



Nevada Adult Protective Services (APS) Web Intake Report

Report Vulnerable Adult Abuse, Neglect, Exploitation, Isolation, or Abandonment

Reports can be submitted for vulnerable persons, age 18-59, in addition to persons 60 years and older, collectively referred to as vulnerable adults.

If you prefer to speak with an Adult Protective Services (APS) Representative, please call Monday through Friday 8am to 5pm:

Las Vegas/Clark County (702) 486-6930

Statewide/All Other Areas (888) 729-0571

Online submission is available 24 hours a day, 7 days a week, including holidays. If a vulnerable adult is in immediate danger, the local police, sheriff's office or emergency medical service should be contacted.

Important: Progress on this form cannot be saved and must be completed in one session.

Some fields below are required.

Some fields below are required. Please include all information you have regarding the Incident. Provide contact information so APS can follow up with any questions that are needed to investigate.

Reporter Type required

Self



Agency/Facility Name

Your First Name required

Celestia

Your Last Name required

Quixs

Middle Initial

Address 1

8440 Las Vegas Blvd S

Address 2

Unit B155

Zip

89123

City

Las Vegas

State

NV

County

Clark

Primary Phone required

(702)969-1775

Cell Phone

(702)969-1775

Work Phone

Work Extension

Emailcq3dx@proton.me

Reporter's Relationship to Vulnerable Adult required

Self

**Best Time to Contact**

ANYTIME

Interpreter/Translator Needed? Yes No

Please describe the incident causing you to submit an APS Report about the Vulnerable Adult. Include all information you have regarding the incident. If anyone else saw the incident happen, please add their contact information in the Other Participant section.

What date did the incident occur?1/24/2026

Where did the incident occur? required

- Licensed Adult Day Services Center
- Licensed Nursing Home
- Licensed Residential Care Community
- Own Residence or Private Residence of Relative or Caregiver**
- Place of Business or Other Services 89123
- Unlicensed Adult Day Services Center
- Unlicensed Residential Care Community
- Other
- Unknown Las Vegas

Agency/Facility Name where Incident Occurred

Incident Street

8440 Las Vegas Blvd S

Incident Street 2

Unit B155

Incident Zip

89123

Incident City

Las Vegas

Incident State

NV

Incident County

Clark

Description of Incident required

INTERFERENCE WITH MY CLEANING OF MY BEDSIDE COMMODE BUCKET, DISHWASHING, AND TRASH REMOVAL.

Is the incident you described one-time or repeated?

- One-Time Incident
- Ongoing
- Unknown

Has law enforcement been notified? required

- Yes
- No

Date law enforcement was notified

11/23/2023

Safety Concerns required

- Yes
- No
- Unknown

Vulnerable Adult Information - one per Submission Form

Vulnerable Adult required

+ New		Last Name	First Name	Street	Street2	City	Coun
+ Open	🗑 Delete	Quixs	Celestia	8440 Las Vegas Blvd S	Unit B155	Las Vegas	Clark

Alleged Perpetrator Information

Do not add an Alleged Perpetrator if this report is for concerns of Self-Neglect for the Vulnerable Adult. In this section, fill out all known information on the person that you think may be responsible for harming the Vulnerable Adult in some way.

+ New	Last Name	First Name	Relationship	Street	Street2	City
+ Open	OCONELL	JOHN	None	8440 Las Vegas Blvd S	Unit B155	La

Other Participant(s) Information

Other Participant(s)

+ New	Last Name	First Name	Relationship	Street	Street2	City	State	Zip Code	County	H
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Upload/attach electronic documents related to this web intake report

Browse...



Additional Information Section

Danger or Safety Concerns

Description of Safety Concerns

Life-threatening terminal illness exacerbation, COERCIVE CONTROL, UNINHABITABLE LIVING CONDITIONS, INTERFERENCE WITH PEACEFUL ENJOYMENT, WEAPONIZED INCOMPETENCE, WEAPONIZED FORGETFULNESS, GASLIGHTING, MINIMIZING, DISMISSIVENESS, DEFLECTION, PROJECTION, I HAVE CHOSEN TO BARRICADE MYSELF IN MY BEDROOM TO AVOID HIS ABUSE. I SPECIFIED NEEDING ONE HOUR/DAY, 9AM-10AM, WITH HIM NOT HOME SO I CAN CLEAN MY BEDSIDE COMMODORE, WASH MY DISHING, AND REMOVE MY TRASH. HE IS NOT COOPERATING AND IS INTERFERING. THIS IS A LIFE-THREATENING HEALTH ISSUE, EXACERBATION VIA HUMAN WASTE METHANE, UNCLEAN DISHES AND UTENSILS, AND EMOTIONAL DISTRESS. THIS IS ALSO STRESSING MY CATS OUT. THEY ARE BARRICADED IN HERE WITH ME BECAUSE HE HAS ALREADY KICKED ONE OF THEM. APS MADE A HOME VISIT IN 2/2025 AND CLOSED CASE CITING 'RELATIONSHIP ISSUES'. I AM NOT IN A RELATIONSHIP WITH THIS MAN. HE IS A ROOMMATE ONLY--SEPARATE INCOME, SEPARATE BANKING, SEPARATE FOOD STORAGE, SEPARATE SLEEPING AREAS!

List any additional addresses the Vulnerable Adult has. Please be specific and include as much detail as possible.

