



Plan Review Application

Project type: New Facility Addition Remodel Remodel & Addition

Facility Name: _____
Must match the name of the facility as submitted on the Licensure Application.

	Physical Location of Facility	Plan Review Mailing Address <input type="checkbox"/> Same as physical location
Address		
City, State, Zip		
County		
Telephone		
Fax		
Email		

Indicate Facility Type (e.g. Hospital) _____

Indicate Existing Facility License Number (if applicable) _____

Indicate Amount of fees attached (see Fee Worksheet on page 5) _____

Functional Program attached (see instructions on page 4). Indicate Type _____

Infection Control Risk Assessment attached (see instructions on page 4).

Project Description:

(Attach additional description, if necessary.)

Name of Architect and Contact Information:

Facility Representative/Owner:

X _____
 Signature

_____ Date

_____ Please print name

_____ Title

**This application is not complete until you attach all required documents,
 as indicated in the following instructions.**

Who is subject to Plan Review?

The Nevada State Division of Public and Behavioral Health licenses over thirty types of health care facilities. Not all types are subject to Plan Review.

If you represent any of these types of facilities:

- Facility for the Care of Adults during the Day
- Residential Facility for Groups with more than ten beds
- Hospital, any type including General, Psychiatric, Rehabilitation, or Critical Access
- Facility for Skilled Nursing
- Obstetric Center
- Facility for Intermediate Care
- Facility for the Treatment of Abuse of Alcohol or Drugs
- Independent Center for Emergency Medical Care
- Surgical Center for Ambulatory Patients
- Facility for Modified Medical Detoxification
- Mobile Unit

And you are an applicant who is:

- Applying for a new facility,
- Considered new due to a change of ownership in an existing facility, or
- Making changes to an existing licensed facility

And you are planning any of the following activities:

- To build a new facility
- To remodel your facility
- To make an addition to your facility
- To change the use of all or part of your existing facility
- To change from a Category I to a Category II Residential Facility for Group (group care)
- To install an automatic fire sprinkler system
- To install a system to pipe in medical gasses

Then you are subject to Plan Review

Follow the instructions in this packet to complete the application and provide supplemental information to appropriate agencies.

If none of the conditions listed above apply to you, then you are not subject to Plan Review.



Documents needed for this Plan Review application

Your Plan Review documents must be submitted with a **Nevada State Health Division License application**, if you are:

- Applying for a new facility, or
- Changing ownership of an existing licensed facility, or
- Changing an existing licensed facility's number of beds or provision of services, or
- Making any other changes that would change the information in an existing facility license.

The License application is available on our website at www.health.nv.gov → Bureau of Health Care Quality and Compliance.

The License application is valid for 1 year after it is received. If the construction is finished and the application is complete within one year, then an initial licensure survey will be conducted based on the original application.

If the construction is not finished or the application is not completed within one year after the original application is submitted, then no additional License applications are necessary until the facility is ready to open. An updated License application and new fees would then need to be submitted prior to conducting initial licensure survey.

Please note: if, over time, there are substantial changes to the plans or services to be provided as described in this Plan Review, additional applications and fees may be required.

Submit your Health Division License application with the Plan Review documents listed below.

If you are submitting plans for construction that will not change the information on an existing facility license, then *you need not submit a Nevada State Division of Public and Behavioral Health License application*, but you must submit the rest of the documentation on the following list.

Plan Review documentation that you must submit

1. Nevada State Division of Public and Behavioral Health License application, if the circumstances above apply to you.
2. The Plan Review application in this package, which begins on page 1.
3. The Plan Review fee associated with this application. See the Fee Worksheet, which begins on page 5.
4. Two sets of accurate and complete plans stamped by a Nevada licensed architect, engineer or residential designer. Include structural and geotechnical calculations if facility is in a jurisdiction with no local building department.
5. Two sets of the Functional Program, if applicable. See page 4 for instructions.
6. Two sets of the Infection Control Risk Assessment. See page 4 for instructions.

