NAC REGULATIONS AND INTERPRETIVE GUIDELINES FOR RESIDENTIAL FACILITIES FOR GROUPS

DEFINITIONS

NAC 449.002	**Definitions.** As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC 449.002 to 449.0072, inclusive, have the meanings ascribed to them in those sections.
NAC 449.0022	**"Administrator" defined.** "Administrator" means the person responsible for the day-to-day management of a facility.
NAC 449.0024	**"Affiliated facility" defined.** "Affiliated facility" means a facility that owns, directly or indirectly, an equity interest of 5 percent or more in the capital, the stock, the profits or the assets of another facility or is, as a subcontractor, agent or otherwise, responsible for the management or control of that facility.
NAC 449.0025	**"Agent" defined.** "Agent" means a person having actual or apparent authority to act on behalf of a licensee.
NAC 449.0028	**"Bureau "defined.** "Bureau" means the Bureau of Health Care Quality and Compliance of the Health Division.
NAC 449.0029	**"Centers for Medicare and Medicaid Services" defined.** "Centers for Medicare and Medicaid Services" means the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.
NAC 449.003	**"Deficiency" defined.** 1. "Deficiency" means noncompliance with any federal or state statute or of the rules or regulations of the Health Division or the Centers for Medicare and Medicaid Services or conditions and standards of or requirements for participation in the Medicare or Medicaid program pertaining to a facility. 2. The term includes an incident concerning a facility where there are no extenuating circumstances or where the facility has made an inappropriate response to a complaint, including the failure to: (a) Prevent an incident from occurring, if the incident could have been avoided; (b) Identify the incident; (c) Take action to correct an incident before the identification of the incident by the Bureau; or (d) Implement a contingency plan if permanent action to correct an incident has not been undertaken. 3. In determining whether an incident is a deficiency, the right of the recipient to refuse treatment, where applicable, shall be deemed an extenuating circumstance.
NAC 449.0031	**"Division of Welfare and Supportive Services" defined.** "Division of Welfare and Supportive Services" means the Division of Welfare and Supportive Services of the Department of Health and Human Services.
NAC 449.0032	**"Emergency" defined.** "Emergency" means a major deficiency that places one or more recipients in immediate jeopardy. The term includes, without limitation, any fire, flood, contagious infection, loss of utilities or inappropriate transfer of residents.
NAC 449.0034	**"Facility" defined.** "Facility" means a medical facility, facility for the dependent, home for individual residential care or referral agency.
NAC 449.0038	**"Health Division" defined.** "Health Division" means the Health Division of the Department of Health and Human Services.
NAC 449.0042	**"Holiday" defined.** "Holiday" means a day on which the offices of State Government are closed.
NAC 449.0043	**"Home for individual residential care" defined.** "Home for individual residential care" has the meaning ascribed to it in NRS 449.0105.
NAC 449.0044	**"Immediate and serious threat" and "immediate jeopardy" defined.** "Immediate and serious threat" or "immediate jeopardy" means a situation in which corrective action within 48 hours is necessary because the failure by a facility to comply with a requirement for licensure, certification or participation in Medicare or Medicaid has caused, or if uncorrected is likely to cause, serious injury or harm, or even death, to a recipient.
NAC 449.0046	**"Incident" defined.** "Incident" means an action, practice or situation that appears to be inconsistent with a federal or state statute, rule or regulation of the Health Division or the Centers for Medicare and Medicaid Services or conditions and standards of or requirement for participation in Medicare or Medicaid.
NAC 449.0048	**"License" defined.** "License" means all or part of any permit, certificate, approval, registration, charter or similar grant of permission to operate issued to a facility by the Health Division.

NAC 449.005	**"Licensee" defined.** "Licensee" means any person, corporation, partnership, voluntary association or other public or private entity, including, any governmental body, licensed to operate a facility.
NAC 449.0052	**"Medicaid" defined.** "Medicaid" means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.
NAC 449.0054	**"Medicare" defined.** "Medicare" means the program of health insurance for aged and disabled persons established pursuant to Title XVIII of the Social Security Act, 42 U.S.C.
NAC 449.0056	**"Party" defined.** "Party" means each person or agency as defined in NRS 233B.035.
NAC 449.0058	**"Person" defined.** "Person" means a natural person, trust, estate, partnership, corporation, professional association, governmental body or any other entity, public or private.
NAC 449.006	**"Recipient" defined.** "Recipient" means a person receiving care, services or treatment from a facility.
NAC 449.0061	**"Referral agency" defined.** "Referral agency" means a business that provides referrals to residential facilities for groups which is subject to regulation pursuant to NRS 449.0305, including, without limitation, any business entity that engages in the process of referring clients for compensation to residential facilities for groups.
NAC 449.0062	**"Resident" defined.** "Resident" means a person who resides in a residential facility.
NAC 449.0064	**"Residential facility" defined.** "Residential facility" means a facility operated 24 hours per day in which one or more persons receiving care, treatment or services ordinarily remain for 24 hours a day.
NAC 449.0066	**"Sanction" defined.** "Sanction" means a corrective measure or penalty that is imposed by the Bureau upon a facility.
NAC 449.0068	**"Services" defined.** "Services" means medical or personal care, including necessary preparation of food, laundry and housekeeping in the case of a residential facility and items
NAC 449.007	**"Survey" defined.** 1. "Survey" means a regularly scheduled inspection of a facility conducted by employees of the Bureau to verify the facility's compliance with the regulations of the Health Division, the Centers for Medicare and Medicaid Services, eligibility for participation in the Medicare or Medicaid programs and eligibility for licensure. 2. The term includes a follow-up inspection to recertify a facility or evaluate compliance with a plan of correction or an inspection made in response to a complaint.
NAC 449.0072	**"Treatment" defined.** "Treatment" means any medication, drug, test or procedure conducted or administered to diagnose or remedy a physical or mental illness or condition.
NAC 449.008	**NAC 449.008 Computation of time. (**NRS 449.037**)** For the purposes of any computation of time required by this chapter: 1. Any prescribed period of more than 5 days includes Saturdays, Sundays and holidays. 2. Any prescribed period of 5 days or less does not include Saturdays, Sundays or holidays. 3. If the date on which any action required to be performed falls on a Saturday, Sunday or holiday, the time is extended until the next day that is not a Saturday, Sunday or holiday. 4. The day of any act or event or on which notice is received is not included in the computation.
NAC 449.010	**Severability.** If any of the provisions of this chapter or any application thereof to any person, thing or circumstance is held invalid, it is intended that such invalidity not affect the remaining provisions, or their application, that can be given effect without the invalid provision or application.
NAC 449.0105	**Adoption of certain publications by** NFPA 101: Life Safety Code, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address http://www.nfpa.org or by telephone at (800) 344-3555, for the price of $55.80 for members or $62 for nonmembers, plus $7.95 for shipping and handling.

	(a) NFPA 99: Standards for Health Care Facilities, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address http://www.nfpa.org or by telephone at (800) 344-3555, for the price of $41.63 for members or $46.25 for nonmembers, plus $7.95 for shipping and handling.
	(b) Guidelines for Design and construction of Hospital and Health Care Facilities, in the form most recently published by the American Institute of Architects, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the
	(c) Guidelines for Design and construction of Hospital and Health Care Facilities, in the form most recently published by the American Institute of Architects, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the
	2. The State Board of Health will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.
	GENERAL REQUIREMENTS FOR LICENSURE
NAC 449.011	**Application for license. (**NRS 449.037**,** 449.040**)** An application for a license that is filed with the Health Division pursuant to NRS 449.040: 1. Must be complete and notarized. 2. In accordance with NRS 449.050, must be accompanied by the appropriate application fee specified in this chapter. 3. In establishing that the applicant is of reputable and responsible character as required by NRS 449.040, must include personal references and information concerning the applicant's financial status and business activities and associations in and out of this State during the immediately preceding 3-year period. If the applicant is a firm, association, organization, partnership, business trust, corporation or company, such references and information must be provided with respect to the members thereof and the person in charge of the facility or program for which application is made. 4. In addition to the information required by NRS 449.040 and any other information specifically required for a particular license, must include: (a) Full, complete and accurate information regarding the ownership of the facility or program and all changes to that ownership that occur while the application is pending. The information must include the name of: (1) Each natural person who is an owner of the facility or program; (2) Each person who has a direct or indirect ownership interest in the facility or program of 10 percent or more and who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured in whole or in part by the facility or program or any of the property or assets of the facility or program; (3) If the applicant is a corporation, each officer and director; and (4) If the applicant is a partnership, each partner. (b) The address of the applicant's principal office. (c) Evidence satisfactory to the Health Division that the facility or program meets all applicable federal, state and local laws and complies with all safety, health, building and fire codes. If there are any differences between the state and local codes, the more restrictive standards apply. (d) If required by NRS 439A.100, a copy of a letter of approval issued by the Director of the Department of Health and Human Services. (e) A copy of the certificate of occupancy, a copy of the applicant's business license and a copy of any special use permits obtained in connection with the operation of the facility or program. (f) A copy of any property lease or rental agreements concerning the facility or program.
	(g) If the applicant is a corporation, a copy of its bylaws and articles of incorporation.

NAC 449.0112	**Investigation; Pre-licensure survey; inspection for fire safety.** 1. Upon receipt of a properly completed and notarized application and the appropriate fee, the Health Division shall conduct an investigation concerning the premises, facilities, qualifications of personnel, methods of operation and policies of the applicant and perform a pre-licensure survey of: (a) The applicant; and (b) The facility, program plan and management plan, as appropriate. 2. Before issuing a license, the Health Division must receive a satisfactory report of inspection of the facility from the State Fire Marshal or the local fire department.
NAC 449.0114	**Display of license; compliance with law; transfer of real property; change in administrator, ownership, location or services.** 1. Upon receipt of a license, the licensee shall display the license at a conspicuous location within the facility. 2. During the term of the license, the licensee shall continuously maintain the facility in conformance with the provisions of this chapter and chapter 449 of NRS. 3. If there is a transfer of the real property on which the facility is located, but no change in the operator of the facility, the licensee shall, within 10 days, notify the Health Division of the transfer in writing and provide the Health Division with a copy of any lease agreement relating to the transfer. 4. If there is a change in the administrator of the facility, the licensee shall notify the Health Division of the change within 10 days. The notification must provide evidence that the new administrator is currently licensed pursuant to chapter 654 of NRS and the regulations adopted pursuant thereto. If the licensee fails to notify the Health Division and submit an application for a new license within 10 days after the change, the licensee shall pay to the Health Division a fee in an amount equal to 150 percent of the fee required for a new application set forth in subsection 1 of NAC 449.0168. 5. A licensee shall notify the Health Division immediately of any change in the ownership of, the location of, or the services provided at, the facility.
NAC 449.0115	**Review of building plans for new construction or remodeling by certain applicants: Required documents; payment of fees and costs.** 1. An applicant for a license or the renewal of a license to operate a medical facility or facility for the dependent who wishes or is required to have building plans for new construction or remodeling reviewed by the Health Division must: (a) Submit to the Health Division or have on file a current application for a license or renewal of a license; (b) Pay to the Health Division any fees required for the issuance or renewal of a license pursuant to NAC 449.013 or 449.016; and (c) Submit two complete sets of building plans for new construction or remodeling prepared by a registered architect, registered residential designer or licensed general contractor to the entity designated to review such plans by the Health Division. 2. All costs incurred for the review of building plans and any changes or revisions made to the plans must be borne by the applicant and paid directly to the designee of the Health Division conducting the review of the plans. 3. The costs required to be paid pursuant to subsection 2 are not refundable and are in addition to the fees charged for the issuance or renewal of the license pursuant to NAC 449.013 or 449.016.
NAC 449.01153	**Approval of building plans for construction or remodeling of certain facilities: Period of validity. (**NRS 449.037**)** If the Health Division approves building plans for the construction or remodeling of a facility for modified medical detoxification, a facility for skilled nursing, a facility for the care of adults during the day, a facility for the treatment of abuse of alcohol or drugs, a hospital, a mobile unit, a residential facility for groups or a surgical center for ambulatory patients, the approval is valid for 42 months after it is issued, unless there has been: 1. A modification of the building plans; 2. A change in the ownership of the facility; or 3. A change in the intended use of the facility.
NAC 449.01156	**On-site advisory inspection of facility: Written request; action by Health Division; fee. (**NRS 439.150**,** 439.200**,** 449.037**)** 1. A licensee or an applicant for the issuance or renewal of a license whose building plans for the construction of a facility have been reviewed pursuant to NAC 449.0115 may submit a written request to the Health Division for an on-site advisory inspection to be conducted by the Health Division after at least 80 percent of the construction of the facility is completed. The written request must include, without limitation, the anticipated date on which 80 percent of the construction of the facility will be completed. 2. If the Health Division receives a request submitted pursuant to subsection 1, the Health Division shall determine its ability to grant the request and shall issue a notice of that determination to the licensee or applicant who submitted the request.

	3. If the Health Division grants a request submitted pursuant to subsection 1, the licensee or applicant who submitted the request shall, before the Health Division conducts the on-site inspection, submit to the Health Division a fee of: (a) Five hundred dollars, if the project is valued at not more than $500,000; (b) One thousand dollars, if the project is valued at more than $500,000 but not more than $1,000,000; or (c) Two thousand dollars, if the project is valued at more than $1,000,000.
NAC 449.0116	**Renewal of license: Application; validity of existing license pending decision on application; inspection of facility; untimely filing or failure to file application. (**NRS 439.150**,** 439.200**,** 449.037**,** 449.050**,** 449.060**)** 1. Except as otherwise provided in subsection 2, a licensee who wishes to renew his license must submit a complete application for renewal to the Health Division on or before November 15 of the calendar year in which the license expires. The existing license shall be deemed valid until the submitted application for renewal is evaluated and a final determination is made by the Health Division concerning whether to renew the license. The Health Division may require an inspection of the facility to ensure that it meets the requirements of this chapter before deciding whether to renew a license. 2. A licensee who, without good cause, files an application for the renewal of his license after the date set forth in subsection 1 but on or before December 31 of the calendar year in which the license expires and who wishes to renew his license must pay: (a) The fee required for the renewal of the license pursuant to NAC 449.013 or 449.016, as appropriate; and (b) An additional charge equal to one-half the amount of the fee required for the renewal of the license pursuant to NAC 449.013 or 449.016, as appropriate. 3. A licensee who fails to file an application for the renewal of his license before the license expires is not eligible to renew the license and, if he wishes to be licensed, must submit an application for a new license.
NAC 449.0118	**Denial, suspension or revocation of license: Grounds. (**NRS 449.037**)** In addition to the grounds set forth in NRS 449.160 and any other grounds specifically applicable to a particular license, the Health Division may deny an application for a license or may suspend or revoke a license upon any of the following grounds: 1. The failure or refusal of an applicant or licensee to comply with any of the provisions of chapter 449 of NRS or the regulations adopted by the State Board of Health. 2. The failure or refusal of an applicant or licensee to comply with a reasonable order from the Health Division to remove a resident from a facility or program. 3. Operating a facility or program without a license, if a license is required before operating. 4. Accepting for care, at any given time, more residents than the number specified in the license. 5. The failure or refusal of a licensee to return an adequate plan of correction to the Health Division within 10 days after the receipt by the licensee of a statement of deficiencies. 6. The failure or refusal to cooperate fully with an investigation or inspection by the Bureau. 7. Misappropriation of the property of a resident of a facility. 8. Abuse, neglect or exploitation of an infirm, mentally retarded or disabled person, or of a person who is 60 years of age or older.
NAC 449.0119	**Denial, suspension or revocation of license: Appeals. (**NRS 449.037**,** 449.170**)** An applicant or licensee who is aggrieved by an action of the Health Division relating to the denial, suspension or revocation of a license or an endorsement may appeal pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

	FEES
NAC 449.016	**NAC 449.016 License and renewal fees to operate skilled nursing facility, hospital, rural hospital, intermediate care facilities, residential facility for groups, facility for treatment of abuse of alcohol or drugs, facility for hospice care, home for individual residential care, facility for modified medical detoxification and community triage center; expiration of application for license. (NRS 439.150, 439.200, 449.037, 449.050, 449.249)** 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities must pay to the Health Division the following nonrefundable fees: (f) Except as otherwise provided in subsection 4, a residential facility for groups - $2,400 plus $184 per bed. 2. An applicant for the renewal of such a license must pay to the Health Division the following nonrefundable fees: (f) Except as otherwise provided in subsection 4, a residential facility for groups which has 11 beds or more - $1,182 plus $92 per bed. (g) Except as otherwise provided in subsection 5, a residential facility for groups which has less than 11 beds - $1,085 plus $92 per bed. 3. An applicant for a license **or for the renewal of a license** for a residential facility for groups shall pay a fee of **$35** for each bed in the facility **if the facility is paid less than $1,000 per month for services provided to each bed in the facility. (See TAG Y1060)** 4. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he submits his application, he must submit a new application and pay the required fee to be considered for licensure.
NAC 449.0164	**Fees for renewal of licenses for certain facilities: Payment in two equal installments.** An applicant for the renewal of a license for a residential facility for groups, a halfway house for recovering alcohol and drug abusers, a home for individual residential care or a facility for transitional living for released offenders may pay the fee required for the renewal of his license in two equal installments if: 1. On or before November 1 of the calendar year in which his license expires, he submits a complete application for the renewal of the license which includes, without limitation: (a) The first installment payment which is equal to one-half the amount of the fee required for the renewal of the license pursuant to NAC 449.013 or 449.016, as appropriate; (b) An additional fee of $100 for the administrative costs of billing and collecting such payments; and (c) A signed payment agreement and a confession of judgment for the total amount of the second installment payment which may be filed with a court of competent jurisdiction if he fails to make the second installment payment in accordance with the agreement; 2. On or before April 15 of the calendar year for which the license is renewed, he submits the second installment payment for the remainder of the fee required for the renewal of the license pursuant to NAC 449.013 or 449.016, as appropriate; and 3. He has not failed to make a payment in accordance with any other similar agreement.
NAC 449.0168	**Fees for modification of certain licenses.** 1. Except as otherwise provided in subsection 2, a holder of a license to operate a medical facility, facility for the dependent, program of hospice care or referral agency who wishes or is required pursuant to NAC 449.190, 449.307, 449.7473 or 449.758 to modify his license to reflect: (a) A change in the name of the facility, program or agency; (b) A change of the administrator of the facility, program or agency; (c) A change in the number of beds in the facility; (d) A change in the type of facility licensed or the addition of another type of facility to be licensed; (e) A change in the category of residents who may reside at the facility; (f) A change in the designation of a staging area for a mobile unit or, if the mobile unit is operated by an independent facility, a change in the address of the independent facility; or (g) A change in any of the services provided by an agency to provide nursing in the home, ➥ must submit an application for a new license to the Health Division and pay to the Health Division a fee of $250. 2. An applicant who applies for a license pursuant to paragraph (c) of subsection 1 because of an increase in the number of beds in the facility must pay to the Health Division:

