



Division of Public and Behavioral Health

Technical Bulletin



Topic: Admission of Alzheimer’s Patients to Residential Facilities for Groups
Contact: Paul Shubert, Chief of the Bureau of Health Care Quality and Compliance
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Date: Sept. 1, 2018
To: Residential Facilities for Groups/Assisted Living Facilities

The purpose of this technical bulletin is to inform Nevada licensed residential facilities for groups (RFG) including assisted living facilities about state regulations regarding admission of residents with Alzheimer’s disease or related dementia. Nevada Administrative Code (NAC) 449.2754 indicates that any licensed RFG offering or providing care for a resident with Alzheimer’s disease or related dementia **must obtain an endorsement** from the Division of Public and Behavioral Health (DPBH) authorizing it to provide care to persons with Alzheimer’s disease. NAC 449.173 defines “Residential facility which provides care to persons with Alzheimer’s disease” as a residential facility that provides care and protective supervision for persons with Alzheimer’s disease or a related disease, including, without limitation, senile dementia, organic brain syndrome or other cognitive impairment.

Recently, inspection staff identified several situations where RFGs have admitted or retained residents with a diagnosis of Alzheimer’s or related disease, in a facility without the proper endorsement. Such admissions put these residents in jeopardy of residing in an unsafe environment based on their disease. In addition, facilities with an endorsement for providing care to persons with Alzheimer’s disease must ensure staff have necessary experience and are properly qualified to provide care to such residents (NAC 449.2754 and 449.2768). This provides assurance that these residents receive appropriate care and activities, whereas facilities without such endorsement are not required to meet these standards.

When inspection staff identify a resident with a diagnosis of Alzheimer’s or related disease in a facility without an endorsement, the facility will be cited for the regulatory violation. Whereas in a facility without an endorsement, if inspection staff identify a resident with behaviors typical of Alzheimer’s or related disease, but there’s not yet a diagnosis, the facility will be required to have the resident assessed in accordance with NAC 449.2738. The Division of Public and Behavioral Health has an appreciation for the facilities providing direct care and services at all levels and the Division is committed to ensuring the safety of these very vulnerable individuals.

Please see the attachment for regulatory references: NAC 449.173, 449.2754, 449.2768 and 449.2738.

Signed:  Date: 10/3/18
Julie Kotchevar, PhD
Administrator

Signed:  Date: 9/27/18
Ihsan Azzam, PhD, MD
Chief Medical Officer

Technical Bulletin dated 9/1/18, Attachment

Regulatory References:

NAC 449.173 “Residential facility which provides care to persons with Alzheimer’s disease” defined. (NRS 449.0302) “Residential facility which provides care to persons with Alzheimer’s disease” means a residential facility that provides care and protective supervision for persons with Alzheimer’s disease or a related disease, including, without limitation, senile dementia, organic brain syndrome or other cognitive impairment.

NAC 449.2754 Residential facility which provides care to persons with Alzheimer’s disease: Application for endorsement; general requirements. (NRS 449.0302)

1. A residential facility which offers or provides care for a resident with Alzheimer’s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer’s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in [NAC 449.191](#) or [449.1915](#).

2. If a residential facility is authorized to operate as a residential facility which provides care to persons with Alzheimer’s disease and as another type of facility, the entire facility must comply with the requirements of this section or the residents who suffer from Alzheimer’s disease or other related dementia must be located in a separate portion of the facility that complies with the provisions of this section.

3. A residential facility which provides care to persons with Alzheimer’s disease may admit or retain a resident who requires confinement in locked quarters.

4. A residential facility which provides care to persons with Alzheimer’s disease must be administered by a person who:

- (a) Has not less than 3 years of experience in caring for residents with Alzheimer’s disease or related dementia in a licensed facility; or

- (b) Has a combination of education and training that the Bureau determines is equivalent to the experience required pursuant to paragraph (a).

5. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes:

- (a) The facility’s policies and procedures for providing care to its residents;
- (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake;

- (c) A description of:
 - (1) The basic services provided for the needs of residents who suffer from dementia;
 - (2) The activities developed for the residents by the members of the staff of the facility;
 - (3) The manner in which the behavioral problems will be managed;
 - (4) The manner in which the medication for residents will be managed;
 - (5) The activities that will be developed by the members of the staff of the facility to encourage the involvement of family members in the lives of the residents; and

- (6) The steps the members of the staff of the facility will take to:
 - (I) Prevent residents from wandering from the facility; and
 - (II) Respond when a resident wanders from the facility; and
- (d) The criteria for admission to and discharge and transfer from the facility.

6. The written statement required pursuant to subsection 5 must be available for review by members of the staff of the facility, visitors to the facility and the Bureau.

7. The administrator shall ensure that the facility complies with the provisions of the statement required pursuant to subsection 5.

8. The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the residents. The following activities must be conducted at least weekly:

- (a) Activities to enhance the gross motor skills of the residents;
- (b) Social activities;
- (c) Activities to enhance the sensory abilities of the residents; and
- (d) Outdoor activities.

NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094)

1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:

(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:

(1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family.

(2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.

(3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board.

(4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2).

(b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education.

2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he or she has completed that training within the previous 12 months.

NAC 449.2738 Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. (NRS 449.0302)

1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau:

(a) The assessments made by physicians concerning the physical and mental condition of the resident; and

(b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident.

2. If the Bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to [NAC 449.271](#) to [449.2734](#), inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility must be notified of that determination. Upon receipt of such a notification, the administrator shall, within a period prescribed by the Bureau, submit a plan to the Bureau for the safe and appropriate relocation of the resident pursuant to [NRS 449.700](#) to a place where the proper care will be provided.

3. If an inspection or investigation reveals that the conditions at a residential facility may immediately jeopardize the health and safety of a resident, the administrator of the facility shall, as soon as practicable, ensure that the resident is transferred to a facility which is capable of properly providing for his or her care.