Submit all documentation to

Attention: Plan Review
Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, Nevada 89701

or Attention: Plan Review
Division of Public and Behavioral
Health
4220 S. Maryland Pkwy.
Suite 810, Bldg. D
Las Vegas, Nevada 89119



Attachments:

1. Functional Program

2. Infection Control Risk Assessment

If you are submitting plans for any type of facility in the American Institute of Architects Guidelines for Design & Construction of Health Care Facilities, then you must submit a **Functional Program** and **Infection Control Risk Assessment**. Follow the guidance in Part 1 Chapter 1.2-2 and Chapter 1.5-2 respectively. To obtain a copy of the AIA Guidelines, see Compliance Resources on page 9.

Please check here the type of facility subject to this requirement for which you are submitting attachments:

- Ambulatory Surgery Center
- Hospital
- Psychiatric Hospital
- Rehabilitation Hospital
- Skilled Nursing

Instructions for each of those functional programs are available on our website:

www.health.nv.gov

→ Bureau of Health Care Quality and
Compliance

→ HCQC Forms

Please be sure to include your Functional Program and Infection Control Risk Assessment with your Plan Review Application, if required.



Plan Review Fee Calculation Worksheet

The Board of Health has adopted regulations to provide for a private company to review plans for new construction and remodeling as required under NAC 449.0165. The Division has contracted with:

BroadSpec	Tel: 702-724-2638
8275 S. Eastern Avenue, #20	
Las Vegas, NV 89119	

Your plans must be submitted to the Division of Public and Behavioral Health with a check made payable to **BroadSpec** along with this worksheet. Please provide all information requested. For assistance with calculations or for other inquiries, please contact BroadSpec at (702) 724-2638.

A.	Facility Name	
B.	Street Address	
	City, State, Zip	
	County	
C.	Facility Code & Type	
D.	Facility Cost Factor from Facility Cost Factor table (next page)	
E.	New Square Footage. <i>Square Footage of New Facility or Project Addition from project plans</i>	
OF.	Valuation of Project	
G.	Valuation of Addition (D. Cost Factor x E. New Square Footage)	
H.	Valuation of Remodel (if applicable): Fair estimate from contractor	
I.	Total Valuation of Project (Addition + Remodel)	
J.	Building Permit Fee from Building Permit Fee worksheet (next page))	
K.	Plan Review fee (use one of the following methods) 1. For counties with a building department that conducts the plan review for local building and fire codes, enter 50% of J. Building Permit Fee. 2. For counties without such a building department, enter 70% of J. Building Permit Fee.	
L.	FedEx Shipping Fee from BroadSpec Schedule (next page) or enter your own shipping account information here: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> DHL <input type="checkbox"/> Other _____ Account No: _____	
M.	Total Plan Review Fee (K. Plan Review Fee + L. FedEx Shipping Fee)	

Notes:

1. This "Total Plan Review Fee" applies to plan review only and is separate from a licensure application and fee which is required for new facility construction and bed additions.
2. Based on BroadSpec's review of the plans, additional fees may be necessary.

Please make check for the amount of the "Total Plan Review Fee" payable to: **BroadSpec**. Submit your check with the Plan Review Application to the Division of Public and Behavioral Health.



Facility Cost Factor

Code	Type of Facility	Cost Factor per square foot
ADC	Adult Day Care Facility	\$85.00
ADA	Alcohol and Drug Care	\$82.50
ASC	Ambulatory Surgery Center	\$90.00
CTC	Community Triage Center	\$90.00
HFS	Hospice Facilities Freestanding	\$125.00
HOS	Hospital	\$150.00
ICE	Independent Center for Emergency Medical Care	\$90.00
ICF	Intermediate Care Facility	\$90.00
IMR	Intermediate Care Facility for Mentally Retarded	\$90.00
LSK	Lasik Surgery Center	\$90.00
MBU	Mobile Unit	Stated Value
MDX	Modified Medical Detox Facility	\$90.00
RFG	Residential Facility for Groups	\$90.00
OBC	Obstetric Center	\$90.00
SNF	Skilled Nursing Facility	\$90.00

