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 _____	11/19/2025

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure survey, and complaint investigation conducted at your facility on 11/19/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 6 Residential Facility for Group beds for elderly and disabled persons with mental illness, Category I residents. The census at the time of the survey was 4. The sample size was 5. The facility received a grade of B. There was one complaint investigated #12345. Unsubstantiated: 1. Complaint #12345 was Unsubstantiated. The investigation of the complaints included: Observation of grooming and physical appearance for residents, caregiver to resident interaction, meal observation, and a tour of the facility. Interviews were conducted with residents, owner, and hospice nurse. Clinical Record Review of 5 records, which included the resident of concern. Document Review included facility policy and procedures, menus, activity schedule, employee schedule.			

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Y 0172 SS= F	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior	Y 0172	The containers outside are almost always covered unless in use. They will be cleaned and emptied once a week. We have never had rodent problems. We hired a pest control company. The kitchen container is almost always covered and the container in the laundry room is removed. The facility is cleaned regularly and currently has no offensive odors. Hazards and obstacles have been removed to allow the free movement. 4-c) We have had no insect or rodent problems since we hired Frugal Pest Control. The facility shall ensure the facility is clean, the bed frames have been discarded and the landscaping has been done. See pictures.	12/30/2025

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	and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was clean and well maintained. Findings include: On 11/19/25 in the afternoon, the following items were observed in the backyard: - Two discarded metal bed frames in back yard against the exterior gate. - One discarded metal bed frame outside the patio door leaning against the retaining wall. - Unmaintained landscaping, trees and shrubs are overgrown/unkept and could potentially be a pest attractant. - Dead bush alongside rear retaining wall. - Unkept palm tree maintenance (palm frawns have hardened solid and are sharp) which presents a risk of harm. - Overgrown weeds in the lawn extend the length of yard. On 11/19/25 in the afternoon, the Owner acknowledged the backyard landscape areas had not been well maintained. Severity: 2 Scope: 3			
Y 0515 SS= F	NAC 449.259	Y 0515	R1,R3 and R5 have left the facility. See the initial service plans for	12/30/2025

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	Supervision of residents. 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 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. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his		R2,R4. The Administrator will ensure all residents have current person-centered service plans and will conduct annual reviews.	

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	or her interests and capacities; Inspector Comments: Based on record review and interview, the facility 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 5 of 5 sampled residents (Resident #1, #2, #3, #4, and#5). Findings include: Resident #1 (R1) R1 was admitted on 09/17/25 with diagnoses including intervertebral disc disease, diabetes mellitus. On 11/19/25 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 sepsis and atrial fibrillation. On 11/19/25 in the morning, R2's record lacked documented evidence of an initial or annual service plan. Resident #3 (R3) R3 was admitted on 11/19/25 with primary diagnoses including hemiplegia, cerebral infraction, failure to thrive. On 11/19/25 in the morning, R3's record lacked documented evidence of an initial			

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	service plan. Resident #4 (R4) R4 was admitted on 10/17/25 with primary diagnoses including hypertension, and congestive heart failure. On 11/19/25 in the morning, R4's record lacked documented evidence of an initial service plan. Resident #5 (R5) R5 was admitted on 05/16/25 with a primary diagnosis including dementia. On 11/19/25 in the morning, R5's record lacked documented evidence of an initial service plan. On 11/19/25 in the afternoon, the Owner confirmed the missing service plans for R1, R2, R3, and R4 and R5 and acknowledged service plans were required at the time of admission and annually to address each resident's treatment needs. Severity: 2 Scope: 3			
Y 0690 SS= D	NAC 449.2712 Residents requiring use of oxygen.	Y 0690	The facility has returned all the oxygen tanks. There are no current residents using oxygen.(R2 and R4)	12/30/2025

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	1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition;			

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	(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. 3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen. Inspector Comments: Based on observation and interview, the facility failed to ensure Oxygen tanks were secure. Findings include: Resident #1 (R1) R1 was admitted on 09/17/25, with a diagnosis of intervertebral disc disease, diabetes mellitus. On 11/19/25 in the morning, there were three unsecured Oxygen tanks unsecured in R1's room, one tank was stored in the bedroom closet, and two Oxygen tanks were stored against the wall and a nightstand. On 11/19/25 in the morning, the Owner acknowledged the three tanks should have been secured. Severity: 2 Scope: 1			