	(a) A fee of $250; and (b) A fee for each additional bed as follows: (2) Except as otherwise provided in subparagraph (3), if the facility is a residential facility for groups - $184 per bed.
	GENERAL PROVISIONS
NAC 449.156	**Definitions.** As used in NAC 449.156 to 449.27706, inclusive, unless the context otherwise requires, the words and terms defined in NAC 449.1565 to 449.178, inclusive, have the meanings ascribed to them in those sections.
NAC 449.1565	**"Administer" defined.** "Administer" means the direct application of a drug or medicine referred to in NRS 454.181 to 454.371, inclusive, by injection, inhalation, ingestion or any other means, to the body of a resident of a residential facility.
NAC 449.157	**"Administrator" defined.** "Administrator" means a person: 1. Who is licensed by the Nevada State Board of Examiners for Administrators of Facilities for Long-Term Care pursuant to chapter 654 of NRS; 2. Whose name appears on a license issued by the Bureau as administrator of record for a residential facility; and
	3. Who is legally responsible for the care of residents and the daily operation of the facility.
NAC 449.1575	**"Board" defined.** "Board" means the State Board of Health.
NAC 449.1585	**"Caregiver" defined.** "Caregiver" means an employee of a residential facility who provides care, assistance or protective supervision to a resident of the facility.
NAC 449.1591	**"Category 1 resident" defined.** "Category 1 resident" means: 1. In a residential facility with not more than 10 residents, a resident who, without the assistance of any other person, is physically and mentally capable of moving himself from the room in which he sleeps to outside the facility in 4 minutes or less; or 2. In a residential facility with more than 10 residents, a resident who, without the assistance of any other person, is physically and mentally capable of moving himself from the room in which he sleeps to the other side of a smoke or fire barrier or outside the facility, whichever is nearest, in 4 minutes or less.
NAC 449.1595	**"Category 2 resident" defined.** "Category 2 resident" means: 1. In a residential facility with not more than 10 residents, a resident who, without the assistance of any other person, is not physically or mentally capable of moving himself from the room in which he sleeps to outside the facility in 4 minutes or less. 2. In a residential facility with more than 10 residents, a resident who, without the assistance of any other person, is not physically or mentally capable of moving himself from the room in which he sleeps to the other side of a smoke or fire barrier or outside the facility, whichever is nearest, in 4 minutes or less.
NAC 449.1597	**"Dietary supplement" defined.** "Dietary supplement" has the meaning ascribed to it in 21 U.S.C. 321(ff) as that section existed on August 17, 1999.
NAC 449.1599	**"Discharge" defined.** "Discharge" means the release of a resident from a residential facility which does not involve a transfer.
NAC 449.160	**"Division" defined.** "Division" means the Health Division of the Department of Health and Human Services.
NAC 449.161	**"Grade" defined.** "Grade" means a letter that is assigned to a residential facility by the Bureau based on the severity and scope scores of the facility as determined by the Bureau.
NAC 449.164	**"Hospice care" defined.** "Hospice care" has the meaning ascribed to it in NRS 449.0115.
NAC 449.169	**"Medical professional" defined.** "Medical professional" means a physician or a physician assistant, nurse practitioner, registered nurse, physical therapist, occupational therapist, speech pathologist or practitioner of respiratory care who is trained and licensed to perform medical procedures and care prescribed by a physician.
NAC 449.170	**"Placard" defined.** "Placard" means a certificate issued to a residential facility by the Bureau that includes the grade assigned to the facility by the Bureau.
NAC 449.172	**"Residential facility" defined.** "Residential facility" means a residential facility for groups as defined in NRS 449.017.
NAC 449.173	**"Residential facility which provides care to persons with Alzheimer's disease" defined. (NRS 449.037)** "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 449.175	**"Severity and scope score" defined.** "Severity and scope score" has the meaning ascribed to it in NAC 449.99839.
NAC 449.176	**"Staff of a facility" defined.** "Staff of a facility" means the administrator, caregivers and other employees of a residential facility.
NAC 449.178	**"Transfer" defined.** "Transfer" means the movement of a resident from a residential facility to another facility for inpatient or residential care.
	LICENSING
NAC 449.179 Y 0001	**Submission and approval of plan for new construction or remodeling; inspection; evidence of compliance.** 1 Except for a residential facility with less than 11 beds, before a residential facility is constructed or an existing facility is remodeled, the facility must: (a) Submit the plan for construction or remodeling to the entity designated to review such plans by the Health Division pursuant to the provisions of NAC 449.0115; *If a facility plans to care for 11 or more residents, construction plans must be submitted prior to construction to the bureau for review. If a facility which cares for 11 or more residents plans to undergo any remodeling, the facility must submit construction plans prior to the remodeling to the bureau for review.*
Y 0002	(b) Notify the bureau of a tentative date for the completion of the construction or remodeling (c) Obtain approval of the plan from the Health Division. *The bureau submits building and remodeling plans to an outside consulting architectural firm to ensure the construction will meet regulations prior to the start of construction. Once the plans are reviewed and approved, the facility may begin construction and must build to the plans and not deviate from the plans.*
Y 0003	2. The plan for construction or remodeling must include a description of the materials that will be used to complete the project.
Y 0004	3. Before issuing a license to operate a residential facility, the bureau shall inspect the facility to ensure that it complies with: (a) The provisions of NAC 449.156 to 449.27706, inclusive; and *The statutes require an applicant to provide evidence of zoning approval from the local municipality (NRS 449.040.10), fire safety approval from the state fire marshal (NRS 449.150), and administrator licensure with the Board of Examiners for Long Term Care Administrators (NRS 449.0355) and such other information as may be required by the health division (NRS 449.040.7). A survey will not be scheduled until the Bureau is in receipt of these documents. To be in substantial compliance with these regulations a facility must also provide a certificate of insurance to the Bureau and an acceptable POC.* *The Bureau cannot license a facility which is not in full compliance with statutes (NRS 449.080). A facility must not admit residents prior to licensure because this would mean the facility is operating without a license (NRS 449.210).*
Y 0005	(b) The applicable zoning ordinances and regulations. *The bureau will require the facility to obtain zoning approval from the local municipality. This may be in the form of a business license or zoning verification.*
Y0006	4. An applicant for a license to operate a residential facility must submit to the bureau with his application evidence that the applicant and the facility are in compliance with the provisions of NRS 449.001 to 449.240, inclusive, and NAC 449.156 to 449.2766, inclusive. *Please refer to the AGC application checklist for the required documents needed to determine if the applicant can comply with this regulation.*
Y 0007	5. The bureau shall not perform the inspection required pursuant to subsection 3 until the applicant has submitted to the bureau the application required pursuant to NRS 449.040, the fee required pursuant to NAC 449.016 and the evidence required pursuant to subsection 4. *The bureau will not conduct an initial state licensure survey until all of the required documents are submitted that are listed on the AGC application checklist and the application packet is complete.*
NAC 449.180 Y 0008	**Requirements for purchasing licensed facility.** If an applicant for a license to operate a residential facility desires to purchase a currently licensed facility, the facility must comply with all current state and local requirements relating to health and safety. *A facility is held to the standards under which it is licensed, however when the facility is to be sold, prior to licensure of the new owner, the facility must*

	be brought into compliance with the latest regulations pertaining to health and safety. For example: NAC 449.211.1 After January 14, 1997, all facilities had to install an automatic fire sprinkler system prior to licensure. If the facility was licensed prior to this date and later sold, the new owner would have to install the sprinkler system to be licensed.
NAC 449.190 Y 0020	**License: Contents; validity; transferability; issuance of more than one type.** 1. A license to operate a residential facility must include: (a) The name of the administrator of the facility; (b) The name and address of the facility; (c) The type of facility; (d) The maximum number of residents authorized to reside at the facility; and (e) The category of residents who may reside at the facility. *The license will also list the endorsements the facility has applied for: Elderly & Disabled, Mental Illness, Mental Retardation, Chronic Illness, Assisted Living Services and/or Alzheimer's/dementia.*
Y 0025	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. *If a licensee wishes to move into another location, he/she must submit an application and go through the initial licensing inspection for the new location and obtain a license prior to moving residents. After the move, the license for the original facility must be returned to the bureau. If a licensee wishes to sell a facility while still operating and having residents in the facility, the new owner must apply for and obtain a license to operate the facility by submitting a new application and undergoing an initial licensure inspection. The original owner must return his/her old license once the new owner becomes licensed.*
Y0026	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. *The facility must assure resident rights are protected and ensure the safety of all residents. For example: A facility licensed for the elderly or disabled may designate a particular wing or portion of the facility for Alzheimer's/dementia care, this would be allowable under the conditions stated above. The portion of the facility designated for Alzheimer' and related dementia has to meet the specific physical environment requirements for protection of residents – such as alarmed exits. The facility must also ensure that staffing requirements are met for both facility types and provide activities suited to both populations as listed in the regulations.* *In certain situations, an adult day care facility can be operated inside a residential facility for groups. Both facilities must comply separately with their own licensure regulations. The adult day care must be a distinct and separate part of the building. Residential facilities for groups normally care for the elderly, the handicapped and the disabled, but certain facilities may wish to care for the mentally ill, the mentally retarded, those with chronic illnesses (Hepatitis C and HIV) or provide Assisted Living Services. Those facilities need to apply for special endorsements to care for those types of residents by submitting an endorsement application, license change fee if already currently licensed, and evidence they have received training in the care of those types of residents.*
NAC 449.191	**Denial, suspension or revocation of endorsement: Grounds.** In addition to the grounds set forth in NRS 449.160 and section 2 of this regulation, the Health Division may deny an application for an endorsement made pursuant to NAC 449.2751 to 449.2768, inclusive, on a license to operate a residential facility or may suspend or revoke an existing endorsement based upon any of the following grounds: 1. The failure or refusal of an applicant or licensee to comply with any of the provisions of chapter 449 of NRS or the regulations adopted by the Board. 2. The failure or refusal of an applicant or licensee to comply with a reasonable order from the Health Division to remove a resident from a facility. 3. Providing services at the facility without an endorsement, if an endorsement is required before providing those types of services. 4. Accepting for care, at any given time, more residents than the number specified in the license. 5. The failure or refusal of a licensee to return an adequate plan of correction to the Health Division within 10 days after the receipt by the licensee of a statement of deficiencies. 6. The failure or refusal to cooperate fully with an investigation or inspection by the Bureau.

	7. Misappropriation of the property of a resident of a facility. 8. Abuse, neglect or exploitation of a person who is infirm, a person with mental retardation, a person with a disability or a person who is 60 years of age or older. 9. The residential facility has demonstrated an inability to care for residents adequately, as demonstrated by a history of deficiencies affecting the health or safety of residents or employees. 10. The license has been revoked or suspended due to a failure to comply with the provisions of this chapter or chapter 449 of NRS and was subsequently reinstated within the immediately preceding year.
NAC 449.1915	**Suspension or revocation of license and endorsement if residential facility has been assigned grade of D on two or more consecutive surveys or resurveys, or both.** In addition to the grounds set forth in NRS 449.160 and NAC 449.0118, 449.2751 and 449.27706, the Health Division may suspend or revoke a license to operate a residential facility, including any endorsement on the license, if the residential facility has been assigned, pursuant to NAC 449.27702, a grade of D on two or more consecutive surveys or resurveys, or both.
NAC 449.194 Y 0050	**Responsibilities of administrator.** The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. *If the facility is cited for other deficiencies, the surveyor will assess if the deficiencies are a result of lack of adequate oversight and direction by the administrator. For example: If there is a negative resident outcome and there are deficiencies related to the lack of staff training this may indicate a lack of sufficient administrative oversight. Deficiencies identified as lack of administrator oversight and direction will be reported to the administrator's licensing board, the Board of Examiners for Long Term Care Administrators (BELTCA).*
Y 0051	2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. *There must be a written statement or some other type of posting by the administrator designating the name of the person in charge. This directive must be posted in a public area for view by residents, visitors, family, and agency personnel. This statement does not relieve the administrator from his/her responsibility for the facility; it only serves to identify who is in charge whenever the administrator is away from the facility. The person designated as "In-Charge" must have access to all facility records including residents'.*
Y 0052	3. Maintain in the facility, and make available upon request, a copy of the provisions of NAC 449.156 to 449.2766, inclusive, and the report of the latest investigation of the facility conducted by the bureau pursuant to NRS 449.150. *A current copy of the regulations for Residential Facilities for Groups must be available in the facility for review by residents, visitors, a resident's family and agency personnel. Copies of current regulations can be downloaded from http://leg.state.nv.us/NAC/NAC-449. Copies of the facilities latest annual survey, with re-survey if it was needed, and complaint investigations must also be available for review.*
Y 0053	4. Ensure that the records of the facility are complete and accurate. *It is the administrator's responsibility to ensure all employee, resident and facility records are current and contain accurate documentation; includes any facility documents created, updated and maintained to meet the regulatory requirements. All necessary documents must be on-site and available for review during an inspection. Missing documents will result in citations.*

NAC 449.196 Y 0065	**Qualifications and training of caregivers.** 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; *The facility must maintain a copy of a driver's license, identification card or other legal document (such as a passport) indicating the caregiver's date of birth and have this information in each caregiver's facility record.*
NAC 449.196 Y 0065	**Qualifications and training of caregivers.** 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; *The facility must maintain a copy of a driver's license, identification card or other legal document (such as a passport) indicating the caregiver's date of birth and have this information in each caregiver's facility record.*
Y 0066	(b) Be responsible, and mature and have the personal qualities which will enable him to understand the problems of the aged and disabled;
Y 0067	(c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions; *This written statement must be signed by the caregiver during orientation or at the latest within the first week of employment and be in the caregiver's facility record.*
Y0068	(d) Demonstrate the ability to read, write, speak and understand the English language; *It is expected that the caregivers can read and understand information regarding the residents and their medications. Caregivers may be asked to read resident assessments and prescriptions and relay to inspectors the type of care and supervision needed. Caregivers must also be able to document in resident and facility records in English.*
Y 0069	(e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and *Inspectors will observe caregivers to determine if caregivers understand how to appropriately care for residents and can meet resident needs.*
Y 0070	(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. *Training should be ongoing but not less than 8 hours completed by the employee's yearly anniversary date beginning after their first year of employment. Training can be obtained from formal courses, community seminars, accredited institutions of learning, or on-line training or training can be provided by the administrator or another qualified individual. To document informal trainings, such as those provided "in-house" or by another qualified individual, an outline of the material covered, instructor name, name of the employee, instruction time (minutes, hours) and attendance must be documented in each caregiver's facility record or in an in-service log/folder.* ***First aid and CPR re-certification training cannot be considered toward a caregiver's 8 hours of annual training related to providing for the needs of the facility's residents.* ***Medication Management training is considered an additional training requirement for caregivers who assist residents with their medications and cannot be counted toward the annual 8 hours of training required for caregivers. See TAG Y072.***
Y 0071	2. If a resident of a residential facility uses prosthetic devices or dental, vision or hearing aids, the caregivers employed by the facility must be knowledgeable of the use of those devices. *Caregiver should be able to demonstrate in their everyday care of the residents that they are familiar with residents' medical devices and aids. If the application of the device or aid requires special knowledge, caregivers must have evidence of their training on application of the device/aid. (i.e., use of oxygen equipment) The device/aid instructions must be readily available in the facility for review by staff and inspectors.*

Y 0072	3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: **Required beginning April 1, 2011**: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.037, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; *Before caregivers assist residents with their medications, they must attend a HCQC approved medication administration training class and pass an approved examination. A list of HCQC approved programs is available at www.health.nv.gov/HCQC_HealthFacilities . Evidence of this original training and exam must be kept in the caregiver's facility record along with subsequent retraining/exam certificates.* *Pharmacists, Registered Nurses (RN) and Licensed Practical Nurses (LPNs) who assist residents with their medications are required to take the medication management course to ensure they understand the medication administration regulations for Residential Facilities for Groups.* *Administrators in their first year of employment at a facility are required to attend medication training, pass a Bureau approved examination and then obtain a minimum of 8 hours of annual medication training (see NAC 449.2742).* **Required beginning January 13, 2011; Survey for beginning January 1, 2012:** (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; *Training should be ongoing but not less than 8 hours completed every year beginning after their first year of being trained to assist residents with their medications. Annual re-training may be provided by an approved training provider, by the facility the caregiver works in or by other sources, but evidence of the training must be kept in the caregiver's facility record. Evidence of training must include an outline of the material covered, instructor name, name of the caregiver, instruction time (minutes, hours), and attendance, must be documented in each caregiver's facility record or in an in-service log/folder.* **Required beginning January 1, 2012**: (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; ***Caregivers who assist residents with their medications must have evidence in their files that they have received training on the facility's Medication Plan.***
Y 0073	**Required beginning January 13, 2011; Survey for beginning January 1, 2012** (d) Annually pass an examination relating to the management of medication approved by the Bureau. *Caregivers that assist residents with their medications must take and pass an HCQC approved examination through an approved medication training program every year by the anniversary date of their original test date. An official certificate substantiating the test has been passed must be issued by an approved provider. (See Approved Medication Training/Examination Training/Proctor list located at: http://health.nv.gov/HCQC_HealthFacilities .) The medication re-training examination became available in 2008.*
NRS 449.093 Y 0074	**Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete.** 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter.

	The topics of instruction that must be included in the training required by this section must include, without limitation: *(a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive;* *(b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and* *(c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to:* *(1) The abuse of older persons; and* *(2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training.* *7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section.*
NAC 449.197 Y 0080	**Medical services may be provided only by medical professional.** A member of the staff of a residential facility shall not provide medical services to a resident of the facility unless the member of the staff is a medical professional. *Per NAC 449.169, a medical professional is a physician or a physician assistant, nurse practitioner, registered nurse (RN), physical therapist, occupational therapist, speech pathologist or practitioner or respiratory care who is trained and licensed in Nevada to perform medical procedures and care prescribed by a physician. *Notice Licensed Vocational Nurses (LVNs) are not in the list because Nevada does not license LVNs.* *Licensed Practical Nurses (LPNs) must work under the direct supervision of a Nevada Licensed RN to be considered a medical professional.* *No employees of the facility may assist residents with their blood glucose testing, unless the facility has obtained a medical laboratory license. No employees of the facility may give a medication to a resident by injection or IV, including nurses or other medical professionals.*
NAC 449.199 Y 0085	**Staffing requirements; limitation on number of residents; written schedule for each shift; direct supervision of certain employees.** 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. *Resident needs must be met. Some indicators that resident needs are not being addressed are inappropriately dressed resident, unmet personal care needs (such as poor hygiene, body odor, unwashed hair) or not offering appropriate activities. There must be a qualified caregiver on the premises at all times that residents are present. This does not include family member of staff or owners or "volunteers" left alone with residents while staff leave the facility to run errands, go shopping, take a resident to appointments, etc.*
Y 0086	2. Except as otherwise provided in NAC 449.2756, the administrator of a residential facility which has **more than 20 residents** shall ensure that at least one employee is awake and on duty at the facility at all times. An additional employee must be available to provide care within 10 minutes after he is informed that his services are needed. *Caregivers are not allowed to sleep while on duty if they care for 20 or more residents. The facility must provide a staffing schedule with evidence that more than one employee is on duty during a 24-hour shift and list the times they work each day. The facility must document on the staff schedule which employees are on call for each shift. Employees and residents will be interviewed to help determine compliance. Also see TAG Y088.*
Y 0087	3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. *If a person is receiving limited supervision and assistance in addition to food and shelter, then the person in question is considered a resident. (NRS 449.017). Per NRS 449.0355 the facility may not admit boarders or renters as of 10/1/09.* *Inspectors will review written documentation on residents and anyone else living at the facility if the facility is found to have more residents than the facility is licensed for, i.e., resident rental agreements. For further guidance, see "Consideration of Family - Interpretive Guidance" attached.*
Y 0088	4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.

	A written work schedule or staff schedule must list, for each day of the week, the names of the caregivers and medication technicians scheduled to work each day. The schedule must list the start and end times of each shift the employee works each day. The current month's staffing schedule will be reviewed the day the surveyor is on site and the schedule will be compared to the actual caregivers present. In facilities with more than 20 residents, the schedule must include the employees responsible for resident activities and staff awake at night.
Y 0089	5. An employee of a residential facility who is less than 18 years of age must be under the direct supervision of an employee who is 18 years of age or older. *An employee under the age of 18 may not be left alone to supervise residents nor be assigned any caregiver duties. An employee younger than 18 can serve as wait staff in the dining room, assist in facility activities, etc., as long as there is direct supervision by an older employee.*
NAC 449.200	**Personnel files.** 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:
Y 0100	(a) The name, address, telephone number and social security number of the employee; *This information can be captured on an employment application and/or with copies of an employee's driver's license, passport, social security card, etc.*
Y 0101	(b) The date on which the employee began his employment at the residential facility; *The date the employee starts work at the facility is used by inspectors as a reference point for determining compliance with requirements that have to be completed within a certain timeframe - such as pre-employment physicals and TB testing; CPR and first aid training within 30 days of hire; hours of initial caregiver training within 60 days of hire, etc.*
Y 0102	(c) Records relating to the training received by the employee; *Cross reference Y 0070 and Y 1001. Caregiver files must contain evidence of required caregiver training, CPR and first aid training, medication training, special endorsement training, etc.*
Y 0103	(d) The health certificates required pursuant to chapter 441A of NAC for the employee; *Each employee file must contain written documentation of a pre-employment physical examination and initial tuberculin (TB) testing (2-Step TB skin testing or TB blood screening if negative; 1-Step TB skin test or blood screening + negative chest x-ray to rule out TB if positive). The employee may not start working at the facility until these are completed. Employee physicals must have been completed no more than 6 months prior to hire. Employees must then meet annual TB screening requirements. There are no requirements for employees to have annual physicals unless an employee begins to display signs and symptoms of active TB. See NAC 441A.375.*
Y 0104	(e) Evidence that the references supplied by the employee were checked by the residential facility; and *References supplied on employment applications must be verified by the facility. A minimum of two references should be requested. The authors of signed letters of reference must be contacted to confirm the information provided in the letters. Document these contacts in the employee file.*
Y 0105	(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. *Criminal history checks related to Chapter 449 of NRS. Applicants with prior convictions as outlined in NRS 449.188 or history of previous findings of abuse, neglect or exploitation cannot be employed. Facilities cannot accept background checks conducted in other states or by companies other than the Department of Public Safety (DPS) and FBI. Background checks done for other statutory requirements (such as the Board of Nursing) do not apply.* *Pursuant to NRS 449.179, the employee must initiate the background check process within 10 days of hire. The employee's facility record must include the following:* *1) Two copies of ink rolled fingerprint cards or one copy of the electronic fingerprints. The fingerprint cards must list the facility's DPS state repository account number.* *2) A signed written statement from the employee stating he has not been convicted of the crimes listed in NRS 449.174* *3) Verification the facility submitted fingerprints to DPS: i.e. Employee names on certified mail receipts or electronic fingerprints that indicates the fingerprints were submitted;* *4) If the facility receives notice that the State or FBI fingerprint cards were not readable, the employee must be re-fingerprinted and have the new ink cards or electronic fingerprints submitted within DPS's allotted timeframe;* *5) If the facility receives notice from DPS or the FBI of other problems related to fingerprint cards or an employee's background, the facility must*

	immediately take the action outlined in the notice; *6) The State and FBI reports from DPS indicating whether the employee has an applicable conviction;* *7) Inspectors will compare the employee's identification information and the facility's DPS account number on the fingerprint card and the State and FBI reports;* *8) Facilities must follow-up with DPS if background check reports are not received on an employee in a timely manner (within 3 months for ink rolled fingerprints; 1-2 month for electronic fingerprints).* *The criminal background check must be performed every 5 years for employees who continue to work at the facility. If an employee terminates their employment with the facility, and then is re-hired, the employee must be treated as a new employee for background checks. An employee's DPS background check documents are the property of the facility and the facility must follow DPS requirements related to employee access.* *Department of Public Safety (DPS) will not run background checks on individuals under the age of 18. if the facility employs someone for non-caregiver duties who is under the age of 18, obtain 3 letters of reference from people of authority who will vouch for the employee – a school principle, teachers, school counselors, a church leader, another employer, etc. to have in the file instead of a background check.*
Y 0106	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; and *All caregivers are required to obtain CPR and first aid certification within 30 days of hire and maintain a current certification based on the requirements of the certification agency. Nevada Registered Nurses (RN) are exempt from first aid training due to their body of knowledge, but must maintain current CPR certification. Licensed Practical Nurses (LPNs) are exempt from first aid training as a nurse only if they are under direct supervision of a RN.*
Y 0107	(b) Proof that the caregiver is 18 years of age or older. *A copy of legal documentation showing the employee's age must be in employee facility records, i.e., driver's license, military/state ID or passport.*
Y 0108	3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the bureau within 72 hours after the bureau request to review the files. *Copies of employee pre-employment physicals, tuberculosis records, CPR cards and first aid cards must be available for review by inspectors <u>at all times</u> and should be stored in a location accessible to the employee-in-charge.*
NAC 449.202	**Rights of staff members during investigation of facility; duties of investigator.** 1. Upon the request of the administrator of a residential facility or any other member of the staff of the facility, a person who is conducting an investigation of the facility pursuant to NRS 449.150 shall: (a) Identify himself or herself and provide the name and telephone number of his or her supervisor; and (b) Inform the administrator or other member of the staff of the facility of the reason for the investigation. 2. The person who is conducting the investigation shall: (a) Treat the members of the staff of the facility in a professional and respectful manner; (b) Conduct an unbiased investigation; and (c) Provide to the administrator of the facility an accurate report of the findings of the investigation, including, a description of each deficiency found and a citation to the section of NAC 449.022 to 449.99939, inclusive, or chapter 449 of NRS which has been violated. 3. After the investigation has been completed, the person conducting the investigation shall, upon the request of a member of the staff of the facility: (a) Provide the member of the staff of the facility with the opportunity to: (1) Ask questions concerning the findings of the investigation; and (2) Review with the person who conducted the investigation the provisions of NAC 449.002 to 449.99939, inclusive, and chapter 449 of NRS that the investigator believes were violated; and (b) Provide to the member of the staff of the facility the details of any complaints received by the Division concerning the facility, other than details that may reveal the identity of the person who submitted the complaint.