BroadSpec FedEx Shipping Schedule

Plan Valuation	FedEx Shipping Fee
Up to \$250,000	\$25.00
\$250,001 to \$500,000	\$50.00
\$500,001 to \$2,000,000	\$75.00
\$2,000,001 to \$5,000,000	\$150.00

Building Permit Fee worksheet

Refer to Table 1-A of the 1997 Building Code, shown on the next page, to complete this worksheet

1.	Total Valuation of Project (from line I, above)	
2.	Table Valuation Category Base Amount (from Table 1-A, below)	
3.	Base Fee Amount (before additional fees, from Table 1-A, below)	
4.	Valuation subject to Additional fee (Line 1 minus Line 2)	
5.	Divisor: if Line 1 less than \$2,001, enter \$100 otherwise enter \$1,000	
6.	Valuation subject to Incremental Fee (Line 4 divided by Line 5)	
7.	Multiplier: if Line 1 less than \$501, enter zero, otherwise enter amount from Table 1-A, below	
8.	Incremental Fee Amount (Line 6 multiplied by Line 7)	
9.	Other Inspections and Fees (from Table 1-A, below)	
10.	Total Fees (Line 3 + Line 8+ Line 9). Enter here and on Line J (previous page)	



Table 1-A, 1997 Uniform Building Code – Building Permit Fees

TOTAL VALUATION	FEE
\$1.00 to \$500.00	\$23.50
\$501.00 to \$2,000.00	\$23.50 for the first \$500.00 plus \$3.05 for each additional \$100.00, or fraction thereof, to and including \$2,000.00.
\$2,001.00 to \$25,000.00	\$69.25 for the first \$2,000.00 plus \$14.00 for each additional \$1,000.00, or fraction thereof, to and including \$25,000.00.
\$25,001.00 to \$50,000.00	\$391.25 for the first \$25,000.00 plus \$10.10 for each additional \$1,000.00, or fraction thereof, to and including \$50,000.00.
\$50,001.00 to \$100,000.00	\$643.75 for the first \$50,000.00 plus \$7.00 for each additional \$1,000.00, or fraction thereof, to and including \$100,000.00.
\$100,001.00 to \$500,000.00	\$993.75 for the first \$100,000.00 plus \$5.60 for each additional \$1,000.00, or fraction thereof, to and including \$500,000.00.
\$500,001.00 to \$1,000,000.00	\$3,233.75 for the first \$500,000.00 plus \$4.75 for each additional \$1,000.00, or fraction thereof, to and including \$1,000,000.00.
\$1,000,001.00 and up	\$5,608.75 for the first \$1,000,000.00 plus \$3.65 for each additional \$1,000.00, or fraction thereof.

Other Inspections and Fees:

- | | |
|---|-------------------------------|
| 1. Inspection outside of normal business hours (minimum charge – two hours) | \$47.00 per hour ¹ |
| 2. Re-inspection fees assessed under provision of Section 305.8 | \$47.00 per hour ¹ |
| 3. Inspections for which no fee is specifically indicated (minimum charge – one-half hour) | \$47.00 per hour ¹ |
| 4. Additional plan review required by changes, additions or revisions to plans (minimum charge – one-half hour) | \$47.00 per hour ¹ |
| 5. For use of outside consults for plan checking and inspections, or both (minimum charge – one-half hour) | Actual Costs ² |

¹ Or the total hourly cost to the jurisdiction, whichever is the greatest. This cost shall include supervision, overhead, equipment, hourly wages and fringe benefits of the employees involved.

² Actual costs include administrative and overhead costs.

Summary of Table 1-A, 1997 Uniform Building Code – Building Permit Fees

Total Value (from Line 1)		Base Amount	Base Fee	Divisor	Multiplier
From	To	Enter on Line 2	Line 3	Line 5	Line 7
\$ 1.00	\$ 500.00	1.00	23.50		
501.00	2,000.00	500.00	23.50	100.00	3.05
2,001.00	25,000.00	2,000.00	69.25	1,000.00	14.00
25,001.00	50,000.00	25,000.00	391.25	1,000.00	10.10
50,001.00	100,000.00	50,000.00	643.75	1,000.00	7.00
100,001.00	500,000.00	100,000.00	993.75	1,000.00	5.60
500,001.00	1,000,000.00	500,000.00	3,233.75	1,000.00	4.75
1,000,000.00	and up	1,000,000.00	5,608.75	1,000.00	3.65



What happens next?

