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 _____	**04/04/2023**

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 a complaint investigation completed in your facility on 04/04/23 in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for 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 time of the survey was four. The sample size was five. The facility received a grade of A. There was one complaint investigated: Substantiated: Complaint #NV00067890 was substantiated. (See TAG Y174.) The investigation of the complaint included: Observation of four residents, resident rooms, and tour of the facility. Interviews were conducted with four residents, the Housekeeper, and the Owner / Operator. Record review of five residents, which included the resident of concern. Document review of Resident Rights. 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: 04/21/2023

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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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was free of urine odors. Findings include: On 04/04/23 at 11:45 AM, there was a strong urine odor present upon entering the facility. The urine odor permeated the living room, the kitchen, and the dining room. The Owner / Operator acknowledged the urine odor was present and indicated it was due to an incontinent resident. Severity: 2 Scope: 3 Complaint #NV00067890	0174	0174 The provider and the administrator will make sure that no more offensive odor permeate throughout the facility. The provider and administrator will eliminate the urine odor in the entire house by using different disinfectant deodorizers and cleansers. The provider will also reorganize the hazards and obstacles to allow the free movements of the residents. The provider has an exterminator and a worker that comes every month to exterminate insects and rodents and throw away the accumulation of dirt, garbage and other refuse. The provider will see to it that this deficiency will not happen again.	04/20/2023