NAC 449.204 Y 0150	**System of financial accounting; insurance** 1. A residential facility shall: (a) Maintain a recognized system of financial accounting; and *The facility is required to maintain either a ledger, computer program or some other documentary system for tracking expenses and revenues.*
Y 0151	(b) Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility. *The facility must maintain insurance coverage in amounts determined by their insurance carrier.*
Y 0152	2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. *A certificate of insurance is required for initial licensure. The facility is responsible for maintaining liability insurance. The bureau is to be notified by the insurance company if the facility fails to pay their insurance premium leading to cancellation of the policy, or if the policy is cancelled for any other reason.* ***The facility must also have a Surety Bond (NRS 449.065). The surety bond is required for initial licensure and continued operation as well as renewal of the license to operate. If a surety bond expires or lapses, the bureau will start revocation procedures against the facility's license.*
NAC 449.205 Y 0160	**Advertising and promotional materials.** Advertising and promotional materials for a residential facility must be accurate and not misrepresent accommodations, services or programs offered by the facility *The facility cannot represent itself or imply in advertisements, brochures or other materials that it provides services outside the limits of its license, accommodations that it does not have or programs that it does not provide (such as an adult day care). A facility cannot use the term "assisted living" or "assisted living services" unless it has applied for and been approved for an Assisted Living endorsement per NAC 449.2751, following the requirements of NRS 449.0302.*
NAC 449.208 Y 0165	**Restrictions on conducting other businesses or providing other services on premises.** No other business may be conducted or other services may be provided on the premises of a residential facility if the business or services would interfere with the operation of the facility or the care provided to the residents of the facility. *Businesses that are compatible with the facility environment are allowed, such as beauty shops, gift shops, etc.*
NAC 449.209 Y 0170	**Health and sanitation.** 1. A residential facility must: (a) Have a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage; and *The facility must have and maintain approval from their local jurisdiction to operate their home care business and have adequate water supply and sewers – in larger city areas such as Las Vegas, Reno and Carson City this is done by Business Licensing. In rural areas, inspectors may look for permits and will check with the authority having jurisdiction to ensure any well and septic systems have been approved for the facility use.*
Y 0171	(b) Comply with all local ordinances and state and federal laws and regulations relating to zoning, sanitation, accessibility to persons with disabilities and safety. *A facility must to be aware of all the requirements for running their business. Those of the county, city or town they are located in may be more stringent than State requirements. The facility must also be aware of ADA requirements that may apply to their business.*
Y 0172	2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. *Larger facilities that use external commercial garbage containers must ensure the attached, hinged lids are kept closed.*

Y 0173	3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.
Y 0174	4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; *Includes smells of urine, feces and body odor in rooms or on residents; household smells of mold and mildew, stale or spoiled food, strong cooking odors, etc. Residents will be interviewed for their opinions.*
Y 0175	(b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; *Obstacles can include storage of excess facility supplies, resident/employee items and clothes stored in common areas, bedrooms or bathrooms; excessive furniture in any room that interferes with travel through the room or blocks access to an exit; excess equipment, supplies, furniture, etc. that is stored in areas surrounding the outside of the facility; snow, ice, gravel, sand piles or dangerous plants that prevent use of walkways and driveways.* *Inspectors will look at the interior and exterior of the facility for signs of disrepair i.e., exposed nails, and any sharp edges, gaps in carpeting, curled edges on linoleum, peeling paint, uneven pathways. Front yard landscaping will be compared to surrounding homes in the neighborhood.* *Hot water temperatures measured at faucets inside the facility used for bathing and washing hands should be within the range of 100 degrees Fahrenheit to 110 degrees Fahrenheit.*
Y 0176	(c) Insects and rodents; and *Rodents and insects leave droppings. If a facility has evidence having problems, (use of mouse traps, "roach motels") inspectors will check if the facility has employed an extermination company.*
Y 0177	(d) Accumulations of dirt, garbage and other refuse. *Inside and outside the facility.*
Y 0178	5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. *See also Y175.*
Y 0179	6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. *All windows that can be opened by staff or a resident will be considered to be used for ventilation and must be screened. Doors which are not left open to assist with ventilation don't require screens.*
Y 0180	7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. *Adequate lighting is defined as levels of illumination suitable to tasks the resident chooses to perform such as reading, handcrafts and other types of activities; and for facility staff to perform their duties especially in resident rooms and bathrooms. Comfortable lighting is lighting that minimizes glare and provides maximum resident control where feasible, over the intensity, location, and direction of illumination so that visually impaired residents can maintain or enhance independent functioning. For some residents (e.g., those with glaucoma), lower levels of lighting may be more suitable and comfortable.* *Multiple sources of indirect lighting must be provided throughout the facility. Light intensity will be monitored throughout the facility. Facility must maintain light bulbs in light fixtures and provide lighting in all areas of the facility including resident bedrooms. Light fixture covers must be maintained prevent breakage of bare bulbs.*
Y 0181	8. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. *The temperature in the facility should be kept in a relatively narrow range to minimize residents' susceptibility to loss of body heat (hypothermia) or elevated body temperature (hyperthermia). Inspectors will use thermometers to measure temperatures above floor level in resident rooms, dining areas and common areas of the facility.*
Y 0182	9. If the door of a bathroom opens into any room in which food or utensils for eating are handled or stored, the door must close automatically.

NAC 449.211 Y 0200	**Automatic sprinkler systems.** 1. After January 14, 1997, the division shall withhold the issuance of an initial license to operate a residential facility that does not have an automatic sprinkler system which complies with the provisions of chapter 477 of NRS and any local ordinances relating to the installation of automatic sprinkler systems. *After January of 1997, all licensed facilities must have an automatic fire sprinkler system installed prior to the initial licensure survey.*
Y 0201	2. Except as otherwise provided in subsection 3, a residential facility with less than seven residents that is issued a license on or before January 14, 1997, shall install an automatic sprinkler system that complies with the provisions of chapter 477 of NRS and any local ordinances relating to the installation of automatic sprinkler systems if: (a) The ownership of the facility is transferred to a new owner; *Facilities licensed prior to Jan. 1, 1997 as non-Alzheimer's group care with less than seven beds which do not intend to admit care category 2 residents do not require sprinklers, however fire sprinklers are recommended for all facilities.* *If the facility is sold after Jan 1, 1997, the new owner is required to bring the facility up to the current regulatory requirement including installing automatic fire sprinklers.*
Y 0202	(b) The number of beds in the facility is increased; *If the facility was licensed for less than 7 beds prior to January of 1997, they were not required to be equipped with an automatic sprinkler system. If an owner wants to increase the number of beds, the owner must install an automatic sprinkler system.*
Y 0203	(c) The facility is currently authorized to admit or retain category 1 residents only and wishes to apply for authorization to admit or retain category 2 residents; or *If the facility was licensed for Category 1residents prior to January of 1997, they were not required to be equipped with an automatic sprinkler system. If owner wants apply for a change of category to admit Category 2 residents (non-ambulatory), an automatic fire sprinkler system must be installed.*
Y 0204	(d) The facility is not currently authorized to admit or retain residents who suffer from Alzheimer's disease or other related dementia and the facility wishes to apply for authorization to admit or retain such residents. *If the facility was not licensed as an Alzheimer facility prior to January of 1997, they were not required to be equipped with an automatic fire sprinkler system. If owner now wants to apply for an endorsement to care for residents with Alzheimer's/dementia, the owner must install an automatic fire sprinkler system.*
Y 0205	3. A residential facility with less than seven residents that was issued its initial license on or before January 14, 1997, may not admit or retain a Category 2 resident, unless an automatic sprinkler system that complies with the provisions of chapter 477 of NRS and any local ordinances relating to the installation of automatic sprinkler systems is installed in the facility. **Not more than one resident who is confined to a wheelchair or who is required to use a walker may be admitted to such a facility at any time unless such an automatic sprinkler system is installed in the facility.** *A facility without an automatic sprinkler system which cares for category I residents cannot have more than one resident who cannot move within the facility without a wheelchair; or more than one resident who cannot move within the facility without the use of a walker. If they do, an automatic fire sprinkler system would have to be installed.*
Y 0206	4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (a) Not less than once each calendar quarter by a person who understands the manner in which the system operates and the manner in which it should be maintained; and *This task can be completed by an employee responsible for the maintenance of the facility after they have received specialized training from the automatic sprinkler service contractor. Documentation of this training must be in the employee's file.*
Y 0207	(b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. *The facility must use a licensed contractor who has a Certificate of Certification with the State Fire Marshal's office. The facility should ensure the current inspection tag is attached to the sprinkler riser and keep copies of inspection paperwork. If the fire sprinkler system is connected to a fire alarm system, the alarm system must also be inspected annually. The licensed inspector(s) must sign and date the inspection documentation.*
NAC 449.213 Y 0220	**Laundry and linen services.** 1. A residential facility shall:

	(a) Provide laundry and linen services on the premises of the facility; or *The provision of laundry service by the facility should be explained in the rate agreement between the resident and the facility.*
Y 0221	(b) Contract with a commercial laundry for the provision of those services. *Copies of contracts must be available for review.*
Y 0222	2. A residential facility that provides its own laundry and linen service shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. *The laundry area must be of adequate size to accommodate a washer, dryer and cleaning agents. The facility must have practices in place to prevent clean washed laundry and linens from coming into contact with areas (i.e. countertops, appliance tops) or containers (i.e. hampers, clothes baskets) that have been in contact with soiled laundry*
Y 0223	3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. *Dry goods and canned foods must not be stored on or near laundry equipment and supplies. Exterior laundry enclosures must be clean and maintained in a sanitary manner. Lint from dryer lint traps must be removed on a regular basis, depending on the use of the dryers. Excessive lint buildup in lint traps, underneath and behind the dryers is a fire hazard.*
Y 0224	4. Clothes, bedding, linens and any other materials laundered pursuant to subsection 1 must be made clean by the laundering process. If a residential facility provides its own laundry and linen services, the residential facility shall: (a) Make appropriate use of detergents, soaps, heat or chemicals; and (b) Take precautions to ensure that no resident, member of the staff of the facility or other person in the facility is harmed by exposure to the detergents, soaps, heat or chemicals used in the laundering process.
NAC 449.216 Y 0235	**Common areas; dining rooms.** 1. A residential facility must have at least one centrally located common area in which residents may socialize and participate in recreational activities. A common area may include, without limitation, a living room, dining room, enclosed porch or solarium. *The common area cannot be used by residents for sleeping purposes, in lieu of a bedroom. The facility may not restrict resident access to areas originally licensed as common areas for residents by calling them "staff areas".*
Y 0236	2. The common areas must be large enough to accommodate those to be served without overcrowding the areas. A minimum area of 15 square feet of total common area space per person must be provided. *Cross reference to Tag Y 0536. All areas designated as common space will be measured by inspectors [length X width=square footage] to determine if the square footage is appropriate for the number of residents the facility is licensed to care for.*
Y 0237	3. All common areas must be furnished and equipped with comfortable furniture. *Couches, sofas, chairs and tables will be evaluated to ensure they are an appropriate height and depth for resident use – i.e. furniture too deep and soft are difficult for elder residents to get up from without assistance.*
Y 0238	4. The dining room must be sufficient size to accommodate all the residents comfortably. A minimum area of 10 square feet per person must be provided. *Inspectors will measure the dining room area [length X width= square footage] to determine if the square footage is appropriate for the number of residents the facility is licensed to care for.*
Y 0239	5. The dining room must be conveniently located near the kitchen to ensure the rapid and efficient serving food. *The facility must be able to demonstrate how food temperature will be maintained for meals delivered to resident rooms or to areas of the facility that are not close to the kitchen, i.e. satellite dining rooms.*
NAC 449.217 Y 0250	**Kitchens; storage of food; adequate supplies of food; permits; inspections.** 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. *The facility must have an adequately sized stove, oven, refrigerator/freezer and space for the storage of all pots, pans, dishes, glassware, and utensils.*

	All kitchen equipment and appliances must be kept clean, maintained in good working order and free of breaks, open seams, cracks or chips. The kitchen must have clean, uncluttered counters for food preparation. Tableware, tables, dishes and utensils shall be sufficient in quantity to serve the residents. All utensils used for eating and drinking shall be cleaned after each use. Adaptive devices shall be provided for self-help in eating as needed by residents.
Y 0251	2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. *Thermometers in refrigerators and freezers are recommended to ensure food is stored at the appropriate temperatures.*
Y 0252	3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. *All opened packages must be closed and secured to prevent against rodents and insects.*
Y 0253	4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. *Inspectors may compare available food supply to the facility's menu plan(s) if there is a question about adequate food supply. Inspectors will determine if the facility has enough canned food on hand for emergencies and whether or not there are enough fresh fruits and vegetables on hand for 2-days of meals listed on the menu.*
Y 0254	5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. *A toxic substance is any substance that if inhaled, ingested or instilled into the human body, may cause harm. These should be stored away from food and serving items in rooms such as pantries.*
Y 0255	6. A residential facility with **more than 10 residents** must: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Health Division. *The necessary permit must be obtained from the Bureau.*
Y 0257	7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Health Division and the state and local fire safety authorities. *An environmental services specialist from the bureau will inspect permitted kitchens for code violations during the initial and annual surveys, and complaint investigations.*
NAC 449.2175 Y 0270	**Service of food; seating; menus; special diets; nutritional requirements; dietary consultants.** 1. A residential facility shall have adequate facilities and equipment for the preparation, service and storage of food. *Tableware, tables, dishes and utensils shall be sufficient in quantity to serve the residents. Plastic tableware and paper plates must be limited in use for special occasions or emergencies.*
Y 0271	2. Tables and chairs must be of proper height and of sufficient number to provide seating for the number of residents authorized for the facility. They must be sturdy and have easily washable surfaces. Chairs must be constructed so that they do not overturn easily. *The facility must have available dining room chairs equal to the number of beds on the facility license. Facilities with 11 or more residents may have plans for multiple meal seating times.*
Y 0272	3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. *Menus must be posted in areas where they can be seen by residents and their visitors. A menu lists meals that will be served. Menus should indicate snack times and the snacks that will be available.*
Y 0273	4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. *The facility shall obtain a copy of the physician's prescribed special diet (i.e., low-fat, low-salt, renal, diabetic) and document how the facility is accommodating the resident's special nutritional needs. When indicated, food shall be cut, chopped or ground to meet individual needs. If a facility admits a resident with a special diet, it is obligated to meet those dietary needs..*
Y 0274	5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal.

	Substitutions for items listed on the planned menu are allowed for times when a menu item is not available or for special occasions. The substitution should be of the same food type (i.e. protein for protein, green vegetable for green vegetable, etc.) The intent of the regulation is to ensure residents, family and/or visitors are kept informed for what will be served at meals. Facilities may also list alternatives to meal items to give residents choices.
Y 0275	6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board, National Academy of Sciences, National Research Council. *Meals shall consist of a variety of foods and must include the recommended daily servings of fresh fruits and vegetables, adequate proteins and grains. The resident shall be provided adequate hydration from fruit juices, milk, tea, coffee and water.*
Y 0276	7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available in between meals for the residents who are not prohibited by their physicians from eating between meals. *All food shall be of good quality. Food in damaged containers must not be used. Contaminated or spoiled food must be discarded immediately upon discovery. Food served to the residents shall be of the quality and quantity necessary to meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council.* *Meals shall be planned with consideration for the cultural and religious backgrounds and food habits of the residents. Residents' food preferences and dietary needs should be assessed on admission. Food shall be served at the appropriate temperature, at the appropriate meal times and in a suitable area. The facility may serve meals outdoors occasionally, if there are adequate tables and chairs, and the weather is suitable. Inspectors will interview residents during visits.*
Y 0277	8. A resident must be served meals in his bedroom for not more than 14 consecutive days if he is temporarily unable to eat in the dining room because of an injury or illness. The facility may serve meals to other residents in their rooms upon request. If a meal is served to a resident in his room because the resident is unable to eat in the dining room, the facility shall maintain a record of the times and reasons for serving meals to the resident in his room. *The intent of this regulation is to ensure residents are not isolated from other residents during meal times. Residents should be encouraged to have meals with other residents. If meals are served to residents in their rooms, the resident should have the same meal choices as those residents that eat in the dining room. The facility must be able to maintain appropriate food temperatures and quality in food delivered to areas away from the dining room.*
Y 0278	9. A residential facility with **more than 10 residents** shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission on Dietetic Registration; or (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food. *As of January 2013, dietitians are required to be licensed in Nevada. Inspectors will request the dietician's contract and license for review.*
Y 0280	10. The person providing services **pursuant to subsection 9** shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus; (b) Training for the employees who work in the kitchen; (c) Advice regarding compliance with the nutritional program of the facility; and (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility. *Inspectors will request evidence that the dietician has provided quarterly consultations.*
NAC 449.218 Y 0300	**Bedrooms: Floor space; windows and doors; privacy; storage space and closets; bedding; use of personal furniture; lighting.** 1. A bedroom in a residential facility that is shared by two or three residents must have at least 60 square feet of floor space for each resident who resides in the bedroom. A resident may not share a bedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80 square feet of floor space. *A minimum of 60 square feet of useable space per resident is required for bedrooms with 2 (120 square feet) or 3 residents (180 square feet). The square*

	footage is determined by measuring from wall to wall. Baseboard widths do not take away from the square footage total of a room. The following will not be considered useable space and cannot be included in the room size measurement: closets, vestibules, window seats and similar areas. *No more than three residents may occupy a bedroom. (Except in Assisted Living facilities. See Y 0955) Males and females may not share rooms unless they are related by blood, marriage or other formal relationship. Caregivers may not reside or sleep in resident rooms.*
Y 0301	2. Each bedroom in a residential facility must have one or more windows to the outside that can be opened from the inside of the room without the use of tools or a door to the outside which is at least 36 inches wide and can be opened from the inside. *Bedrooms much have windows open to the outside of the facility. Construction of enclosed porches or patios that prevent residents from exiting directly to the outside requires approval by the State Fire Marshal's office.*
Y 0302	3. The combined size of the panes of glass of the windows in a bedroom in a facility that was issued a license on or after January 14, 1997, must equal not less than 10 percent of the floor space in the room. *One window or a combination of windows in a bedroom must meet this requirement. The total glass area of the window will be measured to determine the area of the window (Height multiplied by width = square footage). This window area will be divided by the area of the room (Length multiplied by width = square footage) to determine the percentage. A door with windowpanes meeting the required window area, coverings and screens will be accepted in lieu of an operational window it can meet the 10% of the floor area rule. If a provider purchases an older facility, they must ensure the windows meet the current requirement or you may submit a variance request to the Nevada State Board of Health.*
Y 0304	4. The arrangement of the beds and other furniture in the bedroom must provide privacy for and promote the safety of the residents occupying the bedroom. Adjustable curtains, shades, blinds or similar devices must be provided for visual privacy. *Arrangement of resident furnishings will be reviewed to identify safety issues - overcrowding of furniture, lack of available pathways through the room, appropriateness of the furnishings.*
Y 0305	5. Each resident must be provided: (a) At least 10 square feet of space for storage in a bedroom for each bed in the bedroom; and *Storage space will include drawers in dressers, nightstands and closet shelving that can be easily used by the resident. (For example, the shelf located above a typical clothes hanging rod in a closet is not counted as accessible storage space due to the height of the shelf.) The width and length of storage spaces will be measured to calculate the total square footage available for each resident bedroom.*
Y 0306	(b) At least 24 inches of space in a permanent or portable closet for hanging garments. *Each resident should have at least 24" of space on a closet rod or other means in the closet to hang garments on. Brackets used to hold the rod in place are not counted as part of the 24" unless a hanger can be used on the bracket. There is no requirement for the length of hanging space for garments but at minimum a resident should be able to have shirts on hangers, pants folded over a hanger, longer items can use two hangers – one for the top of a dress, the second for the bottom of the dress to be draped over. Organizing units within closets and armoires with hanging rods have been approved. Ensure there is at least 24" of hanging space per resident using the units prior to purchase.*
Y 0307	6. A separate bed with a comfortable and clean mattress must be made available for each resident. The bed must be at least 36 inches wide. Two clean sheets, a blanket, a pillow and a bedspread must be available for each bed. Linens must be changed at least once each week and more often if the linens become dirty. Additional bedding, including protective mattress covers, must be provided if necessary. *A complete bed includes a mattress and box spring set. (Exception – hospital type beds) The top of the mattress should be at a height above the floor that allows for ease of getting on and off the bed. The facility needs to document reasons for use of alternative bed heights – i.e. for ease of the resident to get in and out of bed or for the transfer of resident from a wheelchair. For residents who have been documented as having a higher risk of falls from beds, some facilities have used ½ side bed rails, place cushioned mats on the floor along the sides of the bed, lowered the height of a bed, used lower Futon beds and in some rare cases have the bed at floor level. In these cases, the facility must document the steps/actions it has taken, the results of those actions and if needed, modification to their plans if there are continued problems or concerns. (See Y306)* *A bed may be a twin, double or larger. Each resident should have their own bed unless a couple living together chooses to share a bed. Sheets include a top sheet and a bottom sheet that surrounds and protects the mattress, and they should be in good condition. During warm weather, blankets can be stored yet available if a resident chooses not to keep one on the bed. A resident can chose to sleep on a sofa or recliner in their room and chose to use whatever bed linens they prefer. Soiled linens should be changed as soon as possible to reduce odors in the facility.*