The Nevada State Division of Public and Behavioral Health will review your plans for compliance.

The Board of Health has adopted regulations to provide for a private company to review plans for new construction and remodeling as required under NAC 449.0165. The Division of Public and Behavioral Health will submit your plans to:

BroadSpec
8275 S. Eastern Avenue, #200
Las Vegas, Nevada 89119

Telephone: 702-724-2638

Your plan review will typically be conducted within 15 working days of the receipt of all the required application documents listed above. A written report of the plan review and of any deficiencies found during the review will be provided to you. A timeline of events appears on the following page.

If you have submitted your Plan Review with a Nevada State Health Division License application, your plans will be reviewed for compliance while your License application is being processed, but your license may not be issued until the Plan Review is complete.

Completion of the Plan Review does not constitute approval of your Nevada State Health Department license, nor does it constitute approval of the completed construction, addition, renovation or remodel. In addition to the Plan Review, it is your responsibility to ensure that you are in compliance with all local, state and federal statutes and regulations that may apply to your project.

As part of the approval process for your Nevada State Health Department License application, the Division of Public and Behavioral Health will conduct an on-site survey after the construction is completed prior to issuing any license.

Plan Review Process Timeline

Day	Elapsed Time (Calendar Days)	Event	Description
1	0	Date of Submission	All items required have been provided; see Building Construction Plan Review Instruction for complete list of items for submittal.
21	21	Initial Comment Letter Sent	BroadSpec [®] make an initial review of the plans and send either a letter of completion or list of deficiencies that require correction.
49	28	Applicant's Response – To Initial Comments Letter	The Applicant responds to the Initial BroadSpec [®] Comment Letter and includes changes from the architect.
63	14	Second Comment Letter	BroadSpec, if necessary, issue another comment letter.
77	14	Applicant's Response – To Second Comment Letter	The Applicant responds to the Second BroadSpec [®] Comment Letter including changes from the Architect.
87	10	BroadSpec Issues one of three recommendations:	<ol style="list-style-type: none"> 1. Recommend Approval to DPBH 2. Mutually Agree to an Extension and Notify DPBH 3. Notify DPBH in writing that the Applicant does not formally agree to an extension.
97		DPBH Notification	DPBH will notify the Applicant of possible adverse action for failure to comply.
107		Applicant Response	Applicant must respond to avert possible adverse action.



Compliance Resources

The Nevada Administrative Code (NAC), Chapter 449, describes the required provision of services and construction for each facility type subject to plan review. NAC 449 is available online at:

<http://www.leg.state.nv.us/NAC/NAC-449.html>

Specific sections of NAC 449 relating to each facility type are indicated here:

	Type	NAC
Facility for the Care of Adults during the Day	ADC	449.4063
Residential Facility for Groups	AGC, AGZ	449.179
Hospital	HOS	449.3154
Facility for Skilled Nursing	SNF	449.74543
Obstetric Center	OBC	449.6114
Facility for Intermediate Care	ICF	449.685
Facility for the Treatment of Abuse of Alcohol or Drugs	ADA	449.081
Independent Center for Emergency Medical Care	ICE	449.685
Surgical Center for Ambulatory Patients	ASC	449.9843
Facility for Modified Medical Detoxification	MDX	449.15359
Mobile Unit	MBU	449.97026

More detailed statutory citations and guidelines are described in Table 1 “Applicable Codes by Facility Type” on page 11.

