

**RESIDENTIAL FACILITY FOR GROUPS****NAC REGULATIONS AND INTERPRETIVE GUIDELINES - Revised 12-2023**

	<b>DEFINITIONS</b>
<b>NAC 449.002</b>	<b>Definitions.</b> 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.
<b>NAC 449.0022</b>	<b>“Administrator” defined.</b> “Administrator” means the person responsible for the day-to-day management of a facility.
<b>NAC 449.0024</b>	<b>“Affiliated facility” defined.</b> “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.
<b>NAC 449.0025</b>	<b>“Agent” defined.</b> “Agent” means a person having actual or apparent authority to act on behalf of a licensee.
<b>NAC 449.0028</b>	<b>“Bureau” defined.</b> “Bureau” means the Bureau of Health Care Quality and Compliance of the Division.
<b>NAC 449.0029</b>	<b>“Centers for Medicare and Medicaid Services” defined.</b> “Centers for Medicare and Medicaid Services” means the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.
<b>NAC 449.003</b>	<b>“Deficiency” defined.</b> 1. “Deficiency” means noncompliance with any federal or state statute or of the rules or regulations of the 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.
<b>NAC 449.0031</b>	<b>“Division of Welfare and Supportive Services” defined.</b> “Division of Welfare and Supportive Services” means the Division of Welfare and Supportive Services of the Department of Health and Human Services.
<b>NAC 449.0032</b>	<b>“Emergency” defined.</b> “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.
<b>NAC 449.0034</b>	<b>“Facility” defined.</b> “Facility” means a medical facility, facility for the dependent, home for individual residential care or referral agency.
<b>NAC 449.0038</b>	<b>“Division” defined.</b> “Division” means the Division of the Department of Health and Human Services.
<b>NAC 449.0042</b>	<b>“Holiday” defined.</b> “Holiday” means a day on which the offices of State Government are closed.
<b>NAC 449.0043</b>	<b>“Home for individual residential care” defined.</b> “Home for individual residential care” has the meaning ascribed to it in NRS 449.0105.
<b>NAC 449.0044</b>	<b>“Immediate and serious threat” and “immediate jeopardy” defined.</b> “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.
<b>NAC 449.0046</b>	<b>“Incident” defined.</b> “Incident” means an action, practice or situation that appears to be inconsistent with a federal or state statute, rule or regulation of the Division or the Centers for Medicare and Medicaid Services or conditions and standards of or requirement for participation in Medicare or Medicaid.
<b>NAC 449.0048</b>	<b>“License” defined.</b> “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 Division.
<b>NAC 449.005</b>	<b>“Licensee” defined.</b> “Licensee” means any person, corporation, partnership, voluntary association or other public or private entity, including, any governmental body, licensed to operate a facility.
<b>NAC 449.0052</b>	<b>“Medicaid” defined.</b> “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	<b>“Medicare” defined.</b> “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	<b>“Party” defined.</b> “Party” means each person or agency as defined in NRS 233B.035.
NAC 449.0058	<b>“Person” defined.</b> “Person” means a natural person, trust, estate, partnership, corporation, professional association, governmental body or any other entity, public or private.
NAC 449.006	<b>“Recipient” defined.</b> “Recipient” means a person receiving care, services or treatment from a facility.
NAC 449.0061	<b>“Referral agency” defined.</b> “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	<b>“Resident” defined.</b> “Resident” means a person who resides in a residential facility.
NAC 449.0064	<b>“Residential facility” defined.</b> “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	<b>“Sanction” defined.</b> “Sanction” means a corrective measure or penalty that is imposed by the Bureau upon a facility.
NAC 449.0068	<b>“Services” defined.</b> “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	<b>“Survey” defined.</b> 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 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	<b>“Treatment” defined.</b> “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	<b>NAC 449.008 Computation of time.</b> ( <a href="#">NRS 449.0302</a> ) For the purposes of any computation of time required by NAC 449.002 to 449.99939 inclusive: 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	<b>Severability.</b> 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	<b>Adoption of certain publications by reference; revision of publication after adoption.</b> ( <a href="#">NRS 449.0302</a> ) 1. The State Board of Health hereby adopts by reference: (a) <i>NFPA 101: Life Safety Code</i> , 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 <a href="http://www.nfpa.org">http://www.nfpa.org</a> 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.