	During an initial licensure survey, the facility will provide bedroom furniture for the number of beds requested on the license application. For a facility licensing for more than 10 beds, the facility will provide furniture for at least 10 residents and may prepare a statement indicating they will provide furniture or storage space if more than 10 residents require bedroom furniture.
Y 0308	7. Upon the request of a resident, a residential facility may authorize the resident to use personal furniture and furnishings that comply with the requirements of subsection 6 if their use does not jeopardize the health and safety of any of the residents of the facility. *Residents have the right and should be encouraged to bring personal possessions into the facility to make their personal space as homelike as possible, as long as space, safety considerations and fire codes are not affected. Overcrowding of a bedroom with a resident's furniture is a safety issue if it restricts access to the door, window or closet. For example, a resident may prefer a cluttered room, but does this clutter result in unsanitary or unsafe conditions??*
Y 0309	8. There must be a light outside the entrance to each bedroom to provide a resident with adequate lighting to reach safely a switch for turning on a light fixture inside the bedroom. Upon the request of a resident, bedside lighting must be provided. *The hallway outside resident bedrooms needs to be lighted. A working light switch should be located by the bedroom door that turns on a light in the room. If a light switch is not located by the door of the room, then another source of light must illuminate a path used by the resident to cross the room safely to the light source.*
NAC 449.220 Y 0320	**Bedroom doors.** 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. *Door locks are not required on doors to resident bedrooms, but may be used if the door lock disengages by turning the handle from inside the room (Single motion lock). Locking mechanisms may not be reversed, allowing the door to be locked from outside the room and requiring a key on the inside to unlock the door.*
Y 0321	2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key; and (b) The doors of the bedroom may be unlocked from outside the room and the keys are readily available at all times. *Doorknobs to bedrooms must unlock and open the door from inside the bedroom with one turn of the door handle. Doors to outside the facility may have a deadbolt, but it must be operational from the inside without the use of a key. Deadbolt locks may not be installed on interior doors. Keys to lockable bedroom doors can be hung outside of the room near the door frame, can be carried by the caregiver during their shift or kept in an organized area for key storage with labeled keys in a location near the bedroom area.*
NAC 449.221 Y 0335	**Use of certain areas in facility as bedroom prohibited.** A hall, stairway, unfinished attic, garage, storage area or shed or other similar area of a residential facility must not be used as a bedroom. Any other room must not be used as a bedroom if it: 1. Can only be reached by passing through a bedroom occupied by another resident; or *Bedrooms cannot be located in hallways, stairwells, attics, unfinished garages, storage areas, sheds or bedroom closets. A bedroom cannot be located in an area in which it is only accessible by walking through another bedroom. If the structure has been converted, and the facility is licensed for 11 or more beds, cross reference to TAG Y 0001*
Y 0336	2. Is used for any other purpose. *For example, if the room is normally used as a common space during the day, that space cannot be used as a resident bedroom at night.*
NAC 449.222 Y 0350	**Bathrooms and toilet facilities; toilet articles.** 1. Each residential facility with less than seven residents that was issued an initial license <u>before January 14, 1997</u>, must have bathroom facilities in sufficient number to accommodate the residents, the members of the staff of the facility and other persons at the facility.
Y 0351	2. Each residential facility that is issued an initial license on or **<u>after January 14, 1997</u>**, must have: (a) A flush toilet and lavatory for each four residents; and *Example: Facilities with two toilets cannot be licensed for more than eight residents. If staff members are living in the home, additional bathrooms would*

	be needed per NAC449.224. If a master bedroom is licensed for use by residents, the toilet and shower/bath can be counted. Any bathrooms that are restricted for use by employees only cannot be counted toward this ratio. Refer to Y371
Y 0352	(b) A tub or shower for each six residents. *See Y351 and refer to Y371*
Y 0353	3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers.
Y 0354	4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. *The facility may not restrict residents from using bathrooms closest to common areas and hallways. Bathroom exhaust vents are tested during surveys to ensure they work.*
Y 0355	5. Provision must be made for privacy in all bathrooms and toilet facilities in rooms intended for use by more than one person. *Residents can have access to any bathroom in the facility including bathrooms located in other resident bedrooms (i.e., a master bedroom). Doors are provided for toilet rooms. If a master bathroom has a large opening or archways between the bedroom and master bathroom, the archway/opening must have a curtain installed across the archway to provide privacy.*
Y 0356	6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. *Door locks are not required on doors to resident bathrooms, but may be used if the door lock disengages by turning the handle from inside the room (Single motion lock). Locking mechanisms may not be reversed, allowing the door to be locked from outside the room and requiring a key on the inside to unlock the door. Keys to lockable bathroom doors can be hung outside of the room near the door frame, can be carried by the caregiver during their shift or kept in an organized area for key storage with labeled keys in a location near the bathroom area.*
Y 0357	7. Each resident must have his own toilet articles and must be provided with toilet paper, individual towels and wash cloths. Paper towels may be used for hand towels. The towels and wash cloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap. *The facility should have a procedure on how to keep each resident's toilet articles separate. The facility must provide toilet paper for resident and each resident with their own bar of soap for washing their hands or provide liquid soap dispensers at the bathroom sinks.* *The facility shall have a policy on how they will keep resident towels and wash cloths separated between uses and prevent cross use of these items for hand washing and bathing. Of special concern is shared use of hand towels at hand wash sinks –suggest use of paper towels. Razors, toothbrushes and any other types of personal hygiene items are not to be shared between residents. Personal toilet articles such as razors, toothbrushes, toothpaste, etc. do not have to be supplied by the facility.*
Y 0358	8. All bathrooms and toilet facilities must be sufficiently lighted, and night lights must be provided in hallways that lead from the bedrooms to the bathrooms and toilet facilities. *See Tag Y 0180. The facility must maintain light bulbs in all light fixtures. Light fixture covers must be in place.*
NAC 449.224 Y 0370	**Housing for staff members.** 1. Bedrooms must be provided for any members of the staff of a residential facility and their families who live at a residential facility. The bedrooms must comply with the provisions of subsections 2 to 8, inclusive, of NAC 449.218 and the provisions of NAC 449.220 and 449.221. *Whenever a caregiver sleeps at the facility, it is necessary to determine whether the caregiver actually lives at the facility or whether the caregiver has another residence. If the caregiver is only sleeping at the facility during shift work, then the facility is not obligated to provide a bedroom for the caregiver. The caregiver must be able to provide evidence of another residence, in order for the facility to not be cited when there is no bedroom to accommodate the caregiver who sleeps at the facility. For example, the address listed on the employee's driver's license can be compared to the facility address. If the caregiver lives in the facility, his bedroom must meet the same requirements as a resident's bedroom except for the square footage of the room.*
Y 0371	2. Members of the staff of the facility and their families who live at the facility shall be deemed residents of the facility for the purposes of determining the number of toilets, lavatories and tubs or showers the facility is required to have pursuant to NAC 449.222. All toilets, lavatories and tubs or showers

	used by the members of the staff of the facility or their families must comply with the provisions of NAC 449.222. *If the employee lives at the facility, he/she must be counted as a "resident" when calculating the number of toilets and tubs/showers needed in the facility. [Ex. If the facility has two toilets and a live-in caregiver, they can only be licensed for seven residents.] Members of an employee or owner's family that live at the facility will also be counted when calculating the number of toilets and tubs/showers needed to meet NAC 449.222.* *Residents must have access to all bathrooms located in caregiver bedrooms if those bathrooms were included in the household total.*
NAC 449.226 Y 0390	**Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles.** 1. A resident of a residential facility who uses a wheelchair or a walker must not be required to use a bedroom on a floor other than the first floor of the facility that is entirely above the level of the ground, unless the facility is designed and equipped in such a manner that the resident can move between floors without assistance. *Residents using a wheelchair or who cannot walk without a walker must reside on the first floor at ground level unless the facility is equipped with an elevator. The State Fire Marshal will determine during their inspection whether non-ambulatory residents can or cannot reside on the upper floors even if elevators are present.*
Y 0391	2. Stairways, inclines, ramps, open porches and other areas that are potentially hazardous for residents who have poor eyesight must be adequately lighted. *Lighting must be provided for all interior and exterior stairways and ramps; for porches and patio areas; and any areas where there are changes in elevation, such as sunken living rooms.*
Y 0392	3. If a residential facility with a resident who mentally or physically disabled has a fishpond, pool, hot tub, Jacuzzi or other body of water on the premises of the facility, the body of water must be fenced, covered or blocked in some other manner at all times when it is not being used by a resident. *The facility must provide a protective barrier around any open bodies of water. The protection or fencing must be high enough to prevent residents from reaching and falling over the top of the barrier into the water. Gates in fences around pools must be kept locked at all times. **Doors leading to the outside of the facility must not open into a secured pool area, or must be secured from the inside and not used as an exit.*
Y 0393	4. In a residential facility with **<u>more than 10 residents</u>**: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility; (b) An <u>auditory system</u> must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or <u>after January 14, 1997</u>, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower; (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is <u>monitored by a member of the staff of the facility.</u> *Bedroom and bathroom emergency call alarms will be activated to ensure they are working and signaling as designed. The emergency call system may also be activated to measure staff response times to answer the calls. Extended response times or no responses will result in deficiencies.*
Y 0396	5. Residential facilities must be easily accessible by vehicle in the case of an emergency. *The facility's address numbers must be visible from the street.*
NAC 449.227 Y 0410	**Accommodations for residents with restricted mobility.** A residential facility with a resident who uses a wheelchair or a walker shall: 1. Have hallways, doorways and exits wide enough to accommodate a wheelchair or walker; *The Americans with Disability Act and the Americans with Disability Act Accessibility Guidelines may be used to determine if the facility is accommodating the resident.*
Y 0411	2. Have ramps to accommodate access to areas used by residents; and *At least one of the primary exits designated on the facility's evacuation plan must be ramped. The facility must provide access to interior if the areas were licensed for residents' use; and exterior areas and yards that have changes in elevation or steps at the exits.*
Y 0412	3. Provide assistance to such a resident at all steps located inside the facility on the first floor that is entirely above grade. *Changes in elevations within the facility, such as sunken living areas if the areas were counted toward resident use areas during the initial inspection.*

NAC 449.229 Y 0430	**Requirements and precautions regarding safety from fire.** 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. *During initial licensure, the State Fire Marshal's Office will conduct an inspection to determine if the facility is fire safe and if in compliance, will issue the facility a Certificate of Compliance. It is the facility's responsibility to maintain compliance with fire safety regulations. If fire safety issues are identified during an inspection, the State Fire Marshal's Office will be notified.*
Y 0431	2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. *Inspectors will continue to check for the following:* *<u>Posting of Evacuation Plans</u>: Plans should be posted in common areas or hallways near common areas. The plans must accurately represent the layout of the facility. Posting of evacuation plans in each resident room is recommended. The room where the plan is posted should be indicated on the plan – i.e., "You are here." If evacuation plans are not posted, the provider is to be instructed to find one or create one and post while the surveyor is on-site.* *<u>Fire Drills:</u> An evacuation drill must be conducted monthly and at different times of day and different shifts each month. This will allow caregivers working different shifts to participate in the drills. It is not necessary to conduct full drills while residents are sleeping at night. Silent drills can be conducted with staff during the graveyard shifts in large facilities. It is also not necessary to evacuate residents outside during the cold winter months. Assembling residents inside at the nearest exit doors is sufficient. Facilities should consult with their local fire jurisdiction on fire marshal requirements for total evacuation drills.* *<u>Portable Fire Extinguishers</u>: Surveyors will look at the fire extinguisher tags to determine the extinguisher was inspected, recharged and tagged at least annually. Surveyors will also observe the extinguisher gauge to determine if the extinguisher has a full charge.* *<u>Smoking Policy:</u> The facility must indicate if smoking is allowed in areas outside the facility and designate the areas for resident and employee use. The facility must ensure that the policy is adhered to by staff and residents. Residents who use oxygen may smoke in the designated areas with their oxygen turned off. The facility's policy should be included in the admission paperwork given to residents and their families, and explained to the resident prior to admission. The facility must also prepare a plan for when it is determined a resident is not following the smoking policy, such as if they are found smoking in their bedroom.* *<u>Posting of Smoking Policy:</u> The smoking policy should be posted at the entrance to the facility for visitors to see prior to or as entering. It is recommended signs are posted outside the entrances to the facility with commonly used markings to indicate smoking is not allowed in the facility along with an ashtray/container for visitors to dispose of their cigarettes/cigars/etc.* *<u>Smoke Detectors:</u> Surveyors will review the smoke detector log to determine if battery operated smoked detectors have been tested monthly. For smoke detector systems wired into the electrical system (hard wired) and monitored by an alarm company, the bureau will accept a report from the alarm company that all detectors function. Some facilities use a combination of systems, such as battery operated single station detectors in resident rooms and monitored hard-wired smoke detectors in hallways and common rooms. The facility will have to document monthly tests on the single station detectors in the residents' rooms and can obtain a monthly report from the alarm company for the monitored detectors.* *<u>**Security Bars:</u> The local and State Fire Marshal's office have regulatory oversight and will make determinations about security bars on windows and doors.*
Y 0445	10. An exit door in a residential facility must not be equipped with a lock that requires a key to open it from the inside unless approved by the State Fire Marshal or his designee. *Facilities are prohibited from installing locks that require keys to exit doors that lead to outside the facility. This practice creates a fire hazard. It is recommended audible alarms be placed on exit doors to alert caregivers when a resident exits the facility. Resident that are confused and may wander away from the facility if not supervised should be transferred to a secured Alzheimer's facility.* *Only homes or facilities with an Alzheimer's/dementia endorsement may use devices on exit doors to prevent unescorted residents from leaving a facility. The State Fire Marshal's (SFM) office will not approve the use of locks that require a key to open the exit door from the inside and this includes security screen doors. SFM guidance: "A facility may install a lock utilizing a numeric key pad or security card scanner in lieu of a keyed lock. In addition to the numeric key pad or security card scanner, the door must include a self-closing device."*

NAC 449.231 Y 0450	**First aid and cardiopulmonary resuscitation.** 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation (CPR). The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. *See Y 0106. On-line First Aid training courses are not acceptable. For On-line CPR courses to be accepted, the caregiver must complete "hands-on" training with a CPR trainer who then issues the CPR certification.*
Y 0451	2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. *The contents of the first aid kit must be organized, sanitary, up-to-date, and re-filled as needed. All items required to be in the first aid kit must be readily available for use and all caregivers must know where the kit is stored.*
Y 0457	3. Except for first aid in an emergency, no treatment or medication may be administered to a resident without the approval of a physician.
NAC 449.232 Y 0470	**Telephone; emergency telephone numbers for each resident; listing of facility's telephone number.** 1. Each residential facility shall have a telephone that the residents may use to make local calls. *The facility needs to have a "land line" and may not use a cell phone as the main facility phone as cell phones can be removed from the facility by the operator. Also, cell phone numbers are not available through directory assistance as required by Y 0472. Calls must go to the facility so they can be answered by facility staff and may not be forwarded to the operator's private phone or cell phone. The facility telephone number needs to be updated with the bureau if changed.*
Y 0471	2. A list of telephone numbers to be called in case of emergency for each resident must be located near the telephone. The list must include the telephone number of the resident's physician and the telephone number of a friend of the resident or one of the members of the resident's family. *The telephone list does not have to be posted to avoid HIPAA violations but must be accessible near the location of the phone*.
Y 0472	3. The telephone number of the facility must be listed in the telephone directory under the name of the facility. *The facility must have the facility's name listed in the white or yellow pages phone directory to allow friends and family to find the phone number to call a resident. The facility's phone number cannot be listed under the owner's name only.*
NAC 449.241 Y 0490	**Limitations on use of volunteers; requirements concerning residents who volunteer to assist staff or perform other duties.** 1. Volunteers may be used to supplement the services and programs of a residential facility, but may not be used to replace members of the staff of the facility. *Volunteers may assist with non-caregiver activities such as games, entertainment, religious services or readings, yard care, reading to residents, etc. A volunteer cannot be used to supervise residents in the absence of a qualified caregiver. A volunteer cannot be left alone and in charge of residents. Volunteers are not required to have employee files, TB testing or background checks.*
Y 0491	2. A resident may volunteer to help the employees of the facility in a manner that does not create an unsafe condition for the resident, other residents or the members of the staff of the facility. *A resident may volunteer to do minor duties around the facility such as sweeping, setting/clearing tables, folding towels, gardening, etc. A resident who volunteer to do activities they are not physically capable of doing, or to provide care to other residents. A resident cannot be left alone with residents or left to supervise residents in the absence of a qualified caregiver.*
Y 0492	3. A resident must not be required to perform duties normally performed by the staff of the facility. If a resident volunteers to perform such duties, the administrator of the facility shall ensure that the resident's records include a statement that the resident has volunteered to perform those duties. *A resident cannot "volunteer" to be a caregiver or to perform caregiver duties.*
Y 0493	4. A resident who is performing duties pursuant to this section must not be allowed access to confidential files. *None of the activities performed by a resident should allow the resident access to private resident or employee information.*