NFPA and AIA Guidelines

As referenced in NAC 449, your architectural plans for construction or remodeling must meet standards published by nationally recognized organizations. You may obtain those reference standards by contacting those organizations directly:

“National Fire Protection Association (NFPA) 101, Life Safety Code”

“National Fire Protection Association (NFPA) 99, Standard for Health Care Facilities”

National Fire Protection Association
(see website for regional offices)

800-344-3555

www.nfpa.org or <http://catalog.nfpa.org>

“The Guideline for Design and Construction of Hospital and Healthcare Facilities” (A.I.A. Guidelines)

American Institute of Architects
1735 New York Avenue, NW
Washington, DC 20006-5292

800-AIA-3837 (press 4 for prepaid options)

www.aia.org

Exemptions from these standards are identified in Table 2 “Requirements excluded from the adoption of the AIA Guidelines 2006 edition” on page 18.

Local Building and Local Fire Codes

Submit the architectural plans to the city or county in which the entity will be constructed for construction requirements, approvals and a building permit.

You do not need your local building permit before you submit your plans with this Plan Review application; however, changes required after you submit your Plan Review application may incur additional fees.

Help in Carson City (775) 684-1030

Help in Las Vegas (702) 486-6515

Plan Review Application Packet, rev. 10/15/2013



www.health.nv.gov
Division of Public and Behavioral Health

Fire and Life Safety Code Requirements

For review of fire and life safety code requirements, for construction anywhere in Nevada, contact:

Nevada State Fire Marshall
107 Jacobsen Way
Carson City, NV 89711
(775) 684-7500
www.fire.state.nv.us

NOTE: To obtain a **Certificate of Occupancy** or a **Certificate of Compliance** from the State Fire Marshall (SFM), **first** submit your application to the Division of Public and Behavioral Health (DPBH). DPBH will generate a request to the SFM for inspection. You must submit the fee for the Certificate of Occupancy or Certificate of Compliance to the SFM.

Certificate of Need

If your health facility is located in a county with a population less than 100,000 and the construction project exceeds \$2,000,000, then you may need a Certificate of Need approval, pursuant to Nevada Revised Statutes (NRS) [439A.100](#). Contact:

Bureau of Health Statistics, Planning and Emergency Response
4150 Technology Way, Suite 104
Carson City, NV 89706
(775) 684-4169
www.health.nv.gov

Food Establishment Permit – Plan Review NRS Chapter 446

Nevada Revised Statute (NRS) 446.930 requires review of plans for construction or remodeling of food establishments before construction begins. Review and approval is conducted by the Division of Public and Behavioral Health by an Environmental Health Specialist. Submit the plans to the office locations listed below. This specific plan review is not conducted by BroadSpec

Please note that health care facilities and dependent care facilities with more than 10 beds are required to have a Food Establishment Permit. Therefore, all plans for new construction or remodeling must be reviewed before construction begins. The plan review is advisory only a Food Establishment Permit will not be issued until an onsite inspection is conducted.

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV 89701
(775) 684-1030
www.health.nv.gov

Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite #810
Building D
Las Vegas, NV 89119
702-486-6515

Americans with Disabilities Act (ADA)

For questions regarding Americans with Disabilities Act (ADA) compliance, ADA Nevada may be able to assist you with your plans.

ADA Nevada is sponsored by the Nevada University Center for Excellence in Developmental Disabilities at the University of Nevada Reno campus to assist people with disabilities and businesses in better understanding the Americans with Disabilities Act. ADA Nevada is committed to assisting with the development and implementation of accessible programs, services, facilities and employment practices. Contact:

Scott Youngs, Project Coordinator, ADA Nevada email: syoungs@unr.edu
University Center for Excellence in Developmental Disabilities MS 285
University of Nevada, Reno, Reno, Nevada 89557 website: <http://repc.ed.unr.edu/>

Phone 775-682-9056 Fax: 775-784-4997



Table 1. Building and Design Codes by Facility Type

Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes	Guidelines for Hospitals and Health Care Facilities
Ambulatory Surgery Center	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.0105 NAC 449.983 NAC 449.9843 NAC 449.9935 NAC 449.9937 NAC 449.9965 NAC 449.997 2006 NFPA 101 2005 NFPA 99	2000 NFPA 101 & 1999 NFPA 99	2006 Local Building/Fire Codes	2006 Edition – Outpatient Facilities Chapter Functional Program Requirement Infection Control Risk Assessment
Adult Day Care	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.4063 NAC 449.4074 NAC 449.4082 NAC 446.010 to 446.844 2003 Local Building/Fire Codes	None	2006 Local Building/Fire Codes	Not applicable at this time.



