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 _____	**11/06/2024**

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 complaint investigation initiated at your facility on 10/09/24 and completed on 11/06/24, 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. Five resident files and two employee files were reviewed. The facility received a grade of B. There was one complaint investigated: Substantiated: 1. Complaint #NV00072276 was substantiated. (See TAG Y276) Observations of grooming and physical appearance of residents, meal observation, facility cleanliness, facility staffing, residents receiving care and assistance, and tour of the facility. Interviews were conducted with residents, a Hospice Social Worker, a Hospice Director of Patient Services, a friend of the resident of concern, and the Owner. Clinical record review of five resident records. Two employee files were reviewed. 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		
0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more	0276	The administrator and the provider will revise the menu to show the times for breakfast/lunch/dinner. Breakfast is from 7am-8am, lunch is from 12pm-1pm, dinners is from 5pm to 6pm. The administrator and the provider will make sure the food will be nutritious, provide alternative choices and include one or more hot meals a day. Snacks will be provided between meals and	12/05/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: HELEN NICOLAS Title: Owner Date: 01/03/2025

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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	than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on document review and interview, the facility failed to ensure food was nutritious and prepared with regard for individual preferences. Findings include: On 11/06/24 in the morning, R1 verbalized the facility does not offer any additional choices for food. R1 reported being given a bologna sandwich for lunch the previous day and a peanut butter and jelly sandwich for dinner. R1 acknowledged it would be nice to have additional choices other than sandwiches. On 11/06/24 in the morning, R4 verbalized the facility gave the residents bologna sandwiches yesterday and that the residents are given sandwiches frequently in place of hot meals. R4 acknowledged it would be nice if the facility provided warm meals occasionally and full meals instead of just offering sandwiches. The October 2024 menu documented Tuesday dinners were bologna sandwiches, potato chips and fruits in season. Wednesday dinners were an egg sandwich and a banana, and Friday dinners were a peanut butter and jelly sandwich with coffee or milk. On 11/06/24 in the afternoon, the Owner acknowledged frequently serving the residents sandwiches and not providing residents alternative food choices. The Owner verbalized they would offer the residents more warm meals in the future and ask residents for more input in the food provided. Scope: 2 Severity: 3 Complaint #NV00072276		the menu will consider the residents' preferences. Completed 12/26/24	
0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons	0515	The provider completed person centered service plans and the provider will complete them going forward. The Owner will ensure person centered service plans are monitored going forward. Completed 01/03/25.	12/05/2024

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	who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, failed to ensure a person-centered service plan was developed and that the person-centered service plan addressed the treatment needs of the residents for 4 of 4 sampled residents. (Resident #1, #2, #3 and #4) Findings include: Resident #1 (R1) R1 was admitted on 05/09/24 with primary diagnoses including heart failure and hypertention. On 10/09/24 in the morning, R1's record lacked documented evidence of an initial service plan. Resident #2 (R2) R2 was admitted on 08/04/23 with primary diagnoses including right flank pain and wound care with aseptic technic. On 10/09/24 at 9:40 AM, R2's record lacked documented evidence of an initial or annual service plan. Resident #3 (R3) R3 was admitted on 07/01/24 with primary diagnoses including weakness and decreased appetite. On 10/09/24 in the morning, R3's record lacked documented evidence of an initial service plan. Resident #4 (R4) R4 was admitted on 08/20/21 with primary diagnoses including mild neurology cognitive disorder. On 10/09/24 in the afternoon, R4's record lacked documented evidence of an initial or annual service plan. On 10/09/24 in the afternoon, the owner confirmed the missing service plans for R1, R2, R3 and R4 and acknowledged service plans were required at the time of admission and annually to address each resident's treatment needs. Severity: 2 Scope: 3			

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure full bed rails were not used as a restraint for 1 of 4 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 08/20/21 with diagnosis including mild neurology cognitive disorder. On 10/09/24 in the morning, R4 was observed lying in bed, with full bed rails up on both sides of the bed. R4 verbalized being unable to lower the bedrails. R4 was unaware the reason full bed rails were up on both sides of the bed. The resident verbalized she is unable to turn unassisted. On 10/09/24 in the afternoon, the owner acknowledged full bed rails were up on both sides on R4's bed and verbalized they were unaware they were considered a restraint. The Owner acknowledged the resident was unable to lower the rails and that the resident's freedom of movement was restricted. Severity: 2 Scope: 1	0557	R4 has no bed rails. The administrator and the provider will ensure that one railing is always kept down for R3. The administrator and the provider will not restrict the freedom of movement of R3. Completed 12/05/24.	12/05/2024
0830 SS= F	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption request was	0830	The provider submitted a medical exemption for the Foley catheter for R1/R2/R3 to the Bureau. Requests are attached. The Owner will ensure to submit exemption requests to the Bureau going forward. Completed 01/03/25.	12/05/2024

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	submitted to the Bureau to retain 3 residents who had foley Catheters, (Resident #1, Resident #2, Resident #3). Findings include: Resident #1 (R1) R1 was admitted on 05/9/24, with diagnoses including heart failure, hypertension. R1 record revealed R1 was bedbound. No other documention was available on the history and physical. Observation of R1 immobility was evident resident was not able to get out of bed unassisted, was able to turn from side to side without assistance. Interview with owner reported resident can not care for catheter without assistance of a caregiver. Review of R1's record revealed R1 had a Foley catheter under the care of hospice. R1's file lacked documented evidence of an application for submission and/or an approved medical exemption for a Foley Catheter. Resident #2 (R2) R2 was admitted on 8/4/23, with diagnosis including aseptic technic and wound care. Review of R2's record revealed R2 had a Foley catheter under the care of hospice. R2's file lacked documented evidence of an application for submission and/or an approved medical exemption for a Foley Catheter. Resident #3 (R3) R3 was admitted on 07/01/24, with diagnosis including weakness and decreased appetite. Review of R3's record revealed R3 had a Foley catheter under the care of hospice. R3's file lacked documented evidence of an application for submission and/or an approved medical exemption for a Foley Catheter. The owner acknowledeg the above waivers were missing from residents charts. On 10/09/24 in the morning, the owner caregiver confirmed R1, R2 and R3 all had a Foley catheter and had not applied for a medication exemption. Severity: 2 Scope: 3			