	(b) <i>NFPA 99: Standard for Health Care Facilities</i> , 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 <a href="http://www.nfpa.org">http://www.nfpa.org</a> 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.
	(c) <i>Guidelines for Design and Construction of Hospital and Health Care Facilities</i> , 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 American Institute of Architects at the AIA Store, 1735 New York Avenue, NW, Washington, D.C. 20006-5292, at the Internet address <a href="http://www.aia.org">http://www.aia.org</a> or by telephone at (800) 242-3837, for the price of \$52.50 for members or \$75 for nonmembers, plus \$9 for shipping and handling.
	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.
	<b>GENERAL REQUIREMENTS FOR LICENSURE</b>
<b>NAC 449.011</b>	<p><b>Application for license.</b> (<a href="#">NRS 449.0302</a>, <a href="#">449.040</a>) An application for a license that is filed with the Division pursuant to <a href="#">NRS 449.040</a>:</p> <ol style="list-style-type: none"> <li>1. Must be complete and include proof of the identity of the applicant that is acceptable to the Division.</li> <li>2. In accordance with <a href="#">NRS 449.050</a>, must be accompanied by the appropriate application fee specified in <a href="#">NAC 449.002</a> to <a href="#">449.99939</a>, inclusive.</li> <li>3. In establishing that the applicant is of reputable and responsible character as required by <a href="#">NRS 449.040</a>, 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.</li> <li>4. In addition to the information required by <a href="#">NRS 449.040</a> and any other information specifically required for a particular license, must include: <ol style="list-style-type: none"> <li>(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: <ol style="list-style-type: none"> <li>(1) Each natural person who is an owner of the facility or program;</li> <li>(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;</li> <li>(3) If the applicant is a corporation, each officer and director; and</li> <li>(4) If the applicant is a partnership, each partner.</li> </ol> </li> <li>(b) The address of the applicant's principal office.</li> <li>(c) Evidence satisfactory to the 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.</li> <li>(d) If required by <a href="#">NRS 439A.100</a>, a copy of a letter of approval issued by the Director of the Department of Health and Human Services.</li> <li>(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.</li> <li>(f) A copy of any property lease or rental agreements concerning the facility or program.</li> </ol> </li> </ol> <p>If the applicant is a corporation, a copy of its bylaws and articles of incorporation.</p>
<b>NAC 449.0112</b>	<p><b>Investigation; Pre-licensure survey; inspection for fire safety.</b></p> <ol style="list-style-type: none"> <li>1. Upon receipt of a properly completed and notarized application and the appropriate fee, the 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: <ol style="list-style-type: none"> <li>(a) The applicant; and</li> <li>(b) The facility, program plan and management plan, as appropriate.</li> </ol> </li> <li>2. Before issuing a license, the Division must receive a satisfactory report of inspection of the facility from the State Fire Marshal or the local fire department.</li> </ol>
<b>NAC 449.0114</b>	<p><b>Display of license; compliance with law; transfer of real property; change in administrator, ownership, location or services.</b></p> <ol style="list-style-type: none"> <li>1. Upon receipt of a license, the licensee shall display the license at a conspicuous location within the facility.</li> <li>2. During the term of the license, the licensee shall continuously maintain the facility in conformance with the provisions of this chapter and <a href="#">chapter 449</a> of NRS.</li> </ol>

	<p>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 Division of the transfer in writing and provide the Division with a copy of any lease agreement relating to the transfer.</p> <p>4. If there is a change in the administrator of the facility, the licensee shall notify the Division of the change within 10 days. The notification must provide evidence that the new administrator is currently licensed pursuant to <a href="#">chapter 654</a> of NRS and the regulations adopted pursuant thereto. If the licensee fails to notify the Division and submit an application for a new license within 10 days after the change, the licensee shall pay to the Division a fee in an amount equal to 150 percent of the fee required for a new application set forth in subsection 1 of <a href="#">NAC 449.0168</a>.</p> <p>5. A licensee shall notify the Division immediately of any change in the ownership of, the location of, or the services provided at, the facility.</p>