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes	Guidelines for Hospitals and Health Care Facilities
Alcohol and Drug Care	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.123 NAC 449.129(1)-(4) NAC 449.132 NAC 449.135 NAC 449.147(6)(10) NAC 446.010 to 446.844 2006 NFPA 101 Facilities housing 17 or more client's use "Existing Hotel and Dormitories" Facilities housing 16 or fewer client' use "Lodging or Rooming Houses" 2003 Local Building/Fire Codes	None	2006 Local Building/Fire Codes	Not applicable at this time
Community Triage Centers	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.74357 to 449.74373 NAC 446.010 to 446.844 2006 NFPA 101	None	2006 Local Building/Fire Codes	Not applicable at this time



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes	Guidelines for Hospitals and Health Care Facilities
Hospice	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.0187 For Free Standing Hospice for acute inpatients 2006 NFPA 101	2000 NFPA 101 & 1999 NFPA 99	2006 Local Building/Fire Codes	Not applicable at this time
Hospitals	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.0105 NAC 449.312 NAC 449.3154 NAC 449.3156 NAC 449.338 NAC 446.010 to 446.844 2006 NFPA 101 2005 NFPA 99	2000 NFPA 101, 1999 NFPA 70 & 1999 NFPA 99	2006 Local Building/Fire Codes	2006 Edition – General Hospital, Psychiatric or rehabilitation Hospital Chapters Functional Program Requirement Infection Control Risk Assessment



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes	Guidelines for Hospitals and Health Care Facilities
Independent Center for Emergency Care	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.0105 NAC 449.61352 NAC 449.61354 NAC 449.6138 2006 NFPA 101 2003 Local Building/Fire Codes 2005 NFPA 99	None	2006 Local Building/Fire Codes	Not applicable at this time
Intermediate Care	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.0105 NAC 449.716 NAC 446.010 to 446.844 2006 NFPA 101 2003 Local Building/Fire Codes 2005 NFPA 99	2000 NFPA 101	2006 Local Building/Fire Codes	Chapter - Nursing Facilities 2006 Edition Functional Program Requirement Infection Control Risk Assessment
Intermediate Care Facility for the Mentally Retarded	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.732 to 449.743 NAC 446.010 to 446.844 2006 NFPA 101	2000 NFPA 101 1999 NFPA 99	2006 Local Building/Fire Codes	Not applicable at this time



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes	Guidelines for Hospitals and Health Care Facilities
Mobile Unit	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.0105 NAC 449.97026 NAC 449.97028 NAC 449.9703 2003 Local Building/Fire Codes	None	2006 Local Building/Fire Codes	2006 Edition – Mobile, Transportable and Relocatable Chapter
Modified Medical Detoxification	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.15355 NAC 449.15365 NAC 449.15351(6) NAC 446.010 to 446.844 2006 NFPA 101	None	2006 Local Building/Fire Codes	Not applicable at this time
Obstetric Centers	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.6113 to 449.61178 2003 Local Building/Fire Codes	None	2006 Local Building/Fire Codes	Not applicable at this time



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes	Guidelines for Hospitals and Health Care Facilities
Open Heart Surgery Centers	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.0105 NAC 449.61226 NAC 449.61228 NAC 449.6123 NAC 449.61234 NAC 449.61238 ** NAC 449.6124 NAC 449.61242 ** NAC 449.61244 **Refer to NRS & NAC 652 for laboratory licensure regulations.			Refer to the General Hospital Chapter in the 2006 edition of the AIA guidelines for hospital requirements and more information related to open heart surgery rooms.
Residential Facility for Groups	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.156 to 449.2766 NAC 446.010 to 446.844 2003 Local Building/Fire Codes	None	2006 Local Building/Fire Codes	Not applicable at this time