If Law Enforcement was involved, specify which Law Enforcement Agency

LVMPD

Please mark all danger or safety issues

- Alcohol Use
 - Client/Family/POI Aggressive Behavior
 - Client/Family/POI Mental Health Issues
 - Communicable Diseases
 - Firearms in Home
 - Home Conditions
 - Neighborhood Concerns
 - Substance Use - Opioid
 - Substance Use - Other
 - Unsafe Animals on Premises
 - Other
-

*Home Conditions

- Bath/Toilet Facility Inoperable
 - Electrical Hazards
 - Extreme Clutter Problem
 - Fire Hazards
 - Hoarding Problems
 - Heat/Air Conditioning Insufficient
 - Kitchen Appliances Inoperable
 - No Access to Telephone
 - Structural Problems with the Home
 - Unclean or Unsanitary Residence
-

***Unsafe Animals on Premises** Threatening Animals Uncared for Animals

Health and Functioning

List any medical conditions the Vulnerable Adult has

CFTR-RD/PF/BRONCHIECTASIS/CHRONIC PULMONARY ASPERGILLOSIS, SPINK1 HCP, INTERMITTENT NEUTROPENIA, IATROGENIC MOBILITY ISSUES (LEVOFLOXACIN), BILATERAL KIDNEY STONES, CERVICAL SPINAL STENOSIS, DEGENERATIVE BONE DISEASE-BASE OF SKULL, LUMBAR LAMINECTOMY 2015, SACROILLIAC/THORAXIC SPONDYLOSIS, SCOLIOSIS, ULNAR NERVE ENTRAPMENT, LEVEL 1 AUTISM, CPTSD, MDD, HYPERTHYMESIA, SLEEP DEPRIVATION, LYMPHEDEMA

List any medications the Vulnerable Adult is taking

OTC: IBUPROFEN, TYLENOL, CERTIRIZINE, LIDOCAINE CREAM

Is the Vulnerable Adult verbal? required Yes No Unknown

Is the Vulnerable Adult confused? required Yes No Unknown

Is the Vulnerable Adult ambulatory? required Yes No Unknown

Comments about the Vulnerable Adult's health and functioning

I AM TERMINALLY ILL, PROGNOSIS 9/2026, BLACKLISTED FROM MEDICAL CARE SINCE 11/2021, CURRENTLY WORKING TO GET MEDIGAP PLAN G IN PLACE TO COINCIDE WITH SWITCH FROM MEDICARE PART C TO ORIGINAL MEDICARE PLUS PART D EFFECTIVE 3/1/2026. CONSULTATION APPT WITH PULMONOLOGIST 3/5/2026 SEEKING 6 MONTH ANTIFUNGAL TREATMENT FOR CPA TO PREVENT OR SLOW PROGNOSIS. OVERWHELMED, DENIED MENTAL HEALTH SERVICES FOR BEING 'TOO COMPLEX', FAMILY TRIANGULATING WITH ABUSER VIA TEXT AND EMAIL, CYBERSTALKING, HARASSMENT, BULLLYING, SENDING PSYCHOLOGICALLY ABUSIVE GAG GIFTS TO MY HOME VIA AMAZON.

List any barriers to communication with the Vulnerable Adult (for example: hard of hearing, needs sign language interpreter or translator)

Communication recommendations

CLEAR, LOGICAL, NO NEGATIVE VALIDATION, I DO NOT HAVE SELF-PERCEPTION ISSUES, I DO NOT NEED REASSURANCE ABOUT MY EMOTIONAL OR COGNITIVE STATE. I AM TIRED OF MINIMIZATION, DISMISSIVENESS, DEFLECTION, PROJECTION BACK ONTO ME. I AM TIRED OF NOT BEING LISTENED TO. I AM TIRED OF BEING PATHOLOGIZED SIMPLY FOR HAVING AUTISM, CPTSD, AND MDD. I AM NOT HAVING COGNITIVE DISTORTIONS, I AM REACTING APPROPRIATELY TO AN ABUSIVE SITUATION.

Opioid Misuse

Do you suspect the Vulnerable Adult is misusing opioids? required

- Yes
- No
- Unknown

Do you suspect the Alleged Perpetrator is misusing opioids? required

- Yes
- No
- Unknown
- Self-Neglect
-

COVID-19 Questions

To the best of your knowledge, has the Vulnerable Adult or anyone in their home tested positive for COVID-19 in the last 14 days? **required**

- Yes
- No
- Unknown
-

To the best of your knowledge, is the Vulnerable Adult or anyone in their home experiencing symptoms consistent with COVID-19 (fever, cough, shortness of breath, loss of appetite or diarrhea)? **required**

- Yes
- No
- Unknown
-

Additional Information about the Vulnerable Adult

Select the type of ADL Assistance the Vulnerable Adult requires. Select all that apply. **required**

- Bathing
- Continence
- Dressing
- Feeding
- None
- Toileting
- Transferring/Bed Mobility/Turns
- Unknown
-

Select the type of IADL Assistance the Vulnerable Adult requires. Select all that apply.

- Ability to Handle Finances
 - Ability to Use Telephone
 - Food Preparation
 - Housekeeping
 - Laundry
 - Mode of Transportation
 - None
 - Responsibility for Own Medications
 - Shopping
 - Unknown
-

Does the Vulnerable Adult cohabitate with the Alleged Perpetrator? **required**

- Yes
 - No
 - Unknown
-

Thank you for completing a web incident report.

By clicking "submit", you attest that this information is true, accurate and complete to the best of your knowledge. Once this web intake report has been submitted, a reference number will be assigned and you will have the option to print the report for your records. You may also use the print function to save the submitted form electronically as a PDF.

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