NAC 449.258 Y 0500	**Written policies for facility; policy on visiting hours; residents' mail; compliance with policies.** 1. Written policies for a residential facility that comply with the provisions of NAC 449.156 to 449.27706, inclusive, must be developed.
Y 0501	2. A policy on visiting hours must be established to promote contact by the residents with persons who are not residents of the facility. The policy regarding visits must be flexible to ensure that every resident has the opportunity to retain and strengthen ties with family and friends. *Visiting hours should allow family and friends to visit residents during the day and after typical work hours.*
Y 0502	3. Assurances must be provided that incoming and outgoing mail for a resident will not be interfered with in any way, unless written permission is obtained from the resident or his representative. Permission obtained from the resident or his representative may specifically state the type of mail that may be interfered with by the member of the staff of the facility. Permission granted by a resident or his representative pursuant to this subsection may be revoked by the resident at any time.
Y 0503	4. The employees of the facility shall comply with the policies developed pursuant to this section.
NAC 449.259 Y 0515	**Supervision of residents.** 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary; *Cross Reference to TAG Y 0810 -0813. Caregivers will supervise residents to ensure that residents do not become a danger to themselves or others.*
Y 0516	(b) Inform all caregivers of the required supervision; *Verbally and document resident needs in their facility records.*
Y 0517	(c) Provide each resident with the opportunity to attend the religious service of his choice and participate in personal and private pastoral counseling;
Y 0518	(d) Permit a resident to rest in his room at any time; *A facility may not lock the resident's bedroom door to prevent them from sleeping during the day.*
Y 0519	(e) Permit a resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) The resident complies with the rules established by the administrator of the facility for leaving the facility; *The facility should have a way of keeping track of the whereabouts of residents (i.e. a log book, facility policy). Cross Reference to Tag Y 0941 Resident Files*
Y 0520	(f) Provide laundry services for each resident unless a resident elects in writing to make other arrangements;
Y 0521	(g) Ensure that each resident's clothes are clean, comfortable and presentable; and
Y 0522	(h) Inform each resident or his representative of the actions that the resident should take to protect his valuables.
Y 0523	2. The administrator of a residential facility may require a resident who leaves the facility to inform a member of the staff of the facility upon his departure and return. *Cross Reference to Tag Y 0519*
Y 0524	3. The employees of a residential facility shall: (a) Treat each resident in a kind and considerate manner; and *Cross reference to Y0592*
Y 0525	(b) Respect each resident's independence and ability to make decisions on his own, whenever possible. *Allow residents' choices when it comes to bedtimes, wake-up times, times for bathing, etc. Allow residents to do tasks independently as long as possible.*
NAC 449.260 Y 0526	**Activities for residents.** 1. The caregivers employed by a residential facility shall: (a) Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents; *The resident has the right have reasonable access to the use of a telephone where calls can be made or received without being overheard. Example - having a cordless telephone available or have telephone jacks in private areas of the facility where the phone can be moved to so residents can make phone calls in private. Telephones that can only be used in facility offices or common areas would not meet the intent of this requirement.*
Y 0527	(b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; *The facility should assess each resident's interests and capabilities on admission and periodically in order to provide suitable activities. If residents are choosing not to participate, it may be due to the types of activities offered. Residents will be interviewed about their interests, and staff about the process for choosing the activities that are being offered.*

Y 0528	(c) Plan recreational opportunities that are suited to the interests and capacities of the residents;
Y 0529	(d) Provide each resident with a written program of activities; *Cross Reference to Tag Y 0530 and Y0532.*
Y 0530	(e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;
Y 0531	(f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e); and *Residents have the right to choose to not participate in group activities. The facility should be creating their activity programs around the interests of their residents. See Y527related to concerns the facility has not evaluated the interests of residents of the facility to determine which activities to provide.*
Y 0532	(g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1 month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires.
Y 0534	2. The administrator of a residential facility with **at least 20 residents** shall appoint a member of the staff of the facility who will be responsible for the organization, conduct and evaluation of activities for the residents. The person so appointed shall ensure that the activities are suited to the interests and capacities of the residents.
Y 0535	3. The administrator of a residential facility **with 50 or more residents** shall, in addition to appointing a member of the staff of the facility pursuant to subsection 2, appoint such other members of the staff as the administrator deems necessary to assist the person who is responsible for conducting the activities.
Y 0536	4. A residential facility shall have areas of sufficient size to conduct indoor and outdoor activities, including, without limitation: (a) A common area that complies with the provisions of NAC 449.216; and *Cross Reference to Tags Y236 and Y237*
Y 0537	(b) An outdoor activity area that is easily accessible for the residents and is safe from vehicular traffic. *Residents should have access to doors that lead to patios and areas in the front and back yards. Ramps must be provided if access to outdoor activity areas has steps or changes in elevation.*
NAC 449.262 Y 0555	**Provisions of dental, optical and hearing care and social services; report of suspected abuse, neglect or exploitation; restriction on use of restraints, confinement or sedatives.** 1. The administrator of a residential facility shall ensure that residents are provided with or are assisted in obtaining dental and optical care, treatment for hearing and hearing impairment and social services. The employees of the facility shall maintain a record of the services or assistance provided pursuant to this subsection. *To include help in obtaining repairs for broken glasses or hearing aids or dental appointments for tooth aches and problems with dentures.*
Y 0556	2. If an employee of the facility suspects that a resident is being abused, neglected, isolated or exploited, the employee shall report that fact in the manner prescribed in NRS 200.5093.
Y 0557	3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; *See Y 0626 for definitions of restraints. Physical restraints such as Geri-chairs, Posey vests, full sided bed rails, wrist restraints, wheelchair seatbelts, etc. are prohibited unless the resident, without assistance, can leave the chair or remove the restraints.*
Y 0558	(b) Lock a resident in a room inside the facility; or *See Y 0626 for the definition of "isolation."*
Y 0559	(c) Provide sedatives to a resident unless that sedative has been prescribed for that resident by a physician to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative. *See Y 0626 for the definition of a "chemical restraint."*

NAC 449.267 Y 0565	**Money and property of residents.** 1. An employee of a residential facility shall not handle a resident's money without first being requested to do so in writing by the resident or his representative. *Residents' have the right to manage their financial affairs, and the facility may not require residents to deposit their personal funds with the facility. Before accepting a resident's funds, the facility must obtain written authorization from the resident or the resident's representative to hold, safeguard, manage and account for all personal funds deposited with the facility.* *If a resident makes an oral request for a facility to temporarily place their funds in a safe place, without authorizing the facility to manage those funds, the facility must obtain the request in writing from the resident detailing the date and time of the request, the amount of money to be held, the length of time it is to be held and the signature of the resident. The facility must provide the resident a receipt for these funds and retain a copy for their records.*
Y 0566	2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include: (a) A separate accounting of the money held by the facility on behalf of the resident; (b) Receipts for expenditures made by the facility on behalf of the resident; and (c) A written acknowledgement by the resident for each withdrawal of his money. *If the facility has obtained written authorization to handle and manage resident funds, it means that the facility must act as fiduciary of the resident's funds and be able to report at least quarterly on the status of these funds in a clear and understandable manner. Receipts for deposits and for items or services purchased with the resident's funds must be kept as well. The record must include the date, amount, balance and the signature of the resident when he/she receives funds or deposits funds.* *Managing the resident's financial affairs includes money that an individual gives to the facility for the sake of providing a resident with a non-covered service, such as haircuts and hair styling, or for the residents' personal use, such as shopping trips.*
Y 0569	3. Unless a resident otherwise requests in writing, all money in excess of $400 held by the facility on behalf of the resident must be maintained in a financial institution in an account separate from the facility's operating accounts and must be clearly designated as such. *Placement of residents' personal funds of less than $400 in an interest bearing account* ***is*** *permitted if the facility chooses to reduce the amount of funds held onsite. Interest bearing" means a rate of return equal to or above the passbook savings rate at local banking institutions in the area. The facility may not offer to act as a "bank". If a pooled resident account is used, interest must be prorated per individual on the basis of actual earnings at year end. The regulation is intended to allow residents access to their funds when requested and the facility should establish a manner in which the amount of money a resident typically requests on a daily basis is available per Y 0570.*
Y 0570	4. Each resident must have access to his money held at the facility on his behalf during normal business hours on each business day. *Residents should have access to up to $400 on a daily basis and be able to arrange for access to larger fund amounts in no more than three business days.*
Y 0571	5. If a member of the staff of a residential facility receives from a resident a request to make a withdrawal of money in such an amount that the member of the staff has reason to believe that the resident is being or has been exploited, the member of the staff shall report the transaction to: (a) If the resident is 60 years of age or older: (1) The local office of the Aging Services Division of the Department of Health and Human Services; (2) The local law enforcement agency; (3) The office for protective services for the county in which the facility is located if that county has such an office; or (4) The toll-free telephone service designated by the Aging Services Division pursuant to NRS 200.5093. (b) If the resident is less than 60 years of age: (1) The office for protective services for the county in which the facility is located if that county has such an office; or (2) The local law enforcement agency if the county in which the facility is located does not have an office for protective services.
Y 0577	6. Except as otherwise provided in subsection 7, an operator or employee of a residential facility shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as an attorney in fact for any resident.
Y 0578	7. If a resident whose only source of income is in the form of monthly checks is legally determined to be unable to manage his money and documentary

	evidence can be produced showing that efforts to obtain a legal guardian have failed, the facility may be the substitute payee on the checks. Records of all checks received, deposited or dispersed by the facility must be maintained in the resident's file.
Y 0579	8. Money that is held by a residential facility on behalf of a resident must be returned to the resident or his representative within 30 days after the resident is discharged from the facility. *Conveyance upon transfer or death: The facility should have a written policy that speaks to the transfer of any remaining resident personal funds deposited with the facility if the resident is transferred to another facility or if the resident dies. The conveyance of the resident's remaining funds must be transferred to the family or guardian of the resident no later than 30 days after the transfer or death of the resident. The family or guardian of a resident may also request copies of the personal fund records.*
Y 0580	9. An employee of a residential facility shall not borrow money from a resident.
NAC 449.268 Y 0590	**Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response.** 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility; ***NRS 200.5092 Definitions.*** *1. "Abuse" means willful and unjustified:* *(a) Infliction of pain, injury or mental anguish on an older person or a vulnerable person; or* *(b) Deprivation of food, shelter, clothing or services which are necessary to maintain the physical or mental health of an older person or vulnerable person.* *[Centers for Medicare and Medicaid Services (CMS) defines "Physical Abuse" as including hitting, slapping, pinching, kicking, and/or controlling behavior through corporal punishment.]* *[CMS defines "Verbal Abuse" as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.]* *[CMS defines "Sexual Abuse" to include, but not be limited to, sexual harassment, sexual coercion, or sexual assault.]* *[CMS defines "Mental Abuse" to include, but not be limited to, humiliation, harassment, threats of punishment or deprivation. For example, "If you don't take your medication you won't get any dinner!"* *2. "Exploitation" means any act taken by a person who has the trust and confidence of an older person or a vulnerable person or any use of the power of attorney or guardianship of an older person or a vulnerable person to:* *(a) Obtain control, through deception, intimidation or undue influence, over the older person's or vulnerable person's money, assets or property with the intention of permanently depriving the older person or vulnerable person of the ownership, use, benefit or possession of his money, assets or property; or* *(b) Convert money, assets or property of the older person or vulnerable person with the intention of permanently depriving the older person or vulnerable person of the ownership, use, benefit or possession of his money, assets or property.* ➥ *As used in this subsection, "undue influence" does not include the normal influence that one member of a family has over another.* *3. "Isolation" means willfully, maliciously and intentionally preventing an older person or a vulnerable person from having contact with another person by:* *(a) Intentionally preventing the older person or vulnerable person from receiving his visitors, mail or telephone calls, including, without limitation, communicating to a person who comes to visit the older person or vulnerable person or a person who telephones the older person or vulnerable person that the older person or vulnerable person is not present or does not want to meet with or talk to the visitor or caller knowing that the statement is false, contrary to the express wishes of the older person or vulnerable person and intended to prevent the older person or vulnerable person from having*

	contact with the visitor; or *(b) Physically restraining the older person or vulnerable person to prevent the older person or vulnerable person from meeting with a person who comes to visit the older person or vulnerable person.* ➥ *The term does not include an act intended to protect the property or physical or mental welfare of the older person or vulnerable person or an act performed pursuant to the instructions of a physician of the older person or vulnerable person.* *[CMS considers "involuntary seclusion" as separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will, or the will of the resident's legal representative.* *4. "Neglect" means the failure of:* *(a) A person who has assumed legal responsibility or a contractual obligation for caring for an older person or a vulnerable person or who has voluntarily assumed responsibility for his care to provide food, shelter, clothing or services which are necessary to maintain the physical or mental health of the older person or vulnerable person; or* *(b) An older person or a vulnerable person to provide for his own needs because of inability to do so.* *5. "Older person" means a person who is 60 years of age or older.* *6. "Protective services" means services the purpose of which is to prevent and remedy the abuse, neglect, exploitation and isolation of older persons. The services may include investigation, evaluation, counseling, arrangement and referral for other services and assistance.* *7. "Vulnerable person" means a person 18 years of age or older who:* *(a) Suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or* *(b) Has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living.* *If it has been determined that a resident was abused, neglected or exploited by facility staff, the administrator will be reported to the Board of Examiners for Long Term Care Administrators for failure to protect the resident.*
Y 0591	(b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility;
Y 0592	(c) The residents are treated with respect and dignity; *Dignity relates to how staff interacts with residents and how they carry out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth. Examples include:* • *Speaking respectfully to residents and respecting their social status. Addressing residents with a name of the residents' choice versus titles of staff choosing such as 'auntie', 'mama', 'papa'; not excluding resident from conversations by talking over a resident to another staff person while providing care, or discussing a resident's personal issues in front of other residents..* • *Respecting residents' private space and property. Staff should knock on doors to resident rooms and request permission to enter, close doors if requested by residents, not moving or inspecting a resident's personal possessions without permission. Or changing radio or television channels while the residents' are watching without resident's permission* • *Promoting resident dignity by grooming residents as they wish to be groomed (e.g., hair combed and styled, beards shaved/trimmed, nails clean and clipped), assisting residents to dress in their own clothes appropriate for the time of day, time of year and their individual preferences; providing toileting and incontinence assistance in privacy, and addressing residents as adults.* • *Promoting resident independence by assisting residents to attend activities of their own choosing; assisting them to dining areas to share meals with other residents.*
Y 0593	(d) The facility is a safe and comfortable environment;
Y 0594	(e) Residents are not prohibited from interacting socially;
Y 0595	(f) Residents are allowed to make their own decisions whenever possible;

Y 0596	(g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such an complaint receives a response in a timely manner; *A facility should provide evidence in the residents' files that they were informed about the facility's grievance policy*
Y 0597	(h) A resident is informed as soon as practicable that he is being moved to a new room or that he is receiving a new roommate; and
Y 0598	(i) Residents are afforded the opportunity to initiate an advance directive or power of attorney for health care and that the employees of the facility comply with the wishes contained in such a document. ***DNR: Residents have to apply for the official "Do-Not-Resuscitate" identification card through the Health Division -Emergency Medical Services. See NRS 450B.*
Y 0599	2. The administrator of a residential facility shall provide a procedure to respond immediately to grievance, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken. *The administrator must develop a written procedure for handling grievances/complaints. Cross Reference to Tag Y 0500.* *Facilities may also allow the development of a residents' group or council. A resident group or council is a group that meets regularly to discuss facility policies and procedures affecting residents' care, treatment and quality of life. The group may offer suggestions to facility management. A group supports other residents, may suggest or plan resident and family activities, and participate in educational activities. The facility should listen to the groups' recommendations and communicate back to the group management decisions about accommodating those recommendations. The facility must respond to any group grievances as it would individual resident grievances.*
Y 0600	3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2.
NAC 449.269 Y 0605	**Discrimination prohibited.** 1. A resident of a residential facility shall not be segregated or restricted in the enjoyment of any advantage or privilege enjoyed by other residents, or provided with any assistance, service or other benefit which is different or provided in a different manner from that provided to other residents, on the ground of race, color, religion, national origin or disability.
Y 0606	2. The facility's policy regarding nondiscrimination must be posted in a public area of the facility.
NAC 449.2702 Y 0615	**Written policy on admissions; eligibility for residency.** 1. Each residential facility shall have a written policy on admissions which includes: (a) A statement of nondiscrimination regarding admission to the facility and treatment after admission; and (b) The requirements for eligibility as a resident of that type of facility. *The admission policy must include this information and the information found in section 3, 4a, 4b, 4c and 4d.*
Y 0617	2. A person who wishes to reside in a residential facility with residents that require a higher category of care than he requires may reside in the facility if he is not otherwise prohibited from residing in the facility. *Facilities must provide care in accordance with the care category endorsement for which they are licensed. Facilities licensed as Category 1 may provide care to only residents who are physically and mentally capable of exiting the facility in an emergency. Facilities licensed as Category2 may provide care to both ambulatory and non-ambulatory residents. *Persons without diagnoses of Alzheimer's disease or dementia are not appropriate in facilities endorsed as an Alzheimer's facility. It is not appropriate for facilities to have persons without dementia write a note that they are "Ok" with being admitted to a memory care/Alzheimer's endorsed facility.*
Y 0618	3. A person who is admitted to a residential facility must be at least 18 years of age. *If a facility wishes to admit residents younger than 18, they must submit a variance to the State Board of Health prior to admitting that resident.*
Y 0620	4. Except as otherwise provided in NAC 449.275 AND 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; *A facility may not admit or allow a resident to remain in the facility if he is incapable of changing his position in bed without the assistance of another person; or who is immobile. The facility may apply for an exemption request for persons on hospice or seen by home health agencies. See Y0830, NAC 449.2738*

Y 0621	(b) Requires restraint; *See definition of "restraint" at Y 0626. A facility may not admit or allow a resident to remain in the facility if they require restraints. This type of resident needs to be discharged to a more appropriate facility.*
Y 0622	(c) Requires confinement in locked quarters; or *A facility may not admit or allow a resident to remain in the facility if they require locked confinement. This type of residents needs to admitted or moved to a facility licensed and endorsed as an Alzheimer's/dementia facility which may provide a secured environment. See Y0445, NAC 449.229(10); Y0962, NAC 449.2754(4); and Y0991, NAC 449.2756(1)(b)*
Y 0623	(d) Requires skilled nursing or other medical supervision on a 24-hour basis. *A facility may not admit or allow a resident to remain a resident to remain in the facility if they require 24-hour skilled nursing care. This type of resident needs to be discharged to a more appropriate facility, such as a hospital or a skilled nursing facility.*
Y 0624	5. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. *For cognitive or dementia issues, see "Standard Assessment for Cognitive Safety" attached. See also Y0680-Y0826.*
Y 0625	6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile.
Y0626	(b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. *"Chemical restraint" is described in 6(b)(1)* *"Discipline" is defined as any action taken by the facility to control a resident's behavior or manage a resident's behavior with a lesser amount of effort by the facility and not in the resident's best interest.* *"Medical Symptom" is defined as an indication or characteristic of a physical or psychological condition.* *"Convenience" is defined as any action taken by the facility to control a resident's behavior or manage a resident's behavior with a lesser amount of effort by the facility and not in the resident's best interest.* *"Physical restraints" include, but are not limited to, belts and ties used to restrain legs and arms, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily on their own. Also included as restraints are facility practices that meet the definition of a restraint, such as:* • *Tucking in or using Velcro to hold a sheet, fabric, or clothing tightly so that a resident's movement is restricted;* • *Using devices in conjunction with a chair, such as trays, tables, bars or belts, that the resident cannot remove easily and prevent the resident from rising out of the chair;* • *Placing a resident in a chair that prevents a resident from rising;* • *Placing a chair or bed so close to a wall that the wall prevents the resident from rising out of the chair or voluntarily getting out of bed;* • *Placing a bed against room walls and surrounding other sides with pieces of furniture to create a barricade and prevent the resident from voluntarily getting out of bed; and* • *Using full-side bed rails that a resident cannot lower without assistance and keep the resident from voluntarily getting out of bed. Residents may attempt to exit the bed through, between, or around edges of full-side bed rails increasing their risk of injury or death from choking if their head becomes caught between the bars on the rails (entrapment). Resident's have had their bed clothes caught in bedrails as they slid underneath or*

	around them and have been strangled. The potential for a serious injury is more likely from a fall from over the top of a full-side bed rail than from a bed height. *The facility must be aware that a device may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances, and how the device is used. For example, a partial bed rail may assist one resident to enter and exit the bed independently but may block another resident's ability to get out of the bed; a large, padded lounge chair may be comfortable for one resident, but the padding may be too deep and soft for another resident who cannot get out of the chair without assistance.* *The facility may not use restraints at the request of a resident's family, physician or legal representative. Facility staff and the resident's family/legal representative should be educated that residents who are restrained face a loss of their independence, functional capabilities, dignity, self respect and quality of life. Over time residents may show symptoms of withdrawal, depression, or reduced social contact.* *Alternatives to restraints:* • *Devices such as a trapeze installed over a resident's bed can increase a resident's mobility in bed;* • *For resident's with increased falls out of bed, placing the bed lower to the floor and surrounding the bed with soft mats;* • *Equipping the resident with a device that monitors attempts to rise up from a bed or chair. **CAUTION: Devices that emit a loud beep or alarm with minor movements by the resident become a restraint in-themselves;* • *Provide more frequent monitoring by staff with periodic assisted toileting for residents who attempt to stand up to use the bathroom;* • *Furnish visual and verbal reminders to use the call bell for residents who are able to comprehend this information and are able to use the call bell device.*
NAC 449.2704 Y 0645	**Disclosure of information concerning rates and payment for services.** The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The services included in the basic rate; 4. The charges for optional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used. *See NRS 449.095 Posting Rates attached. Cite Y9999 The facility must list in detail the rates for services and supplies not covered in its basic rate (i.e. incontinence pads, transportation, haircuts, manicures)*
NAC 449.2706 Y 0660	**Transfer of resident whose condition deteriorates.** 1. If a resident's condition deteriorates to such an extent that: (a) The residential facility is unable to provide the services necessary to treat the resident properly the facility shall plan for the transfer of the resident pursuant to NRS 449.700 and 449.705 to another facility that is able to provide the services necessary to treat the resident properly. *This transfer to a more appropriate facility needs to be initiated as soon as possible and the 30 day written notice clause is not required.*
Y 0661	(b) The resident no longer complies with the requirements for admission to the facility the facility shall plan for the transfer of the resident pursuant to NRS 449.700 and 449.705 to another facility that is able to provide the services necessary to treat the resident properly. *The facility must demonstrate that assistance is provided in accordance with the resident's needs and must make arrangements for transfer if the facility can no longer provide the care the resident requires. The resident's record must contain evidence of adequate discharge planning including contacts with health facilities and other community resources as necessary, and notice to the resident and the resident's representatives.*
Y 0662	2. A resident, his next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he permanently leaves the facility.
NAC 449.2707 Y 0665	**Transfer of resident: Effective date.** The transfer of a resident from a residential facility occurs: 1. Except as otherwise provided in subsection 2, on the date that the resident is admitted to the facility to which he is moved; or
Y 0666	2. If the resident is moved to a unit or department of a hospital, other than the emergency department of the hospital, on the date that the resident is

