. Allegation #1: The facility does not follow the menu and the menu does not list a month or year was substantiated. See TAG Y272. Allegation #2: Residents do not have access to the dryer and have to hang up their clothes and the Owner's clothes on the clothesline was substantiated. See TAG Y492. Allegation #3: Residents do not receive a variety of food items was unsubstantiated based on observations of ample food in two refrigerators, three freezers, and a pantry, observations of lunch on 05/03/22 and on 06/17/22, and interviews with a Caregiver, the Owner, and the Administrator. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: HELEN NICOLAS Title: Owner Date: 08/08/2022

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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0051 SS= F	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation, interview, and document review, the Administrator failed to designate an employee to be in charge and have access to all areas of the facility during the Administrator's absence. Findings include: On 04/21/22 at 1:30 PM, Employee #3 (E3) answered the door and explained the Owner was at an appointment and was not at the facility. E3 and two residents verbalized the Owner often left E3 in charge before lunchtime and usually returned by dinner time. E3 indicated E3 did not have access to the refrigerator, freezers, and pantry. On 05/03/22, the Administrator was contacted via telephone and indicated caregivers should have had access to food for residents, and explained not being aware E3 was being left alone with the residents without access to all parts of the facility. Severity: 2 Scope: 3	0051	The facility shall ensure that the administrator or designated caregiver shall be present at all times at the facility, and the administrator will remove any pertinent confidential files. The name of the administrator or designated employee will be posted in the entrance area at all times. The owner ensured that E3 has always had access to the refrigerator, freezer, and pantry. Only the medication cabinet was being locked. The owner left only because of an emergency and states that she will not leave the facility again even on emergencies.	08/08/2022

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0272 SS= F	Service of Food - Menus - NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation, interview, and document review, the facility failed to provide written menus which were dated and accurately reflected the meals served to the residents. Findings include: On 04/21/22 (Thursday) at approximately 1:15 PM, there were three conflicting menus attached to the wall. The menus were not dated and did not accurately reflect what was actually served for breakfast and lunch on 04/21/22. Menu #1 documented a banana and orange juice should have been provided at breakfast, and carrot sticks and green beans should have been provided at lunch on Thursday, 04/21/22. Menu #2 documented orange juice should have been provided at breakfast on the the third Thursday of the month 04/21/2022. Menu #3 documented orange juice should have been provided at breakfast and sweet peaches should have been provided at lunch on Thursday, 04/21/22. The Caregiver verified the three menus were conflicting and did not match what was actually served on Thursday, 04/21/22. The Caregiver confirmed there was no fruit, juice, or vegetables available to serve to the residents, as documented on the three menus. The Caregiver and two residents verbalized the daily breakfast meal consisted of cereal with milk, and lunch consisted of one thin sliced pork sandwich. The Caregiver and the two residents indicated there was no juice, fruits, or vegetables served. On 05/12/22, the Ombudsman indicated visiting the facility seven times within the past six months (11/12/21, 11/22/22, 12/15/21, 02/07/22, 02/14/22, 03/02/22, and 03/10/22). The Ombudsman reported the same three menus were always posted on the wall, were not dated, and they did not match what the residents were actually	0272	Starting this week, the facility will ensure that the written menu is correctly dated, posted, kept on file for 90 days, and will accurately reflect the meals that are actually being served to the residents. The facility will also make certain that juices will be served In accordance with the menu.	08/08/2022

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	served. On 04/21/22 at 5:30 PM, the Owner acknowledged the posted menus were not dated and did not match what was actually provided for residents to eat. On 06/17/22 at 12:00 PM, a menu documented breakfast to be served on 06/17/22 was pancakes, coffee, orange juice, and milk. The menu documented lunch to be served was chicken, potato, peas, rice, and bananas, or chop suey with vegetables. Two residents and the Caregiver indicated oatmeal and coffee were served for breakfast, and tuna sandwiches and brownies were served for lunch on 06/17/22. The residents and the Caregiver verified orange juice was not provided. The Caregiver acknowledged the posted menu was not accurate for the breakfast and lunch meals on 06/17/22. Severity: 2 Scope: 3 Complaint #NV00066007			
0492 SS= F	Volunteer - Resident duties - NAC 449.241 Limitations on use of volunteers; requirements concerning residents who volunteer to assist staff or perform other duties. (NRS 449.0302) 3. A resident must not be required to perform duties normally performed by the staff of the facility. If a resident volunteers to perform such duties, the administrator of the facility shall ensure that the resident ' s records include a statement that the resident has volunteered to perform those duties. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure residents were not required to perform cleaning and laundry duties normally performed by the staff of the facility; and failed to maintain a statement the residents volunteered to perform certain duties (Resident #2 and #3). Findings include: On 04/21/22 at 2:15 PM, the Caregiver and two residents reported the facility did not do residents' laundry for two of three residents (Resident #2 (R2) and Resident #3 (R3)). The Caregiver and two residents indicated R2 and R3 also cleaned the kitchen counters, washed	0492	The facility will immediately update the files of R2 and R3 to indicate their volunteer status. The facility will ensure that any duties that residents perform will have a statement in their records such as folding clothes, washing dishes, and wiping the countertops. The owner states that she does her own laundry and that the residents have never done her laundry. The facility will immediately stop hanging clothes outside and use the dryer. The washer and dryer's to be used only by the caregiver and is locked when not in use. The residents cannot use the laundry facility. The owner said that the residents monthly fees were less than average, but never said that residents had to do chores to make up for the monthly fees. The provider will make sure that these deficiencies will not occur agains. The provider will monitor these deficiencies for compliance.	08/08/2022

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	dishes, and swept and mopped the floors on a regular, daily basis. Two residents indicated they were told by the Owner to do their own laundry. They washed their own clothes and the Owner's clothes and hung them out on the clothesline. The residents verbalized the Owner locked the door to the laundry room and did not allow them to use the dryer to dry the clothes. The residents indicated the Owner only let them wash their clothes once a week. On 04/21/22 at 5:30 PM, the Owner verbalized R2 and R3 washed their own clothes and hung them out on the clothesline. The Owner acknowledged the laundry room door was locked and the dryer was not available for use. The Owner explained the residents preferred to hang up the clothes on the clothesline and offered to hang up the Owner's clothes as well, so the Owner let them do the Owner's laundry. The Owner indicated the two residents paid less rent per month and made up for this agreement by doing chores (doing their own laundry, doing the Owner's laundry, washing dishes and counter tops, and sweeping and mopping). On 05/12/22, the Ombudsman indicated visiting the facility seven times within the past six months (11/12/21, 11/22/22, 12/15/21, 02/07/22, 02/14/22, 03/02/22, and 03/10/22). The Ombudsman reported on 02/07/22, 03/02/22, and 03/10/22, the Ombudsman witnessed two residents hanging up clothes on the clothesline and washing dishes. There was no documented evidence signed volunteer statements were in the residents' files. On 05/03/22 at 12:30 PM, the Administrator indicated being unaware R2 and R3 were performing housekeeping and laundry duties for themselves and the Owner. On 05/03/22, the Administrator indicated it was not acceptable for R2 and R3 to perform housekeeping and laundry duties, and the dryer should have been made accessible for use. Severity: 2 Scope: 3 Complaint #NV00066007			