

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2022
NAME OF PROVIDER OR SUPPLIER BILLMAN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3646 BILLMAN AVE, LAS VEGAS, NEVADA ,89121		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure mandatory grading resurvey conducted at your facility on 12/22/22, 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 mental illness, Category I residents. The census at the time of the survey was five. Five resident files and two employee files were reviewed. The facility received a grade of A. 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:			
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 facility was free of a strong urine odor throughout the facility. The Owner explained a resident in bedroom #4 soaks through their incontinent briefs onto the mattress at night which causes a urine odor. There was no mattress protector on the bed to prevent urine from soaking through. Severity: 2 Scope: 3	0178	Resident #4 cannot control his bladder problem. We tried to change his briefs as much as we can to avoid the urine odor. We change his bed and put a new mattress. We cover the new mattress with a plastic protector. See attached picture about it. The provider and the administrator will make sure that the house is urine odor free. We use air freshener all over the facility to avoid the odor.	12/28/2022

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 Name: HELEN NICOLAS Title: Owner Date: 12/29/2022
REPRESENTATIVE'S SIGNATURE

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0859 SS= F	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician.	0859	The facility will make sure to keep a record of each resident's physical conditions before and after admission and on a yearly or more frequent basis. The facility will obtain and keep records of their physical examinations and take care to follow any instructions provided by the residents' physicians.	12/28/202 2
0936 SS= D	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	Each resident has a separate file and it's retained for 5 years. It's locked in a safe place that is resistant to fire and is protected against unauthorized use. The file is in compliance of the provisions of chapter 441A of NRS.	12/28/202 2
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.	0960	The facility will not accept anybody who has alzheimer's disease. The facility is only level 1 and knows its limits. The provider and administrator will make sure that we will not admit anybody with such medical problems.	12/28/202 2
1305 SS= F	Discrimination prohibited	1305	The facility does not discriminate to anyone who needs assistance.	12/28/202 2

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(X4) ID PREFIX TAG 1540 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Cultural Competency Training	ID PREFIX TAG 1540	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The administrator and the provider has completed the cultural competency training and will apply it to the facility.	(X5) COMPLETION DATE 12/28/202 2