	accepted at the hospital for care or observation.
NAC 449.2708 Y 0670	**Discharge of resident; notice of discharge; issuance of notice to quit to resident for improper or harmful behavior.** 1. A resident may be discharged from a residential facility without his approval if: (a) He fails to pay his bill within 5 days after it is due; (b) He fails to comply with the rules or policies of the facility; or (c) The administrator of the facility or the bureau determines that the facility is unable to provide the necessary care for the resident. *For example: A resident has been living at a facility licensed for Category 1 residents for many years. This resident develops Alzheimer's Disease. The facility is not licensed to provide care for this resident. The facility must assist the resident and his/her family or guardian to arrange a transfer to an appropriate facility. An appropriate facility would include a facility licensed and endorsed to care for residents with Alzheimer's Disease or a skilled nursing facility.*
Y 0673	2. Except as otherwise provided in this section, before a resident may be discharged from a residential facility without his approval pursuant to this section, the facility must provide the resident, his representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged.
Y 0674	3. A residential facility shall discharge a resident who is transferred pursuant to NRS 449.700 and 449.705 and admitted to another facility for a higher level of care. Written notice pursuant to subsection 2 that the resident will be discharged is not required if the condition of the resident necessitates immediate transfer to receive emergency care.
Y 0675	4. If the resident or any of his visitors are engaging in behavior which is a threat to the mental or physical health or safety of the resident or other persons in the facility, the facility may issue a notice to quit to the resident. The notice to quit must include: (a) The reasons for its issuance, with specific facts relating to the date, time and place of the incidents that posed a threat to the physical or mental health or safety of the resident or other persons in the facility; (b) The names of persons who witnessed the incidents and the circumstances under which the incidents occurred. If the resident or his visitors do not comply with the notice to quit, the resident may be discharged from the facility without his approval pursuant to subsection 2.
NAC 449.271 Y 0680	**Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition.** Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he: 1. Requires gastrostomy care; *If a resident requires assistance in the care for his gastrostomy site including liquid feeding, medications and fluids, the resident may not be admitted or be allowed to remain in the facility. If the resident requires no care or assistance for his gastrostomy site and is able to provide his own care, he can be admitted or be allowed to remain in the facility. The facility should receive a physician's or nurse's report that indicates the resident is independent in the care and use of the feeding tube.*
Y 0681	2. Suffers from a staphylococcus infection or other serious infection; or *Prior to admission or re-admission of a resident with a serious infection (ex. MRSA, VRE, c-Diff), the facility must receive confirmation from the resident's physician that the resident is no longer infectious.*
Y 0682	3. Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive. *Residents with any type of intravenous catheters are not allowed to be admitted or be allowed to remain in a facility.*
NAC 449.2712 Y 0690	**Residents requiring use of oxygen.** 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his need for oxygen; and (2) Administering the oxygen to himself with assistance.

Y 0693	2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. *Oxygen racks must be sturdy enough to prevent tanks from falling over. The fire code does not specify what the rack can be made of – so hard plastic milk crates and cardboard containers designed to store oxygen bottles are allowed. The code also allows for "nesting" – In a crate without slots, all oxygen containers have 3 points of contact with each other. The intent of the regulation is for facilities to ensure oxygen tanks are properly secured to keep them from falling over – and not have them laying on the floor in closets or under beds where they can be knocked around by vacuum cleaners or accidently hit by resident's toes; not leaned against walls unless secured by a chain which is usually how you will see them stored in larger medical facilities.* ***Facilities may post "No Smoking – Oxygen in Use" signs at <u>all</u> entrances to the building as an alternative to posting signs at every room where oxygen is used or stored.***
Y 0702	3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen.
NAC 449.2714 Y 0710	**Residents requiring use of intermittent positive pressure breathing equipment.** 1. A person who requires the use of intermittent positive pressure breathing equipment must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is mentally and physically capable of operating and disinfecting the equipment and is capable of determining when its use is required; or (b) The equipment is operated by a medical professional who has been trained to operate the equipment. *Includes the use of C-Pap machines. The resident must be able to use the machine on their own.*
Y 0712	2. The caregivers employed by a residential facility with a resident who requires the use of intermittent positive pressure breathing equipment shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of the equipment; (2) The equipment is operated by a medical professional trained in the operation of the equipment if the resident requires assistance; (3) The equipment is in good working condition; and (4) The equipment is removed from the facility when it is no longer needed by the resident.

NAC 449.2716 Y 0720	**Residents having colostomy or ileostomy.** 1. A person who has a colostomy or ileostomy must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is mentally and physically capable of properly caring for his colostomy or ileostomy, with or without assistance, and the resident's physician has stated in writing that the colostomy or ileostomy is completely healed; or (b) The care for the colostomy or ileostomy is provided by a medical professional who is trained to provide that care. ***This section includes care for a urostomy.* *Ostomy pouches can be either open-ended, requiring a closing device (traditionally a clamp or tail clip); or closed and sealed at the bottom. Open-ended pouches are called drainable and are left attached to the body while emptying. Closed end pouches are usually discarded after one use. Pouches are also called bags.* *<u>Ostomy pouching systems:</u>* *<u>One-piece systems</u> Consist of a skin barrier/wafer and pouch joined together as a single unit. Requires changing the entire unit, including skin barrier, when the pouch is changed. Caregivers are not allowed to remove one-piece pouches from the resident's body. Only the resident or a medical professional are allowed to remove and replace the ostomy pouch of a one piece system. Caregivers can be trained to empty the open-ended pouches that are attached to the body, dispose of the waste product, clean the end of the pouch and clamp closed.* *<u>Two-piece systems</u> allow for the changing of pouches while leaving the barrier/wafer attached to the skin. The wafer/barrier is part of a "Flange" unit. The pouches include a closing ring that attaches mechanically to a mating piece on the flange. A common connection mechanism consists of a pressure fit snap ring, similar to that used in Tupperware. Caregivers may be trained to assist the resident with removal of the ostomy pouch from the resident's body with a two-piece system, to empty the pouch and replace, or to dispose of the pouch and attach a new pouch.*
Y 0722	2. The caregivers employed by a residential facility with a resident who has a colostomy or ileostomy shall ensure that: (a) All bags used by the resident are discarded appropriately; and (b) Privacy is afforded to the resident when care for the colostomy or ileostomy is being provided. ***This section includes care for a urostomy.* *Caregivers must be trained in the sanitary disposal of waste products.*
NAC 449.2718 Y 0730	**Residents requiring manual removal of fecal impactions or use of enemas or suppositories.** 1. A person who requires the manual removal of fecal impactions or the use of enemas or suppositories must not be admitted to a residential facility or be permitted to remain a resident of a residential facility unless: (a) The resident is able to provide the care for himself; or (b) The care is administered according to the written instructions of a physician by a medical professional who has been trained to provide that care.
Y 0732	2. The caregivers employed by a residential facility with a resident who requires the manual removal of fecal impactions or the use of enemas or suppositories shall ensure that privacy is afforded to the resident when that care is being provided.
NAC 449.272 Y 0740	**Residents requiring use of indwelling catheter.** 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. *This also applies to residents with suprapubic catheters.*
Y 0743	2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver; or

	(2) A medical professional who has been trained to provide that care; (b) Waste from the use of the catheter is disposed of properly; (c) Privacy is afforded to the resident while care is being provided; and (d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration. *This also applies to residents with suprapubic catheters. Caregivers will be observed and questioned to evaluate their knowledge, skill and ability in providing assistance to residents with Foley catheters. Observations will include techniques such as hand washing, the use of gloves when appropriate and proper disposal of waste. Caregivers should be able to answer questions regarding the signs and symptoms of urinary tract infections and dehydration. "Disposed of appropriately" means that the urine is emptied into a toilet for disposal.*
NAC 449.2722 Y 0750	**Residents having unmanageable condition of bowel or bladder incontinence; residents having manageable condition of bowel or bladder incontinence.** 1. A person who has an unmanageable condition of bowel or bladder incontinence must not be admitted to a residential facility or permitted to remain as a resident of a residential facility. *A resident with an unmanageable condition of the bowel or bladder incontinence are residents who have continuous/constant streams of urine or feces leaking from their bowels or bladder.*
Y 0751	2. A person who has a manageable condition of bowel or bladder incontinence must not be admitted to a residential facility or permitted to remain as a resident of a residential facility unless the condition can be managed by: (a) The resident without the assistance of any other person; (b) Requiring the resident to participate in a structured bowel or bladder retraining program to assist the resident in restoring a normal pattern of continence; (c) A program which includes scheduled toileting at regular intervals; or (d) Requiring the resident to use products that keep him clean and dry at all times. *Although aging affects the urinary tract and increases the potential for urinary incontinence, urinary incontinence is not a normal part of aging. Residents admitted to the facility with control of their bladders should be able to maintain this function with assistance from staff if needed. The facility is required to identify residents who are incontinent and provide assistance with toileting and/or with incontinence supplies. Caregivers who assist residents with bowel and/or bladder programs must demonstrate they have the knowledge, skills and ability to assist the resident with their programs. Caregivers will be observed and interviewed to evaluate compliance with this regulation.*
Y 0755	3. The caregivers employed by a residential facility with a resident who has a manageable condition of bowel or bladder incontinence shall ensure that: (a) If the resident can benefit from scheduled toileting, he is assisted or reminded to go to the bathroom at regular intervals; (b) The resident is checked during those periods when he is known to be incontinent, including during the night; (c) The resident is kept clean and dry; (d) Retraining programs are designed by a medical professional with training and experience in the care of persons with bowel or bladder dysfunction; (e) The retraining programs established for a resident are followed; and (f) Privacy is afforded to the resident when care is being provided; *Caregivers should be able to communicate the toileting needs of the residents they care for, or the frequency that a resident requires incontinence products to be changed, including during the night. Privacy means that resident will be escorted to the bathroom or their bedroom for assistance with bowel and bladder needs; that bathroom and bedroom doors will be closed when care is provided; and that other residents and visitors will be excluded from the area.*
Y 0761	4. The caregivers employed by the facility shall not: (a) Withhold fluids from a resident to control incontinence; or (b) Have a resident catheterized to control incontinence for the convenience of the employees of the facility. *The elder population is susceptible to dehydration and should be offered fluids with meals and throughout the day. Withholding fluids would be a neglectful practice by the facility. An indwelling catheter is not to be used unless there is valid medical justification.*

NAC 449.2724 Y 0770	**Residents having contractures.** 1. A person who has contractures must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless the contractures do not adversely affect the ability of the resident to perform normal bodily functions and: (a) The resident is able to care for the contractures without assistance; or (b) Supervision in caring for the contractures is provided by a medical professional who is trained to provide such supervision.
Y 0772	2. The caregivers employed by a residential facility with a resident who has contractures shall ensure that the performance by the resident of any exercises to improve the resident's range of motion or any other exercises prescribed by a physician is supervised by a medical professional who has been trained to provide such supervision.
NAC 449.2726 Y 0773	**Resident having diabetes.** 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed by: (1) The resident himself without assistance; or (2) A medical laboratory licensed pursuant to chapter 652 of NRS; and *If a resident is incapable of performing his own glucose testing, then the only persons able to perform the tests for the resident would be people not employed by the facility unless the facility has also received a laboratory license. For example, a registered nurse employed by a home health agency who has received the training, a laboratory technician from a licensed lab or a family member.*
Y 0775	(b) The resident's medication is administered: (1) By the resident himself without assistance; *Caregivers can only bring equipment to the resident and verbally instruct residents on their insulin injections. No employee of the facility may give medication by injection per NRS 449.0302(6)(d). If the resident is unable to draw their own insulin, insulin syringes can be pre-filled, labeled and dated by a nurse or family member in advance and stored in a locked area in a refrigerator, or pre-filled insulin pens can be used.*
Y 0776	(2) By a medical professional, or licensed practical nurse, who is: (I) Not employed by the residential facility; (II) Acting within his authorized scope of practice and in accordance with all applicable statutes and regulations; and (III) Trained to administer the medication; or *Owners that are nurses or nurses employed by a facility are prohibited from administering insulin per NRS 449.037(6)(d.)*
Y 0780	(3) If the conditions set forth in subsection 2 are satisfied, with the assistance of a caregiver employed by the residential facility.
Y 0783	2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his diabetes if: (a) The resident's physical and mental condition is stable and is following a predictable course. (b) The amount of the medication prescribed to the resident for his diabetes is at a maintenance level and does not require a daily assessment. *For a caregiver to be allowed to assist a diabetic resident with their medications, a resident must receive the same dose of insulin every day regardless of their blood glucose levels. Diabetics that are on a "sliding scale" insulin regime and required assistance with their medications are prohibited from being admitted or being allowed to remain because their insulin doses are not at a maintenance level and requires a blood glucose assessment to determine the dosage of insulin needed. **Residents that can manage their glucose testing and sliding scale insulin on their own may be admitted because they do not require assistance from a facility caregiver. The facility must ensure the resident's testing equipment, medication and syringes are stored in a secure location in the resident's room.*
Y 0785	(c) A written plan of care by a physician or registered nurse has been established that: (1) Addresses possession and assistance in the administration of the medication for the resident's diabetes; and (2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.
Y 0786	(d) The medication prescribed to the resident for his diabetes is not administered by injection or intravenously.
Y 0787	(e) The caregiver has successfully completed training and examination approved by the Health Division regarding the administration of such medication.

	Caregivers trained as medication technicians may only assist with oral diabetic medications.
Y 0790	3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that: (a) Sufficient amounts of medicines, equipment to perform tests, syringes, needles and other supplies are maintained and stored in a secure place in the facility;
Y 0791	(b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place; and *An appropriate Sharps container must be available and stored in a safe place in the facility. The sharps container should not be overfilled and must be appropriately discarded when it is full. This does not mean that the sharps container is thrown in the trash. Arrangements must be made for proper disposal as the sharps container is considered regulated waste.*
Y 0792	(c) The caregivers responsible for the resident have received instruction in the recognition of the symptoms of hypoglycemia and hyperglycemia by a medical professional who has been trained in the recognition of those symptoms. *Evidence of this training must be in the caregiver's employee file.*
Y 0793	4. The caregivers employed by a residential facility with a resident who has diabetes and requires a special diet shall provide variations in the types of meals served and make available food substitutions in order to allow the resident to consume meals as prescribed by the resident's physician. The substitutions must conform with the recommendations for food exchanges contained in the "Exchange Lists For Meal Planning," published by the American Diabetes Association, Incorporated and the American Dietetic Association, which is hereby adopted by reference. A copy of the publication may be obtained from the American Diabetes Association, Incorporated, Order Fulfillment Department, P.O. Box 930850, Atlanta, Georgia 31193-0850, at a cost of $2.50.
NAC 449.2728 Y 0800	**Residents requiring regular intramuscular, subcutaneous or intradermal injections.** 1. A person who requires regular intramuscular, subcutaneous or intradermal injections must not be admitted to a residential facility or be permitted to remain as a resident of the facility unless the injections are administered by: (a) The resident; or (b) A medical professional, or licensed practical nurse, acting within his authorized scope of practice and in accordance with all applicable statutes and regulations who has been trained to administer those injections. *No employees of the facility may give medications by injection per NRS 449.037(6)(d.) Owners that are nurses or nurses employed by a facility are also prohibited from administering medications by injections.*
Y 0802	2. The caregivers employed by a residential facility with a resident who requires regular intramuscular, subcutaneous or intradermal injections shall ensure that: (a) Sufficient amounts of medicines, equipment to perform tests, syringes, needles and other supplies are maintained and stored in a secure place in the facility; and (b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place. *An appropriate Sharps container must be available and stored in a safe place in the facility. The sharps container should not be overfilled and must be appropriately discarded when it is full. This does not mean that the sharps container is thrown in the trash. Arrangements must be made for proper disposal as the sharps container is considered regulated waste.*
NAC 449.2732 Y 0810	**Residents requiring protective supervision.** 1. Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is able to follow instructions;
Y 0811	(b) The resident is able to make his needs known to the caregivers employed by the facility;
Y 0812	(c) The resident can be protected from harming himself and other persons; and
Y 0813	(d) The caregivers employed by the facility can meet the needs of the resident.
Y 0814	2. If a person who requires protective supervision is unable to follow instruction or has difficulty making his needs known to the employees of the facility, the person may be admitted to the facility or be permitted to remain a resident of the facility if the facility complies with the provisions of NAC 449.2754 and 449.2756. *NAC 449.2754 and 449.2756 are regulations that govern facilities licensed to care specifically for persons with Alzheimer's disease and related*

	dementia.
Y 0815	3. The administrator of a residential facility with a resident who requires protective services shall ensure that: (a) The caregivers employed by the facility are capable of providing the supervision for that resident without neglecting the needs of the other residents of the facility; and
Y 0816	(b) There is a written plan for providing protective supervision for that resident. *A plan must be individualized for each resident needing protective supervision and it must be specific the type of supervision that the resident needs. For example – a resident routinely exhibits inappropriate behavior and suicidal tendencies. The facility must develop a plan for how they will monitor, assess and protect the resident from harm. The plan should state that caregivers would always supervise the resident's whereabouts.*
NAC 449.2734 Y0820	**Residents having tracheostomy or open wound requiring treatment by a medical professional; residents having pressure or stasis ulcers.** 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance; *Wounds, such as surgical wounds, must be in the process of healing. The tracheostomy site must be stable and the resident can care for the wound or site without assistance.*
Y 0821	(b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or *Such as' by a nurse from a home health agency.*
Y 0822	(c) The wound is the result of surgical intervention and care is provided as directed by the surgeon.
Y 0823	2. If a person who has a **pressure or stasis ulcer** or who is at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility: (a) The condition must have been diagnosed by a physician; *Definition: A pressure ulcer is any lesion caused by unrelieved pressure that results in damage to the underlying tissue(s). Along with pressure on tissues, friction and shear are contributing factors to the development of pressure ulcers. Friction is the mechanical force exerted on skin that is dragged across any surface. Shearing occurs when layers of skin rub against each other or when the skin remains stationary and the underlying tissue moves and stretches or tears the underlying capillaries and blood vessels causing tissue damage. Friction and shear forces can occur when residents slide or are slid across surfaces as in during transfers or re-positioned in bed.* *The resident must be evaluated by a physician prior to admission to a facility if they are risk for developing pressure ulcers or have a pressure ulcer and a plan for medical intervention must be established as in 2(b). Any residents who develop pressure ulcers while in the facility must be evaluated by a physician and have a plan for medical intervention established as per 2(b). Facility staff cannot provide wound care or treatment to a resident unless they are a medical professional and are following a doctor's order.*
Y 0824	(b) The condition must be cared for by a medical professional who is trained to provide care for and reassessment of that condition; and *Home health agency nurses or hospice agency nurses are appropriate medical professionals to care for pressure or stasis ulcers.*
Y 0825	(c) Before a caregiver provides care to a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer, the caregiver must receive training related to the prevention and care of pressure sores from a medical professional who is trained to provide care for that condition. *Training should include information about the risk factors for pressure ulcer development :* • *Current physical condition of the resident,* • *Resident who is in poor nutritional health, dehydration,* • *Resident with impaired circulation, for example caused by generalized atherosclerosis or diabetes,* • *History of healed pressure ulcer as the area is more likely to have recurrent breakdown,* • *Impaired/decreased mobility and decreased functional ability leading to long periods of sitting or lying down,* • *Co-morbid conditions, such as end stage renal disease, thyroid disease or diabetes mellitus,* • *Exposure of skin to urinary and fecal incontinence,* • *Cognitive impairment - resident will not remember to change positions and/or* • *Resident refusal of some aspects of care and treatment,*