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Y 0890 SS= E	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (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, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the	Y 0890	The facility shall ensure that the MAR will be accurately documented daily.	12/30/2025

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	shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 2 of 4 residents (Resident #1 and #5). Resident #1 (R1) R1 was admitted to the facility on 09/17/25, with diagnoses including diabetes and hypertension. R1's file revealed an initial physical exam with physician's orders dated 09/18/25 documenting the following routine medications: -Amlodipine 10 milligrams, take one tablet by mouth once daily. -Lisinopril 20 milligrams, take one tablet by mouth once daily. -Sertraline HCL 50 milligrams, take one tablet by mouth once daily. -Buspirone 30 milligrams, take one tablet by mouth twice daily. -Metoprolol tartrate 25 milligrams, take one tablet by mouth twice daily. -Pregabalin 50 milligrams, take one capsule by mouth three times daily. -Senna 8.6 milligrams, take one tablet by mouth twice daily.			

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	On 11/19/25 in the morning, R1's medication container contained the following medications labeled: -Amlodipine 10 milligrams, take one tablet by mouth once daily. -Lisinopril 20 milligrams, take one tablet by mouth once daily. -Sertraline HCL 50 milligrams, take one tablet by mouth once daily. -Buspirone 30 milligrams, take one tablet by mouth twice daily. -Metoprolol tartrate 25 milligrams, take one tablet by mouth twice daily. -Pregabalin 50 milligrams, take one capsule by mouth three times daily. -Senna 8.6 milligrams, take one tablet by mouth twice daily. R1's MAR dated November 2025 documented the following medications and lacked Caregiver initials documenting the following medications were administered on 11/18/25 and the morning of 11/19/25: -Amlodipine 10 milligrams, take one tablet by mouth once daily. -Lisinopril 20 milligrams, take one tablet by mouth once daily. -Sertraline HCL 50 milligrams, take one tablet by mouth once daily. -Buspirone 30 milligrams, take one tablet by mouth twice daily. -Metoprolol tartrate 25 milligrams, take one tablet by mouth twice daily. -Pregabalin 50 milligrams, take one capsule by mouth three times daily. -Senna 8.6 milligrams, take one tablet by mouth twice daily. On 11/19/25 in the morning, the Owner verbalized R1 was scheduled to discharge to another facility on 11/17/25 but transportation was delayed and R1 did not discharge. The Owner verbalized they did all the discharge paperwork and prepared R1's file for discharge including R1's November 2025 MAR.			

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	On 11/19/25 in the morning, the Owner verbalized they continued to administer R1's medications but did not initial the medications as being administered on R1's November 2025 MAR. Resident #5 (R5) R5 was admitted to the facility on 05/16/25 with diagnoses including dementia. R5's file contained a physician's order dated11/10/25 for lisinopril 20 milligrams, take one tablet by mouth once daily and quetiapine fumarate 100 milligrams, take one tablet by mouth at bedtime. On 11/19/25 R5's medication container contained medications labeled lisinopril 20 milligrams, take one tablet by mouth once daily and quetiapine fumarate 100 milligrams, take one tablet by mouth at bedtime. R5's MAR dated November 2025 documented lisinopril 10 milligrams, take one tablet by mouth once daily and quetiapine fumarate 50 milligrams, take one tablet by mouth at bedtime. On 11/19/25 in the afternoon, the Owner acknowledged the facility failed to ensure R1's and R5's MARs were accurate and complete. Severity: 2 Scope: 2			
Y 1825 SS= D		Y 1825	The E2 is currently updating her infection control training to get	12/30/2025

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	NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments:		certified.	

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	Based on record review and interview, the facility failed to ensure 1 of 2 employees, the secondary designee for infection control, obtained the required annual 15 hours of training by a nationally recognized organization concerning the control of infectious disease. Findings Include: Employee #2 (E2) E2 was hired as the owner on 03/03/2005. E2's file documented 15 hours of infection control training was last completed on 08/28/2024. E2's file lacked documented evidence E2 had completed 15 hours of infection control training annually by a nationally recognized organization. On 11/19/25 in the afternoon, the owner indicated they were responsible for the infection control program and were not aware of the required 15 hours of infection control training annually. The owner acknowledged and verbalized E2 had not received the initial 15 hours of infection control training through a nationally recognized organization. Severity: 2 Scope: 1			