<b>NAC 449.0115</b>	<p><b>Review of building plans for new construction or remodeling by certain applicants: Required documents; payment of fees and costs.</b></p> <p>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 Division must:</p> <ul style="list-style-type: none"> <li>(a) Submit to the Division or have on file a current application for a license or renewal of a license;</li> <li>(b) Pay to the Division any fees required for the issuance or renewal of a license pursuant to <a href="#">NAC 449.013</a> or <a href="#">449.016</a>; and</li> <li>(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 Division.</li> </ul> <p>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 Division conducting the review of the plans.</p> <p>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 <a href="#">NAC 449.013</a> or <a href="#">449.016</a>.</p>
<b>NAC 449.01153</b>	<p><b>Approval of building plans for construction or remodeling of certain facilities: Period of validity.</b> (<a href="#">NRS 449.0302</a>) If the 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:</p> <ul style="list-style-type: none"> <li>1. A modification of the building plans;</li> <li>2. A change in the ownership of the facility; or</li> <li>3. A change in the intended use of the facility.</li> </ul>
<b>NAC 449.01156</b>	<p><b>On-site advisory inspection of facility: Written request; action by Division; fee.</b> (<a href="#">NRS 439.150</a>, <a href="#">439.200</a>, <a href="#">449.0302</a>)</p> <p>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 <a href="#">NAC 449.0115</a> may submit a written request to the Division for an on-site advisory inspection to be conducted by the 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.</p> <p>2. If the Division receives a request submitted pursuant to subsection 1, the 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.</p> <p>3. If the Division grants a request submitted pursuant to subsection 1, the licensee or applicant who submitted the request shall, before the Division conducts the on-site inspection, submit to the Division a fee of:</p> <ul style="list-style-type: none"> <li>(a) Five hundred dollars, if the project is valued at not more than \$500,000;</li> <li>(b) One thousand dollars, if the project is valued at more than \$500,000 but not more than \$1,000,000; or</li> <li>(c) Two thousand dollars, if the project is valued at more than \$1,000,000.</li> </ul>
<b>NAC 449.0116</b>	<p><b>Renewal of license: Application; validity of existing license pending decision on application; inspection of facility; untimely filing or failure to file application.</b> (<a href="#">NRS 439.150</a>, <a href="#">439.200</a>, <a href="#">449.0302</a>, <a href="#">449.050</a>, <a href="#">449.060</a>)</p> <p>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 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 Division concerning whether to renew the license. The 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.</p>

	<p>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:</p> <p>(a) The fee required for the renewal of the license pursuant to <a href="#">NAC 449.013</a> or <a href="#">449.016</a>, as appropriate; and</p> <p>(b) An additional charge equal to one-half the amount of the fee required for the renewal of the license pursuant to <a href="#">NAC 449.013</a> or <a href="#">449.016</a>, as appropriate.</p> <p>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.</p>
<b>NAC 449.0118</b>	<p><b>Denial, suspension or revocation of license: Grounds.</b> (<a href="#">NRS 449.0302</a>) In addition to the grounds set forth in <a href="#">NRS 449.160</a> and any other grounds specifically applicable to a particular license, the Division may deny an application for a license or may suspend or revoke a license upon any of the following grounds:</p> <ol style="list-style-type: none"> <li>1. The failure or refusal of an applicant or licensee to comply with any of the provisions of <a href="#">chapter 449</a> of NRS or the regulations adopted by the State Board of Health.</li> <li>2. The failure or refusal of an applicant or licensee to comply with a reasonable order from the Division to remove a resident from a facility or program.</li> <li>3. Operating a facility or program without a license, if a license is required before operating.</li> <li>4. Accepting for care, at any given time, more residents than the number specified in the license.</li> <li>5. The failure or refusal of a licensee to return an adequate plan of correction to the Division within 10 days after the receipt by the licensee of a statement of deficiencies.</li> <li>6. The failure or refusal to cooperate fully with an investigation or inspection by the Bureau.</li> <li>7. Misappropriation of the property of a resident of a facility.</li> <li>8. Abuse, neglect or exploitation of an infirm, a person with an intellectual disability or a person with a disability, or of a person who is 60 years of age or older.</li> <li>9. The failure of a medical facility or facility for the dependent to pay the costs for the maintenance of the medical records of the facility required pursuant to paragraph (c) of subsection 1 of NAC 449.009.</li> </ol>
<b>NAC 449.0119</b>	<p><b>Denial, suspension or revocation of license: Appeals.</b> (<a href="#">NRS 449.0302</a>, <a href="#">449.170</a>) An applicant or licensee who is aggrieved by an action of the 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.</p>
	<b>FEES</b>