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes	Guidelines for Hospitals and Health Care Facilities
Skilled Nursing	UPC 2003 Edition NRS 444.340 & 444.350 NAC 449.0105 NAC 449.74525(8) NAC 499.74543 NAC 449.74549 NAC 446.010 to 446.844 2006 NFPA 101 2005 NFPA 99	2000 NFPA 101 & 1999 NFPA 99 1999 NFPA 70	2006 Local Building/Fire Codes	Chapter – Nursing Facilities 2006 Edition Functional Program Requirement Infection Control Risk Assessment
Structural Standards for All Medicare Certified Facilities		2000 NFPA 101 1999 NFPA 99	2006 Local Building/Fire Codes	

Websites: www.health.nv.gov
www.leg.state.nv.us/lawlibrary



Table 2. Requirements excluded from the adoption of the AIA Guidelines 2006 edition

	Code	2006 Edition	Code	2001 Edition	Rationale for Exclusion
1	1.6 - 2.1.1	Section 1.6 includes Common Requirements for all facility chapters in the guidelines. Section 2 Building Systems and 2.1 Plumbing states that unless otherwise specified herein, all plumbing systems shall be designed and installed in accordance with the International Plumbing Code.	Same	In this edition of the guidelines the international codes were not in place. Several codes and publications were referenced in the guidelines including the building codes; therefore a conflict did not occur.	The 2006 edition created a conflict between the Nevada Revised Statutes (NRS) 444.340 that require compliance with the Uniform Plumbing Code not the International Plumbing Code (IPC) and the AIA guidelines. DPBH would like to exclude all references to the IPC throughout the AIA guidelines. For example, the reference to the IPC in code 2.1-10.1.1 under the heading of Building Systems for general hospitals.
2	2.1 - 3.3	Protected Units - Intermediate Care Units sometimes referred to as step-down units, are routinely utilized in acute care hospitals for patients who require frequent monitoring of vital signs and/or nursing intervention that exceeds the level needed in a regular medical/surgical unit but is less than that provided in a critical care unit.	None	In the 2001 edition, intermediate medical care was provided to patients on a typical nursing unit without causing patient harm. In this edition, the maximum number of patients in a room was two.	This is a new section in the AIA Guidelines that create a new Intermediate Care Unit in a general hospital that allows for four patients in one room. The DPBH staff wishes to exclude this section entirely as this type of patient could be treated on a nursing unit that allows a maximum of two patients per room (if the functional program requirement supports this concept and it is approved). Limiting the number of patients per room helps to control the spread of infections and protects patient privacy.
3	2.1 - 3.4.1.4(3)	Critical Care Units. Unit location. The following shall apply to all types of critical care units unless otherwise noted. (3) Space arrangement shall include provisions for access to emergency equipment from other departments.	7.3.A11	The 2001 edition only required space for emergency equipment storage. Space that is easily accessible to the staff shall be provided for emergency equipment such as a CPR cart. It was a facility decision to determine if one crash cart met the needs of the patients.	DPBH staff believes the ICU unit must have a crash cart that is not shared for patient use on other units.