	• *Use of medical devices such as nasal tubes, braces, orthotic devices; sitting in wheelchairs long periods causing pressure against feet, ankles, buttocks, tailbone and elbows.* *Information on identifying changes in a resident's skin condition, such as changes in color and condition. Medical interventions that would be provided by a medical professional and staff non-medical responsibilities as directed by the medical professional – repositioning, protecting dressings during toileting and bathing, etc. Home health nurses or other private nurses can provide training.*
Y 0826	3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer. *Facilities are required to have available copies of assessments and of care notes for care provided by a home health agency or hospice. An evaluation of the cause of the pressure or stasis ulcer will assist in determining what factors, if any, in the everyday routine of the resident contributed to the development of the ulcer. This information is essential to the plan of care and to the prevention of further ulcers.*
NAC 449.2736 Y 0830	**Request to exempt certain resident from restrictions; contents of request.** 1. The administrator of a residential facility may submit to the division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. *Whenever a resident pending admission is already enrolled in a hospice program, the resident should only be admitted to a Category 2 facility due to the imminent decline of the resident to an eventually non-ambulatory status. In such a case, the facility must ensure the resident meets the admission criteria of the particular facility. In particular the facility must not admit a bedfast resident. If or when a resident on hospice becomes bedfast and also has medical condition they can no longer assist with such as oxygen, a Foley catheter, colostomy, etc., the facility must submit a written medical exemption request and provide information in accordance with NAC 449.2736 to the Bureau for review.*
Y 0831	2. A written request submitted pursuant to this section must include, without limitation: (a) Records concerning the resident's current medical condition, including updated medical reports, other documentation of current health, a prognosis and the expected duration of the condition; (b) A plan for ensuring that the resident's medical needs can be met by the facility; (c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and (d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility. *In the written request, the administrator must include one of the following: a current history & physical assessment conducted by the home health agency or hospice, and the plan of care for the resident. The administrator must also submit the facility's care plan describing in detail how caregivers will provide needed non-medical care to the resident. In addition, the administrator must submit a plan to ensure that the other residents will not be neglected due to the increase in care given to one resident. For example, extra staff being hired, home health or hospice will be on-site multiple times during the week, family members will assist in the care, etc. The administrator must also sign a written statement that he/she guarantees that caregivers can meet the needs of the resident. If the facility is in good standing with the bureau, the exemption may be approved and the resident can be admitted or be allowed to remain. If the facility is not in good standing with the bureau, including but not limited to D survey grade or outstanding complaints, the resident may not be admitted or not be allowed to remain and therefore, must be discharged.*
Y 0835	3. A written request submitted to the division pursuant to this section must be received: (a) Before the administrator admits a resident; or (b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734, inclusive.
Y 0837	4. A residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to NAC 449.271 to 449.2734, inclusive.
Y 0838	5. A residential facility may retain a resident who is otherwise prohibited from remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive, for 10 days after the facility submits to the division the written request pursuant to subsection 1.
NAC 449.2738 Y 0840	**Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions.** 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
Y 0841	(b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident.
Y 0842	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.
Y 0843	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 care.
NAC 449.274 Y 0850	**Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records.** 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangement to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and
Y 0851	(b) Request emergency services when such services are necessary.
Y 0852	2. A resident who is suffering from an illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he is unavailable, by another licensed physician.
Y 0853	3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; This record must accompany the resident if he is transferred to another facility.
Y 0854	(b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; This record must accompany the resident if he is transferred to another facility.
Y 0855	(c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he is transferred to another facility.
Y 0856	4. The facility shall ensure that appropriate medical care is provided to the resident by: (a) A caregiver who is trained to provide that care;
Y 0857	(b) An independent contractor who is trained to provide that care; or
Y 0858	(c) A medical professional.
Y 0859	5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. *The facility must obtain a copy of a recent physician examination completed on the resident – the physical examination must have been completed within the 6 months prior to being admitted to the facility. The resident must receive an annual physical examination or undergo a physical more frequently if necessary. Physical examination should be a review of the resident's medical condition and plan for continued care at the facility. Physical examinations conducted in the hospital or emergency rooms are acceptable and examinations conducted by a physician's assistant, family nurse practitioner or advance nurse practitioner are also acceptable. Residents in hospice programs are initially and periodically evaluated by hospice nurses who are under the direction of the hospice physician – these physical evaluations can be accepted.* *A "significant" change means a change in the resident's condition which causes the resident to shift from category 1 to category 2 or increases the resident's need for assistance with ADLs. For example: a resident is admitted to the facility and is able to walk on his own and get to an area of safety within 4 minutes. Six months later, the resident suffers a mild stroke. The resident needs someone to help him stand up when he is sitting in a chair and the resident cannot move*

	to an area of safety within 4 minutes without assistance. The resident has suffered a significant change in his physical condition. The resident's record must contain the results of a physical examination which describes the change in the resident's medical condition even though the resident's yearly physical examination is not due for 6 more months.
Y 0860	6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. *Caregivers who assist a resident must be able to demonstrate in their everyday care of the resident that they are familiar with the resident's condition and abilities. The caregiver must be trained and capable of delivering the care and assistance that is required.*
Y 0861	(b) Monitor the ability of the resident to care for his own health conditions and shall document in writing any significant change in his ability to care for those conditions.
Y 0862	7. This section does not prohibit a resident from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection.
NAC 449.2742 Y 0870	**Administration of medication: Responsibilities of administrator, caregiver and employee of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. <u>The report must be reviewed and initialed by the administrator.</u> (Previously Y 0874) *The following is considered assistance with administration of medication: whenever a facility maintains custody of the resident's medications and the <u>caregiver selects</u> the appropriate medication container and to the resident to take their medication. If the caregiver selects the medication container, the caregiver has essentially assisted the resident with a decision as to which medication is appropriate to take. A resident may choose to self-administer all or part of the medications. Their physician's approval is recommended. (See Y920)* *Facilities which do not assist residents with medication administration or which maintain custody of resident's medications but allow the resident to select his/her own medication without direction are not bound by the requirements related to medication administration, (i.e. caregiver medication training/examination, written agreement between resident/caregiver for the administration of medications, medication regimen review, medication logs.)* *"Financial interest" indicates an individual who has ownership in the facility. The written report must include a list of all medications (prescription and/or over-the-counter and/or supplements) taken by the resident. It must be signed by reviewer and note any changes, recommendations or findings.* *Resident files will be reviewed for the presence of a medication profile review conducted every six months. All medications, including over the counter medications must be included. Only a pharmacist, physician or a registered nurse (without ownership in the facility) can conduct this review. If a resident self-administers their own medication, the facility is not required to have a medication profile review conducted and is not required to maintain a medication record on this resident.* *The administrator or his designee must review the medical profile review and initial that they have reviewed the report and contacted the resident's physician if there were concerns noted in the review.*

Y 0871	**Effective January 13, 2011. Survey to beginning April 1, 2011** (d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. *Medication detail/explanation sheets provided with resident medications by pharmacies may be kept in a binder for use by caregivers to meet the requirements of #8.*
Y 0872	**Effective January 13, 2011. Survey to beginning January 1, 2012** (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. (h) Annually pass an examination relating to the management of medication approved by the Bureau.
~~Y 0874~~	*See Y 870*
Y 0875	3. Before assisting a resident in the administration of any medication, including, without limitation, any over-the-counter medication or dietary supplement, a caregiver must obtain written information describing the side effects, possible adverse reactions, contraindications and toxicity of the medication. *Per 1(d)(8), this information should be available in a current drug guide, medication handbook or on-line access to medication reference sites. This information may be in the form of warning notices and literature included in the packaging of drugs or provided by the pharmacist or a drug reference text – the notices must be accessible to staff in an organized manner.*
Y 0876	4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. *(a) The ultimate user's physical and mental condition is stable and is following a predictable course.* ** The resident's medical condition is still stable and does not require monitoring or assessments by medical staff to determine how much medication to give or when to hold a medication.* **Ultimate User: All residents that require medication assistance must sign the "ultimate user" agreement authorizing caregivers to assist them with their medications per NRS 453 and NRS 454. Ultimate user has a specific definition at NRS 453.141 as "a person who lawfully possesses a controlled substance for his own use or the use of a member of his household...the guardian or person authorized in a durable power of attorney to act on behalf of*

	the ultimate user." In the case of a resident with dementia, a guardian or person with a durable power of attorney for health care can sign the agreement on behalf of the resident. *This document must include an agreement by the resident to authorize the facility to retain and administer medications. The administrator and the resident or representative must sign this document. Facilities should also obtain signed agreements from residents who are administering their own medications to indicate the resident is taking responsibility for the storage and administration of their medication.* *(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.* ** For the facility to assist a resident with their medication, the amount of medication to be administered to the resident must not require an assessment of the resident's condition by a caregiver before giving the medication – ex. "Hold medication if blood pressure is below 100/60."* *(c) A written plan of care by a physician or registered nurse has been established that:* *(1) Addresses possession and assistance in the administration of the medication; and* *(2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.* **Medication Orders: The resident's file must contain written and signed documentation from the physician that a resident's medication was approved for use.* *(d) The prescribed medication is not administered by injection or intravenously.* ** The NRS does not allow an employee of a residential facility for groups to administer a medication by injection or by IV. A Registered Nurse employed by the facility is therefore prohibited from giving medications by injection or IV. A vaccine is not a medication used for treatment, so with a doctor's order, RNs (and LPN working under an RN) would be allowed to give residents flu shots and do TB testing if they have received required training.* *(e) The employee has successfully completed training and examination approved by the Health Division regarding the authorized manner of assistance.* **Medication Management Training: The Bureau has criteria for the evaluation of Medication Management training programs and approves the same. A list of the approved programs may be obtained from the HCQC website – http://.health.nv.gov/HCQC_HealthFacilities*
~~Y 0877~~	See Y 878
Y 0878	5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. (Previously Y 0877) *Caregivers cannot administer any over-the-counter medications or dietary supplement (vitamins, minerals, herbal remedies, Boost, etc.) without the approval from the resident's physician due to possible interactions with other medications.* 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) *It is acceptable to note a dosage or frequency change by placing a sticker or note on the bottle to indicate a prescription change and to go to the medication administration record for the current medication order. It is not acceptable to physically write on the pharmacy label changes to the dosage or how often to give the medication.* (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (Previously Y0880) *The Medication Administration Record must be updated with any changes in medications, dosage or frequency by discontinuing the old medication entry and creating a new entry with the prescription changes.* (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained

	pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (Previously Y0881) (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. (Previously Y 0882) *Any medication that a resident is supposed to receive on a daily basis and is not available in the facility is a potential Immediate Jeopardy (IJ). As are as-needed (PRN) medications prescribed for serious conditions (ex. Nitroglycerin, pain control meds, diabetic medication, seizure meds, psychotropic meds for mental illnesses, etc).* *If a resident's daily and/or emergency medications are not in the facility, inspectors will require the facility to provide a plan of what actions they will take on the day of the survey to obtain the missing medications. If there is evidence residents have been out of medications for a period of days prior to surveyor arrival - it is a potential Immediate Jeopardy situation. The information needed by the inspector includes:* *1. Name of the medication, how it is prescribed (frequency and dose) and what it was prescribed for.* *2. If there is an empty container, note the date it was filled and the date it was delivered or brought to the facility (Noted in the delivery logs)* *3. Find the physician's order for the medication in the resident's chart for the date the medication was prescribed* *4. Review the documentation by the medication technicians on the medication administration record – number of days missed and reasons (i.e. med not available).* *5. Interview medication technicians concerning the missed medication and what their understanding is about it/them not being available. Has the resident experienced changes in their medical or mental condition?* *6. Interview residents concerning any outcomes they experienced due to not receiving their medications. If the resident did not receive their medication the day of the survey, ask their current condition as related to the need for the medication – how do they feel? Can they measure their own current state of condition – blood sugar, blood pressure, pulse, pain level, mental state, etc? Does the resident need to be seen by their doctor?* *7. If the resident is not in the facility, determine the reason why. If the resident was hospitalized, inspectors will follow up on the cause for transfer and admission to see if related to not receiving medications.* *8. Review the facility's incident report log, serious occurrence reports and/or any other documentation concerning the resident(s) during the periods of missed medication doses.* *9. Request evidence the facility notified the resident's physician concerning the missed doses for all days missed. Good Example - The facility must call the resident's doctor anytime blood thinning medications like Coumadin are missed as the doctor may need to order blood tests by a lab, same for blood sugar medications or anti-seizure medications.*
~~Y 0879~~	See Y 0878
~~Y 0880~~	See Y 0878
~~Y 0881~~	See Y 0878
~~Y 0882~~	See Y 0878
Y 0883	7. If a resident refuses, or otherwise misses, an administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.
Y 0884	8. An employee of a residential facility shall not draw medication into a syringe or administer an injection unless authorized by law to do so.
Y 0885	9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged

	from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. *Resident medications may only be given to the resident they are prescribed for (the Ultimate User), or to a facility the resident is transferred and not to the resident's family based on Nevada Pharmacy law. Medications for a deceased resident should be destroyed by the facility and not given to resident families as they are not the ultimate user of the prescribed medication. See also Y0924.* *Flushing of drugs is not considered an acceptable method of destruction by Clark County Health District due to possible contamination of the water supply. An alternative form of disposal is the placing of pills in cans of kitty litter or coffee grounds to be disposed of in household trash. This is the preferred method of disposal in Clark County.*
Y 0886	10. The administrator of a facility is responsible for any assistance provided to a resident of the residential facility in the administration of medication, including, without limitation, ensuring that all medication is administered in accordance with the provisions of this section. *The administrator is ultimately responsible for ensuring the facility is assisting residents with their medications and residents receive their medications as prescribed.*
NAC 449.2744 Y 0890	**Administration of medication: Maintenance and contents of logs and records.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (Previously Y 0891) (3) The name of the person who accepted the delivery; (Previously Y 0892) (4) The name of the resident for whom the medication is prescribed; and (Previously Y 0893) (5) The date on which any unused medications is removed from the facility or destroyed. (Previously Y 0894) *The facility is responsible for documenting all resident medications that come into the facility whether they are delivered by a pharmacy, by the family, or brought into the facility by a resident or caregiver. Medication containers should be reviewed to ensure what is listed on the label matches the physician's order; that multi-pill packs contain all the prescribed pills and that the medication labels match what is written on the resident's medication administration record (MAR).*
~~Y 0891~~	See Y 0890
~~Y 0892~~	See Y 0890
~~Y 0893~~	See Y 0890
~~Y 0894~~	See Y 0890
Y 0895	**Administration of medication: Contents of Medication Records for prescribed medications, prescribed as-needed medications, and over the counter medications and supplements:** 1(b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (Previously Y 0896) (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (Previously Y 0897) (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. (Previously Y 0898) **NAC 449.2746 (Previously Y0908)** 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication;

	(e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. (Cross-reference to NAC 449.2742(5) The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.) *The record is commonly referred to as the medication administration record or MAR. The correct and full spelling of the name of the medication must be written on the MAR. Check the physician's order against the name of the medication on the container. If a generic medication was used by the pharmacy, ensure the name of the generic medication is also included on the MAR. *Thick-It does not have to be documented on the MAR each time it is used.* *If the MAR entries do not match the labels on the medication containers, medication orders will be reviewed for further clarification. If a change occurred in the medication order, the change should have been noted on the medication container with a sticker or a note. Documentation of administration of as-needed (PRN) medications can be listed on the MAR for regularly scheduled medication or on a separate PRN medication record – as long as there is an area to document all the required PRN medication administration information. Often the back of a pharmacy printed MAR has an area for this documentation.*
Y 0896	See Y 0895
Y 0897	See Y 0895
Y 0898	See Y 0895
Y 0899	2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication.
NAC 449.2746 Y 0905	**Administration of medication: Restriction concerning medication taken as needed by resident; written records.** 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his need for the medication; (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given. *As needed medications are also referred to as PRN medications. For PRN medications, residents must be cognitively able to determine their own need for the medication, a medical professional can determine the need for the medication or the PRN medication must be associated with a specific symptom for caregiver information. It is not recommended that facilities accept instructions such as "Take one or two 325 mg tablets of Tylenol for a headache" if the resident is not cognitively able to decide if they want one or two tablets or there is not a medical professional in the facility to make that decision. Caregivers are prohibited from making this type of assessment or decision due to their lack of medical training.*
~~Y 0908~~	*See Y 0895*
NAC 449.2748 Y 0920	**Medication: Storage; duties upon discharge, transfer and return of resident.** 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. (Previously Y 0921) *The facility must have a secure location(s) for the storage for all resident medications and medical equipment (lock box, drawer, cabinet, closet, medication cart or room). Medical equipment includes blood pressure cuffs, diabetic equipment, breathing treatment equipment, etc. Medications belonging to the owner, operator, staff and family members of staff/operator/owner must also be secured and kept inaccessible to residents.*

	External medications such as topical ointments, drops, gels, or creams, must be stored separated from oral medications to prevent cross contamination between the containers – such as different drawers in a medication cart or in different baskets from oral medications. *If a resident requests to self-administer drugs, the facility should have a process on how it will evaluate that it is safe for the resident to self-administer their drugs and periodic reevaluations when the residents have a change in their health status. A resident's room that is not shared with another resident, will be considered a locked container if the door to the room is always locked and always requires a key to open the door when the room is unoccupied.* *Locked refrigerators must be kept locked at all times, except when medications are being retrieved from or returned to storage; and must not be left unlocked and unattended during medication administration. If refrigerators are kept in locked rooms, the room must be kept locked at all times a qualified medication administration caregiver is not present.* ***All refrigerators will be looked at for improper storage of medications. Medications for residents and/or staff should not be stored in unlocked bins, butter trays or egg holders in refrigerators. Medication orders and medication container information will be reviewed for recommended storage temperatures. The temperature of the refrigerated storage area will be measured with a thermometer to determine if the medication is stored at the recommended temperature.***
~~Y 0921~~	*See Y 0920*
~~Y 0922~~	*See Y 0923*
Y 0923	3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (Previously Y 0922) (b) Kept in its original container until it is administered. *Applying a label or piece of tape to dietary supplements or OTC medications with the resident's name and physician's name is acceptable. The facility may purchase commonly used OTC medications for use by multiple residents if the OTC type and amount meets the physician's orders for each resident, and the OTC container is labeled with each resident's name and physician's name.* *Resident medications must remain in their containers until the time they are administered. The "pre-pouring" or "setting-up" of medications by facility staff/owners/operators into daily or weekly pill dispensers, or into paper or plastic cups before administration is prohibited. Removing medications directly from bottles or containers and placing them into "med" cups for immediate administration is allowed.*
Y 0924	4. Except as otherwise provided in subsection 5, when a resident is discharged or transferred from a residential facility, all medications prescribed for the resident must be provided to the resident or to the facility to which he is transferred. *Resident medications may only be given to the resident they are prescribed for (the Ultimate User), or to a facility the resident is transferred and not to the resident's family based on Nevada Pharmacy law. Medications for a deceased resident should be destroyed by the facility and not given resident families as they are not the ultimate user of the prescribed medication. See also Y 0885.*
Y 0925	5. If a resident is transferred to a hospital or skilled nursing facility, the residential facility shall hold the resident's medications until the resident returns or for 30 days after the transfer, whichever is less, unless the hospital or skilled nursing facility requests the residential facility to provide the hospital or skilled nursing facility with the medications. If the resident does not return within 30 days after the transfer, the residential facility shall promptly dispose of any remaining medications. Upon the return of the resident from the hospital or skilled nursing facility, the residential facility shall, if there has been any change in the resident's medication regimen: (a) Contact a physician, within 24 hours after the resident returns, to clarify the change; and (b) Document the physician contact in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. *The facility should have a system for storage of transferred resident medications to indicate they are being held until the resident returns to the facility, or is discharged. See Y 0885 for medication destruction.* *Often medical facilities will treat residents with different medications and/or discontinue medications that the resident was previously taking. On*

	discharge from the medical facility, the medication regimen listed in the discharge orders would then be different from the medications previously prescribed by the resident's physician and the medications retained by the facility. The facility must contact the physician that will have continued oversight of the resident to clarify which medication regimen to follow to avoid giving a resident a contraindicated medication or multiple doses of similar medications. The facility should follow the most recent medication orders from the medical facility until the clarification is received. Any discontinued medication should then be destroyed.
NAC 449.2749 Y 0930	**Maintenance and contents of separate file for each resident; contents; confidentiality of information.** 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. *Resident files may be kept in a locking metal file cabinet or any fire resistant place. The facility may file resident documents in more than one location (i.e. a facility incident report file, medication notebook) as long as all documents are stored in a fire-resistant, locked place and are kept confidential.*
Y 0931	(b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. *If the resident has a guardian, the facility must obtain a copy of the guardianship papers for the resident's file. There are several types of guardianship, and the facility needs to be made aware of the provisions and limitations of the guardianship.*
Y 0932	(c) A statement of the resident's allergies, if any, and any special diet or medication he requires.
Y 0933	(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. *The physician's statement can also be filled out by a medical professional such as a physician's assistant, family nurse practitioner or advanced nurse practitioner.*
Y 0936	(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. *Please keep a copy of NAC 441A.380 Tuberculosis Testing Requirements for Residents - on-site for reference.*
Y 0937	(f) The types and amounts of protective supervision and personal services needed by the resident.
Y 0938	(g) An evaluation of the residents' ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; *An admission ADL (bathing, grooming, eating, dressing, ambulating, etc.) assessment must be conducted by a facility employee, not a family member of the resident. "ADL" is defined as activities of daily living, i.e. grooming, ambulating, eating, dressing, etc.*
Y 0939	(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and *A "significant" change means a change in the resident's condition which causes the resident to shift from category 1 to category 2 or increases the resident's need for assistance with ADLs. For example: a resident is admitted to the facility and is able to walk on his own and get to an area of safety within 4 minutes. Six months later, the resident suffers a mild stroke. The resident needs someone to help him stand up when he is sitting in a chair and the resident cannot move to an area of safety within 4 minutes without assistance. The resident has suffered a significant change in his physical condition. The resident's record must contain an updated ADL evaluation which describes the change in the resident's need for assistance.*
Y 0940	(3) In any event, not less than once each year. *An annual ADL assessment must be conducted by a facility employee, not a family member of the resident.*
Y 0941	(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. *The original documents must include the signatures of the administrator or designated facility representative and the resident, or representative.*
Y 0942	(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.
Y 0943	(j) A document signed by the administrator of the facility when the resident permanently leaves the facility. *The terms "permanently leaves" and "discharged" are interchangeable.*

