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 _____	04/02/2026

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 at your facility on 04/02/26. The census at the time of the survey was two. The sample size was three. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint#NV00013217 could not be substantiated. No regulatory deficiencies could beidentified. The investigation of the Complaint included: Observations of food availability. Interviews were conducted with a resident and the Owner. Record Review of resident files, which included the resident ofconcern. Document Review included menus and incident reports.			
Y 0025 SS= F	NAC 449.190 License:	Y 0025	The owner of the facility is still the one managing it. Once the interested buyer provides all the requirements needed, that's the time to do the proper way to do it. The owner of the facility will make sure that	04/12/2026

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	Contents; validity; transferability; issuance of more than one type: 2. The license becomes invalid if the facility is moved to a location other than the location stated on the license. The license may not be transferred to another owner. 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. Inspector Comments: Based on record review and interview, the facility failed to ensure a change of ownership application was submitted to the Bureau. Findings include: On 04/02/26 in the morning, the Owner reported a change of ownership had occurred and the new owner was starting employment and oversight of the facility the following day on 04/03/26. The Owner indicated a change of owner application was not submitted to the Bureau. On 04/02/26 in the morning, the licensing system lacked documented evidence a change of ownership application was submitted for the facility. Severity: 2 Scope: 3		everything will be done properly and correctly.	