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 _____	01/06/2026

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 a complaint investigation completed in your facility on 01/06/26. The census at the time of the survey was four. The sample size was four. The facility received a grade of A. There was one complaint investigated. Substantiated without deficient Practice: 1. Complaint#12656 was substantiated with no deficient practice. The investigation of the complaint included: Observations of facility odors, medication storage, residents receiving care and a tour of the facility. Interviews were conducted with residents, a Caregiver, and the Owner. Clinical Record Review of four records. Document Review included employee schedules and facility policy and procedures.			
Y 0106 SS= F	NAC 449.0113 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.	Y 0106	E1 and E3 completed CPR training with in person component on 1/12/2026. Please see attached certificates. Owner will ensure employees receive proper training by checking employee files. Completed 1/12/2026.	01/12/2026

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	Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 3 sampled employees received an in-person cardiopulmonary resuscitation (CPR) training. (Employee #1 and Employee #3) Findings include: Employee #1 (E1) E1 was hired on 11/05/25 as a Caregiver. E1's file revealed CPR training was completed online on 12/22/25. E1's record lacked documented evidence of the CPR in person component. Employee #3 (E3) E3 was hired on 11/05/25 as a Caregiver. E3's file revealed CPR training was completed online on 12/22/25. E3's record lacked documented evidence of the CPR in person component. On 01/06/26 in the morning, the Owner confirmed the online CPR training did not have the in-person component for E1 and E3. The Owner verbalized being unaware the in-person component was required to be in compliance. Severity: 2 Scope: 3			