Y 0944	2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.
Y 0945	3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau.
NAC 449.275 Y 0950	**Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs.** 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for the resident.
Y 0951	2. The members of the staff of the facility shall: (a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care; and (b) Report any deviation from the established plan of care to the resident's physician within 24 hours after the deviations occurs. *The medical team of a hospice program shall prepare a written plan of care for each hospice resident. Any caregiver providing care to the hospice resident will adhere to the plan. The plan of care will include an assessment of the needs of the resident and identify the services required by the resident, which must include the management of discomfort and relief of symptoms of the resident. The plan will state the scope and frequency of each service to be provided to the resident by the hospice, the facility and possibly members of his family. The plan is to be reviewed and updated at intervals that are specified in the plan by the person who established the plan.*
Y 0953	3. If the division grants a request made pursuant to NAC 449.2736 by the administrator of a residential facility that provides hospice care, the residential facility may retain a resident who: (a) Is bedfast, as defined in NAC 449.2702; or (b) Requires skilled nursing or other medical care on a 24-hour basis. *A resident who is bedfast may not be admitted or be allowed to remain unless they are in a hospice program and have an approved exemption request from the bureau. Please follow the instructions listed in NAC 449.2736 to receive approval from the bureau to retain a hospice resident who is bedfast or who requires 24 hour skilled nursing care.*
NAC 449.2751 Y 0955	**Residential facility which provides assisted living services: Application for endorsement; general requirements.** 1. Each residential facility that wishes to provide assisted living services must apply to the Health Division to obtain an endorsement on its license authorizing the residential facility to provide assisted living services. 2. The Health Division may deny an application for an endorsement that is made pursuant to subsection 1 or revoke an existing endorsement granted pursuant to subsection 1: (a) Based upon the grounds set forth in NAC 449.191 or 449.1915; or (b) If the residential facility for which the applicant is applying or the residential facility which has an endorsement does not satisfy the requirements set forth in this section or subsections 7 and 8 of NRS 449.037. 3. If a residential facility provides assisted living services, the written policies that the residential facility is required to develop pursuant to NAC 449.258 must include, without limitation, procedures to be followed: (a) To ensure that the residential facility complies with the requirements set forth in subsections 7 and 8 of NRS 449.037; (b) By the administrator to ensure that residents of the residential facility whose physical or mental condition is significantly changing over time are identified; (c) To obtain a medical professional to assess and monitor, as necessary, but not less than once every quarter in each calendar year, each resident of the residential facility whose physical or mental condition is declining over time; and (d) To provide services to residents of the residential facility pursuant to the assessment and monitoring performed pursuant to paragraph (c). 4. The administrator of a residential facility that provides assisted living services shall ensure that: (a) A medical professional is notified whenever there has been a significant change in the physical or mental condition of a resident of the residential facility whose physical or mental condition is declining over time; and (b) The residential facility maintains a list of resources for financial assistance and other social services that may decrease the need for a resident of the residential facility whose physical or mental condition is declining over time to move out of the residential facility.

	5. The services provided by a residential facility that provides assisted living services must include, without limitation, services that will enable the residential facility to retain residents who have the medical needs or conditions described in NAC 449.2712 to 449.2734, inclusive, and 449.275. **NRS 449.037 Adoption of standards, qualifications and other regulations.** 7. The Board shall adopt separate regulations governing the licensing and operation of residential facilities for groups which provide assisted living services. The Board shall not allow the licensing of a facility as a residential facility for groups which provides assisted living services and a residential facility for groups shall not claim that it provides "assisted living services" unless: (a) Before authorizing a person to move into the facility, the facility makes a full written disclosure to the person regarding what services of personalized care will be available to the person and the amount that will be charged for those services throughout the resident ' s stay at the facility. (b) The residents of the facility reside in their own living units which: (1) Except as otherwise provided in subsection 8, contain toilet facilities; (2) Contain a sleeping area or bedroom; and (3) Are shared with another occupant only upon consent of both occupants. (c) The facility provides personalized care to the residents of the facility and the general approach to operating the facility incorporates these core principles: (1) The facility is designed to create a residential environment that actively supports and promotes each resident ' s quality of life and right to privacy; (2) The facility is committed to offering high-quality supportive services that are developed by the facility in collaboration with the resident to meet the resident ' s individual needs; (3) The facility provides a variety of creative and innovative services that emphasize the particular needs of each individual resident and the resident ' s personal choice of lifestyle; (4) The operation of the facility and its interaction with its residents supports, to the maximum extent possible, each resident ' s need for autonomy and the right to make decisions regarding his or her own life; (5) The operation of the facility is designed to foster a social climate that allows the resident to develop and maintain personal relationships with fellow residents and with persons in the general community; (6) The facility is designed to minimize and is operated in a manner which minimizes the need for its residents to move out of the facility as their respective physical and mental conditions change over time; and (7) The facility is operated in such a manner as to foster a culture that provides a high-quality environment for the residents, their families, the staff, any volunteers and the community at large. 8. The Health Division may grant an exception from the requirement of subparagraph (1) of paragraph (b) of subsection 7 to a facility which is licensed as a residential facility for groups on or before July 1, 2005, and which is authorized to have 10 or fewer beds and was originally constructed as a single-family dwelling if the Health Division finds that: (a) Strict application of that requirement would result in economic hardship to the facility requesting the exception; and (b) The exception, if granted, would not: (1) Cause substantial detriment to the health or welfare of any resident of the facility; (2) Result in more than two residents sharing a toilet facility; or (3) Otherwise impair substantially the purpose of that requirement. *Any residential facility for groups that has "assisted living" in their name or advertisements, including the term "assisted living services" must submit an application for an Assisted Living endorsement. The facility will be evaluated based on the above criteria to determine if the facility meets the requirements. If they do not, the facility will have to submit an application for a name change and/or submit evidence that the term "assisted living" is no longer used in their promotional materials.*

NAC 449.2754 Y 0960	**Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements.** 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 Health 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.
Y 0961	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.
Y 0962	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. *The State Fire Marshal's (SFM) office will not approve the use of locks on exit doors that require a key to open the door from the inside and this includes security screen doors. SFM guidance: "A facility may install a lock utilizing a numeric key pad or security card scanner in lieu of a keyed lock. In addition to the numeric key pad or security card scanner, the door must include a self-closure."*
Y 0963	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). *Licensed administrators who have at least 3 years experience providing care in non-Alzheimer's facilities may fulfill the education and training requirements by completing 8 hours of Alzheimer's training (the curriculum must be approved by the bureau, the board of health and the board of examiners for long term care administrators) and 32 hours of on-the-job training in an Alzheimer's facility. There must be documentary evidence of the Alzheimer's training and the on-the-job training.*
Y 0965	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;
Y 0966	(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;
Y 0967	(c) A description of: (1) The basic services provided for the needs of residents who suffer from dementia;
Y 0968	(2) The activities developed for the residents by the members of the staff of the facility;
Y 0969	(3) The manner in which the behavioral problems will be managed; *What is the facility's plan for dealing with behavioral problems, including but not limited to, trying to leave the facility unattended, repetitive actions, combativeness, sleep problems, paranoia/delusions, screaming, wanting to go home, wandering into other resident's rooms and taking personal items.*
Y 0970	(4) The manner in which the medication for residents will be managed; *For example – How are medications given to residents? How will the staff handle residents who refuse the medication? How will the facility deal with PRN medications? How will results of the administration or side effects be monitored?*
Y 0971	(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 *What efforts will the facility make to include family in the care and support of the resident? (I.e. phone calls, consultation, "family nights", etc.)*
Y 0972	(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 *How is the facility prepared to prevent residents from leaving the facility? (alarms, supervision, etc.) How will the staff supervise the residents during the day and night? What will the staff's response be if a resident is found to be missing?*
Y 0974	(d) The criteria for admission to and discharge and transfer from the facility.
Y 0975	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.
Y 0976	7. The administrator shall ensure that the facility complies with the provisions of the statement required pursuant to subsection 5.

Y 0977	8. The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the resident. The following activities must be conducted at least weekly: (a) Activities to enhance the gross motor skills of the residents; *Planned activity calendar will be reviewed. Activities are required to be appropriate for the abilities and levels of cognition of the residents in the facility. Caregivers should be able to discuss the types of activities they are doing with the residents and demonstrate use of games, equipment and products used during the activities.*
Y 0978	(b) Social activities;
Y 0979	(c) Activities to enhance the sensory abilities of the residents; and
Y 0980	(d) Outdoor activities.
NAC 449.2756 Y 0990	**Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees.** 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. *All pool fence entrances and other bodies of water are to be locked and secured. Ensure any exits from the facility do not open into a fence pool area.*
Y 0991	(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. *All doors that can be used to exit the facility must have alarms and the alarms must be kept "on" at all times. (An exception would be for doors leading to outside activity areas if there is direct supervision of residents by facility staff. Interior doors leading into garages and bedroom doors or sliding glass doors leading to yards or fenced pool areas must be alarmed. The facility must also alarm windows that open to unsecured areas, such as the front or side yards of the house or building.*
Y 0992	(c) At least one member of the staff is awake and on duty at the facility at all times. *Staffing schedules will be reviewed along with employee files and employees will be interviewed to ensure there are different caregivers scheduled for the day and night shifts. One caregiver must be awake at night and cannot work 24 hours shifts and meet this requirement. Employers must also be aware of labor laws.*
Y 0993	(d) 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 the training and continuing education required pursuant to NAC 449.2768. *Employee files will be reviewed to ensure all caregivers have been trained to care for persons with Alzheimer's disease. Documentation regarding the date, the name of the instructor, the length of the training and content of the training must be available in the personnel file.*
Y 0994	(e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. *All kitchen knives and other sharp utensils including forks and butter knives need to be kept in locked drawers or cabinets. Also secure lighters, lighter fluids, scissors, non-electrical razors, gardening tools, lawn care equipment and any fuel containers, home repair items (nails, screwdrivers, saws, hammers, etc.)*
Y 0995	(f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; *Outside areas must provide shaded areas for residents to sit; and the chairs and tables must be kept clear of clutter. There must be level areas for residents to walk around and to do activities that are kept free of tripping hazards.*
Y 0996	(2) Has at least 40 square feet of space for each resident in the facility;
Y 0997	(3) Is fenced; and All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.
Y 0998	(4) Is maintained in a manner that does not jeopardize the safety of the residents.
Y 0999	(g) All toxic substances are not accessible to the residents of the facility. *Pesticides, cleaning compounds, cleaning fluids and laundry detergents shall be stored in locked cabinets or locked areas. Items used for daily use such as shampoo, perfume, soap, mouth wash, etc. are allowed in resident rooms if the resident has demonstrated proper use of those items.*
NAC 449.2756	2. The training required pursuant to NAC 449.2768 may be used to satisfy the requirement of paragraph (f) of subsection 1 of NAC 449.196 for the year

Y 1000	in which the training is received. *Documentation regarding the date, the name of the instructor and course content must be available in the employee's personnel record.*
NAC 449.2758 Y1001	**Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers.** 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. *This is an initial training requirement. The facility operator are to include additional training related to the care of elderly or disabled persons as part of their caregiver's 8 hour annual training requirement.*
	2. As used in this section, "residential facility for elderly or disabled persons" means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.
NAC 449.2762 Y 1005	**Residential facility which offers or provides care for adults with mental retardation and related disorders: Application for endorsement; training for caregivers.** 1. A residential facility which offers or provides care and protective supervision for a resident with mental retardation or related disorders must obtain an endorsement on its license authorizing it to operate as a residential facility for adults with mental retardation. The Health 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. *This is an initial training requirement. It is assumed that the facility operator would include additional training related to the care of persons with mental retardation as part of their caregiver's 8 hour annual training requirement.*
Y 1006	2. Within 60 days after being employed by a residential facility for adults with mental retardation, a caregiver must receive not less than 4 hours of training related to the care of persons with mental retardation. *This is an initial training requirement. It is assumed that the facility operator would include additional training related to the care of persons with mental retardation as part of their caregiver's 8 hour annual training requirement.*
Y 1007	3. If a resident with mental retardation is referred to the facility by a referring agency, the members of the staff of the facility may conduct a program to modify the behavior of the resident if that program is developed by the agency that referred the resident to the facility.
Y 1008	4. As used in this section, "residential facility for mentally retarded adults" means a residential facility that provides care and protective supervision for persons with mental retardation or related disorders, including, without limitation, birth trauma, anoxia, brain trauma or other genetic or developmental disorders.
NAC 449.2764 Y1010	**Residential facility which offers or provides care for adults with mental illnesses: Application for endorsement; training for employees.** 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Health 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 and 449.1915.
Y 1011	2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. *Training in topics relevant to caring for residents with mental illness must be completed within 2 months of starting work at the facility. This is an initial training requirement. It is assumed that the facility operator would include additional training related to the care of persons with mental illness as part of their caregiver's 8 hour annual training requirement.*
Y1012	3. As used in this section, **"Residential Facility for Persons with Mental Illnesses"** means a residential facility that provides care and protective supervision for persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders. *To establish the need for an endorsement of Mental Illness on a facility's license, it must be determined if a particular person is requiring placement in the facility because the person is suffering from a mental illness; or if a person with a history of mental illness requires placement in the facility due to other heath conditions.* *Determining the need for an MI endorsement will require a review of reason the person has been referred to and admitted to the facility. A person who is currently involved in active treatment by a psychiatrist, psychologist or mental health facility for a mental health illness; the mental illness has been identified for a period of at least 6 months; and the person was referred to the facility due to their mental illness.*
NAC 449.2766	**Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement;**

Y 1020	**training for employees.** 1. A residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with chronic illnesses. The Health 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.
Y 1021	2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections. 3. Evidence of training received pursuant to subsection 2 must be included in the employee's personnel file. *Training for this endorsement type would include infection prevention and control practices, understanding the medication regimes and special nutritional needs of the resident. This is an initial training requirement. It is assumed that the facility operator would include additional training related to the care of persons with chronic illness and infection control as part of their caregiver's 8 hour annual training requirement.*
Y 1022	3. As used in this section, **"residential facility for persons with chronic illnesses"** means a residential facility that provides care and protective supervision persons with chronic illnesses or progressively debilitating diseases, including, without limitation, acquired immunodeficiency syndrome and cancer. *For cancer, the chronic illness endorsement would be needed if the resident is in active treatment such as radiation and chemotherapy. HIV, Hepatitis B and C are also included as a chronic illness.*
NAC 449.2768 Y 1035	**Residential facility which provides care to persons with Alzheimer's disease: Alzheimer's/dementia Training** 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 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.
Y 1036	(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.
Y 1037	(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.
Y 1038	(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). *The term "anniversary" is interpreted as meaning "annually." So, this training requirement must be met annually either on or before an employee's hire date.*
Y 1039	(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.
Y 1040	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 has completed that training within the previous 12 months.
Reviser's Note Y 1050	The regulation of the Board of Health filed with the Secretary of State on August 4, 2004 (LCB File No. R071-04), the source of this section (section 5 of the regulation), contains the following provisions not included in NAC: 1. Each person who on August 4, 2004, is employed by a residential facility for groups which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, and who is required to complete the hours of training and continuing education

	related to dementia required pursuant to section 5 of this regulation [NAC 449.2768] shall complete at least 8 hours of training and continuing education related to dementia within 12 months after August 4, 2004, unless the person has completed the training or continuing education within the 12 months before August 4, 2004. 2. Evidence that such a person has completed the training or continuing education required pursuant to subsection 1 must be included in his personnel file and must be kept at the facility.
Begin 1/1/2012 **Y1060** **Low Income Beds**	**NAC 449.016 License and renewal fees to operate skilled nursing facility, hospital, rural hospital, intermediate care facilities, residential facility for groups, facility for treatment of abuse of alcohol or drugs, facility for hospice care, home for individual residential care, facility for modified medical detoxification and community triage center; expiration of application for license. (**NRS 439.150**,** 439.200**,** 449.037**,** 449.050**,** 449.249**)** 3. An applicant for a license **or for the renewal of a license** for a residential facility for groups shall pay a fee of **$35** for each bed in the facility **if the facility is paid less than $1,000 per month for services provided to each bed in the facility.** *On January 13, 2011, new regulations were adopted that affected application and renewal fees. Prior to the regulation change, any facility with beds funded entirely with money from supplemental social security, home and community based service reimbursements and county contracts for group care, could claim low income bed status and pay a reduced renewal rate of $35 for those beds. The new regulation eliminated all of the above mentioned requirements and sets a monthly cap on the amount of money a facility can be paid for providing services to anyone occupying a low income bed. The cap is now set at less than $1000 per month. For the purposes of this notice, "services" means medical or personal care, including necessary preparation of food, laundry and housekeeping in the case of a residential facility and items such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, equipment, medical-social services and use of a facility. Starting on January 1, 2012, as part of the survey process, surveyors are to review low income bed worksheet to verify the facility meets the requirements for the number of low income beds noted on the facility license.* ***Process:*** *Review the facility's license for number of low income beds. Review facility's Low Income Bed worksheet for amount resident's pay the facility monthly for services. Review resident files for copies of rate agreements to confirm residents in low income beds are not paying more than $1,000.*
Y 9999	**NRS 449.0355 Supervision of residential facility for groups.** A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups licensed pursuant to the provisions of chapter 654 of NRS. *A facility will be cited for not having a licensed administrator.*
Y 9999	**NRS 449.03555 Residential facility for groups and homes for individual residential care prohibited from providing accommodations to persons not meeting requirements for admission; exception.** 1. Except as otherwise provided in subsection 2, a residential facility for groups which is authorized to have 10 or fewer beds or a home for individual residential care shall not provide accommodations for a person who does not meet the requirements for admission to the facility or home. 2. A residential facility for groups which is authorized to have 10 or fewer beds or a home for individual residential care may provide accommodations for a person who is related within the third degree of consanguinity to a resident of the facility or home regardless of whether the person meets the requirements for admission to the facility or home. *A facility will be cited for being over census if they allow a renter or boarder to reside in the facility and the renter/boarder was not related to any residents.*
Y 9999	**NRS 449.095 Operator of residential facility for groups: Posting of license and rates for services.** A person who operates a residential facility for groups shall: 1. Post his or her license to operate the residential facility for groups; and 2. Post the rates for services provided by the residential facility for groups, in a conspicuous place in the residential facility for groups. *A facility will be cited if the facility's HCQC license and/or the facility's rates for rooms/services cannot be seen in the entrance area or lobby of the facility.*
Y 9999	**NRS 449.093 – Elder Abuse Training for License Applicants, Administrators and Employees**

	NRS 449.093 requires an administrator of a residential facility for groups receive training to recognize and prevent the abuse of older persons before working in a facility that provides care to a person. NRS 449.093 requires all new employees of a residential facility for groups receive training to recognize and prevent the abuse of older persons before the employee provides care to a person. NRS 449.093 also directs the administrator and employees to receive annual elder abuse training. Administrators licensed by the Board of Examiners for Long Term Care Administrators (BELTCA) who fail to ensure their employees receive the required training will be reported to BELTCA for disciplinary action. The facility is responsible for securing or creating an elder abuse training program. The Bureau of Health Care Quality and Compliance will be reviewing evidence of training during their periodic inspections. Programs may be offered by private vendors, website locations or other agencies to meet the criteria specified in the legislative language. Evidence of completed elder abuse training include training certificates from ADSD, private training companies, provider organizations such as ECHO (South) and CARE (North), and copies of completed tests from the on-line presentation. Elder abuse training created and provided by facilities meet the following parameters: 1. Must be applicable to a Residential Facility for Groups. 2. Must cover recognizing elder abuse, including sexual abuse. 3. Must cover who is a mandatory reporter, responding to reports of alleged abuse, and who to report elder abuse to (supervisor then ADSD or police) 3. Must include information covered in NRS 200.5091 to 200.50995. ***Beginning October 1, 2011, during their periodic inspections, surveyors will be looking for evidence of initial elder abuse training for all employees and administrators hired on or after October 1, 2011.*** ***Beginning October 1, 2012, surveyors will look for evidence of annual elder abuse training for all administrators and employees who were employed by the facility prior to October 1, 2011.*** **An elder abuse training is available on the HCQC website:** – *http://.health.nv.gov/HCQC_HealthFacilities* *Revised: 6/7/13*