	Code	2006 Edition	Code	2001 Edition	Rationale for Exclusion
4	2.1 - 5.5.4.2(2)	Diagnostic X-ray: tomography, radiography/fluoroscopy rooms. (1) Separate toilets with hand washing stations shall be provided with direct access from each fluoroscopic room so that the patient can leave the toilet without having to reenter the fluoroscopic room. (2) Rooms used only occasionally for fluoroscopic procedures shall be permitted to use nearby patient toilets if they are located for immediate access.	7.10.G4	Support Areas. Patient toilet rooms. Separate toilets with hand washing stations shall be provided with direct access from each radiographic/fluoroscopic room so that a patient can leave the toilet without having to reenter the R & F rooms. Rooms used only occasionally for fluoroscopic procedures shall be permitted to utilize nearby patient toilets if they are located for immediate access.	Delete subsection (2). DPBH believes that toilets must be available for patient use only to help assure availability in times of emergency. Toilets may be occupied by other patients if shared for multiple areas.
5	2.1 - 7.1.3	Public Waiting Areas. All public waiting areas serving more than 15 people shall include toilet room(s) equipped with hand-washing stations. These toilet rooms shall be located near the waiting areas and may serve more than one such area.	7.19B3.	Administration and Public Areas. The following shall be provided: Lobby with public toilet facilities. Public Waiting Areas	This is a new requirement in the 2006 edition that allows hospitals with 15 or less beds to eliminate the public toilet requirement. DPBH would like to exclude this new paragraph which would have the effect of requiring toilets in public waiting areas regardless of the number of beds the facility is licensed for. This will allow public access to toilets without having to use patient toilets.
6	2.1 - 6.2.3.1(2)	Psychiatric Facility - Finishes. Ceilings. In patient bedrooms where acoustical ceilings are permitted by the functional program, the ceiling shall be secured or of sufficient height to prevent patient access. This would allow for drop-in ceiling tiles.	11.1.F Environment in a Psychiatric Hospital	Special design considerations for injury and suicide prevention shall be given to the following elements: Ceiling, ventilation grilles, and access panels in patient bedrooms and bathrooms.	Patients may be able to lift a drop in ceiling tile, even when secured and cause possible harm. DPBH would like to exclude this paragraph so that drop-in ceiling tiles shall not be permitted.



	Code	2006 Edition	Code	2001 Edition	Rationale for Exclusion
7	3.1 - 7.1.4.1	Medical Gas Systems. If piped medical gas is used the installation, testing, and certification of nonflammable medical gas and air systems shall comply with the requirements of NFPA 99. Stations outlets shall be provided consistent with need established by the functional program.	9.9A3	The medical gas installation requirements in the 2001 edition were inconsistent between endoscopy centers and ambulatory surgery centers (ASC). There was a requirement for piped in medical gasses in endoscopy centers but not for ASC's.	DPBH believes that medical gas installations shall be piped in installations in accordance with the table requirements rather than by the functional program requirements only. If procedures change that may require additional gasses they would be present rather than utilizing portable tanks. This will also create consistency by requiring all medical gas installations to be piped in following NFPA 99 requirements in both outpatient facility types. DPBH would like to exclude the word "If" thus requiring piped in medical gasses; and exclude "Station outlets shall be provided consistent with need established by the functional program", thus the requirement for compliance with NFPA 99 would remain in text.
8	1.5 - 3.4	Planning, Design and Construction. 3. Renovation. Delete section 3.4 Nonconforming Conditions. It is not always financially feasible to renovate an entire existing structure in accordance with these Guidelines. Therefore, the Authority Having Jurisdiction (AHJ) shall be permitted to grant approval to renovate portions of a structure if facility operation and patient safety in the renovated areas are not jeopardized by existing features of sections retained without complete corrective measures.	1.3	This requirement was included in the 1999 and 2001 editions of the AIA Guidelines. In 1999, this section was excluded from adoption by the SBOH, however, was not in the 2001 edition. Industry architects and builders were confused regarding how far a renovation had to go and to what extent, existing conditions had to be brought up to code during expansion projects, especially for emergency departments. Each case was decided upon by DPBH staff and it was difficult to ensure consistency throughout the state.	DPBH wishes to delete this section as the NAC requires a facility to comply with the AIA guidelines for renovations and new construction. The SBOH has the authority to grant approval for variances to the AIA guidelines, if a facility does not wish to bring all conditions into compliance with current codes rather than DPBH.



	Code	2006 Edition	Code	2001 Edition	Rationale for Exclusion
9	1.2 - 3.1.5, 3.1.5.2, 3.1.6	Indoor air quality. The impact of building design and construction on indoor air quality shall be addressed. Impact from both exterior and interior air-contamination sources shall be minimized. The environmental impacts associated with the life cycle of building materials shall be addressed.	2.1	Environment of Care. The importance of energy conservation shall be considered in all phases of facility development or renovation....The quality of the health care facility environment must, however, be supportive of the occupants and functions served.	DPBH does not have a method of testing to determine compliance with these requirements. The language does not include minimum air quality or environmental impact requirements to follow to protect public health and welfare.



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