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 _____	10/17/2023

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 an annual State Licensure and infection control survey conducted at your facility on 10/17/23, 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 persons with mental illness, Category I residents. The census at the time of survey was four. Four resident files and three employee files were reviewed. The facility received a grade of C. 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		
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 3 employees had tuberculin (TB) testing and health certifications per Nevada Administrative Code 441A (Employee #3). Findings include: Employee #3 (E3) E3 was hired as a Caregiver on 01/02/23. E3's file lacked documented evidence of a physical examination and a two-step TB test upon hire. On 10/17/23 in the afternoon, the Owner acknowledged E3's file lacked documented evidence of a physical examination and a two-step TB test upon hire. Severity: 2 Scope: 1	0102	We decided to let E#3 go. We submitted the application for a new caregiver and it is in process. E3 was terminated as of 11/18/23. Please see attached termination letter. The administrator will make sure that this incident will not occur again. The administrator will make sure that all the employees complete physical and TB test upon admission to the facility.	11/17/2023

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: 11/30/2023

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a background check was completed for 1 of 3 employees (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 01/02/23 as a Caregiver. E3's file lacked documented evidence of fingerprints and a completed background check for the facility, per the requirement. On 10/17/23 in the afternoon, the Owner acknowledged E3's file lacked documented evidence of fingerprints and a completed background check for the facility, per the requirement. Severity: 2 Scope: 1	0104	We decided to let E#3 go. We submitted the application for a new caregiver and it is in process. E3 was terminated as of 11/18/23. Please see attached termination letter. The administrator or provider must require evidence of fingerprints and complete background check for the facility upon admission. The provider will ensure that this incident will not happen again.	11/17/2023
0106 SS= E	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 3 employees received cardiopulmonary resuscitation (CPR) training, per the requirement (Employee #2 and #3). Findings include: Employee #2 (E2) E2 was hired on 01/01/23 as the Administrator. E2's file lacked documented evidence of CPR training, per the requirement. Employee #3 (E3) E3 was hired on 01/02/23 as a Caregiver. E3's file lacked documented evidence of CPR training, per the requirement. On 10/17/23 in the afternoon, the Owner acknowledged E2's and E3's file lacked documented evidence of CPR training, per the requirement. Severity: 2 Scope: 2	0106	E#3 was terminated as of 11/18/2023. Please see attached document of the termination letter for E#3. E2’s evidence of CPR was misplaced. Please see attached the document of the new CPR training for E2. The administrator must ensure that the documents are required upon hire.	11/17/2023

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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 interior and exterior of the facility was well maintained. Findings include: On 10/17/23 in the morning, located in the backyard was an area of tall grass surrounded by dirt and rocks. On 10/17/23 in the morning, the toilet in the main bathroom had brown rust colored stains on the rim and on the surrounding floor at the base of the toilet. On 10/17/23 in the afternoon, the Owner acknowledged the areas needed cleaning and repaired. Severity: 2 Scope: 3	0178	The administrator and the provider is always checking the premises along with the interior and exterior ensuring that the place is well maintained. The bushes and the grass were both trimmed down. The toilet in the main bathroom was also cleaned. A handyman was hired in order to fix the bathroom. Now the bathroom is nice and clean. The provider will make sure that the bathroom is always clean and sanitized.	11/17/2023

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0743 SS= D	Residents Requiring Indwelling Catheter - NAC 449.272 Residents requiring use of indwelling catheter. (NRS 449.0302) 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver; or (2) A medical professional who has been trained to provide that care; (b) Waste from the use of the catheter is disposed of properly; (c) Privacy is afforded to the resident while care is being provided; and (d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure catheter care training was documented as completed for 1 of 3 Employees (Employee #3). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/01/23 with diagnoses including urinary tract infection (UTI), Dementia, and gastroesophageal reflux disease. R1's record revealed R1 had a catheter. On 10/17/23 in the morning, the Owner confirmed R1 had an indwelling urinary catheter and it was cared for by Hospice. The catheter bag was observed hanging from the side of R1's bed. The catheter bag was full and Employee #3 (E3) emptied the catheter bag. Review of E3's file lacked documented evidence of training on disposing of waste from an indwelling urinary catheter and on the signs and symptoms of urinary tract infections and dehydration. On 10/17/23 in the afternoon, the Owner acknowledged E3's file lacked documented evidence of training on disposing of waste from an indwelling urinary catheter and on the signs and symptoms of urinary tract infections and dehydration. Severity: 2 Scope: 1	0743	The provider and administrator will make sure that the catheter bag is always emptied. The nurse comes in everyday but on that day, the nurse arrived later than the surveyor. The nurse is the person held responsible for emptying the catheter bag of the patient. We attached the documentation from the nurse regarding the daily catheter care. We will keep a copy of the documentation in the facility at all time.	11/17/2023

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a medication regimen review was completed for 1 of 4 residents (Resident #3). Resident #3 (R3) R3 was admitted on 08/20/21 with diagnoses including hypertension and acute renal failure. R3's file lacked documented evidence of a 6-month medication regimen review by a physician, pharmacist, or registered nurse, which included a written report for review by the Administrator. On 10/17/23 in the afternoon, the Owner acknowledged R3's file lacked documented evidence of a 6-month medication regimen review by a physician, pharmacist, or registered nurse, which included a written report for review by the Administrator. Severity: 2 Scope: 1	0870	Resident #3 was not talking medications for a while. Then the physician proceeded to prescribe new medication. That's why the provider and the administrator did not have the medications review. The facility knew that the medication review must be documented every 6 months. The provider must make sure that the medication review must be documented every 6 months for each resident.	10/31/2023

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview, observation and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 4 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 09/01/23 with diagnoses including dementia and gastroesophageal reflux disease. On 10/17/23 in the morning, the medication container for R1 contained a medication bottle labeled Clindamycin 300 milligrams (mg) three times a day for 10 days. R1's physician order dated 10/10/23 documented Clindamycin 300 mg three times a day for 10 days. R1's MAR dated October 2023 lacked documented evidence of Clindamycin 300 mg three times a day for 10 days. On 10/17/23 in the morning, the Owner acknowledged the medication had been administered to R1, but not documented accurately on the MAR as administered. Severity: 2 Scope: 1	0895	Resident #1 was given Clindamycin 300mg 3 times a day. This is an antibiotic meant for consumption for 10 days. We did not document it correctly but we are giving it to the patient accordingly 3 times a day. The provider and the administrator will make sure that antibiotics must be written in.	10/31/2023

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1540 SS= E	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on interview and record review, the facility failed to ensure 2 of 3 employees had training in cultural competency within 30 days of hire (Employee #2 and #3). Findings include: Employee #2 (E2) E2 was hired on 01/01/23 as the Administrator. E2's file lacked documented evidence of cultural competency training. Employee #3 (E3) E3 was hired on 01/02/23 as a Caregiver. E3's file lacked documented evidence of cultural competency training. On 10/17/23 in the afternoon, the Owner acknowledged E2 and E3's file lacked documented evidence of cultural competency training. Severity: 2 Scope: 2	1540	E2 have been documented evidence of cultural competency training. See attached E1 and E2 certificates of completion of the cultural competency training. E3 was terminated as of 11/18/2023. See attached the termination letter. The administrator will ensure that all employees must have completed cultural competency training upon hire.	11/17/2023