<b>NAC 449.016</b>	<p><b>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.</b> (<a href="#">NRS 439.150</a>, <a href="#">439.200</a>, <a href="#">449.0302</a>, <a href="#">449.050</a>, <a href="#">449.249</a>)</p> <ol style="list-style-type: none"> <li>1. Except as otherwise provided in <a href="#">NAC 449.0168</a>, an applicant for a license to operate any of the following facilities must pay to the Division the following nonrefundable fees: <ol style="list-style-type: none"> <li>(f) Except as otherwise provided in subsection 4, a residential facility for groups - \$2,400 plus \$184 per bed.</li> </ol> </li> <li>2. An applicant for the renewal of such a license must pay to the Division the following nonrefundable fees: <ol style="list-style-type: none"> <li>(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.</li> <li>(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.</li> </ol> </li> <li>3. An applicant for a license <b>or for the renewal of a license</b> for a residential facility for groups shall pay a fee of <b>\$35</b> for each bed in the facility <b>if the facility is paid less than \$1,000 per month for services provided to each bed in the facility.</b> (See TAG Y1060)</li> <li>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 <a href="#">chapter 449</a> 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.</li> </ol>
<b>NAC 449.0164</b>	<p><b>Fees for renewal of licenses for certain facilities: Payment in two equal installments.</b> 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:</p>

	<p>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:</p> <p>(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 <a href="#">NAC 449.013</a> or <a href="#">449.016</a>, as appropriate;</p> <p>(b) An additional fee of \$100 for the administrative costs of billing and collecting such payments; and</p> <p>(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;</p> <p>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 <a href="#">NAC 449.013</a> or <a href="#">449.016</a>, as appropriate; and</p> <p>3. He has not failed to make a payment in accordance with any other similar agreement.</p>
<b>NAC 449.0168</b>	<p><b>Fees for modification of certain licenses.</b></p> <p>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 <a href="#">NAC 449.190</a>, <a href="#">449.307</a>, <a href="#">449.7473</a> or <a href="#">449.758</a> to modify his license to reflect:</p> <p>(a) A change in the name of the facility, program or agency;</p> <p>(b) A change of the administrator of the facility, program or agency;</p> <p>(c) A change in the number of beds in the facility;</p> <p>(d) A change in the type of facility licensed or the addition of another type of facility to be licensed;</p> <p>(e) A change in the category of residents who may reside at the facility;</p> <p>(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</p> <p>(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 Division and pay to the Division a fee of \$250.</p> <p>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 Division:</p> <p>(a) A fee of \$250; and</p> <p>(b) A fee for each additional bed as follows:</p> <p>(2) Except as otherwise provided in subparagraph (3), if the facility is a residential facility for groups - \$184 per bed.</p>
	<b>GENERAL PROVISIONS</b>
<b>NAC 449.156</b>	<b>Definitions.</b> As used in <a href="#">NAC 449.156</a> to <a href="#">449.27706</a> , and sections 2 to 16, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in NAC 449.1565 to 449.178, inclusive, and sections 2 to 6, inclusive, of this regulation have the meanings ascribed to them in those sections.
<b>NAC 449.1565</b>	<b>“Administer” defined.</b> “Administer” means the direct application of a drug or medicine referred to in <a href="#">NRS 454.181</a> to <a href="#">454.371</a> , inclusive, by injection, inhalation, ingestion or any other means, to the body of a resident of a residential facility.
<b>NAC 449.157</b>	<p><b>“Administrator” defined.</b> “Administrator” means a person:</p> <p>1. Who is licensed by the Nevada State Board of Examiners for Administrators of Facilities for Long-Term Care pursuant to <a href="#">chapter 654</a> of NRS;</p> <p>2. Whose name appears on a license issued by the Bureau as administrator of record for a residential facility; and</p> <p>3. Who is legally responsible for the care of residents and the daily operation of the facility.</p>
<b>NAC 449.1575</b>	<b>“Board” defined.</b> “Board” means the State Board of Health.
<b>NAC 449.1585</b>	<b>“Caregiver” defined.</b> “Caregiver” means an employee of a residential facility who provides care, assistance or protective supervision to a resident of the facility
<b>NAC 449.1591</b>	<p><b>“Category 1 resident” defined.</b> “Category 1 resident” means:</p> <p>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</p>



	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	<p><b>“Category 2 resident” defined.</b> “Category 2 resident” means:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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</li> </ol>
NAC 449.1597	<b>“Dietary supplement” defined.</b> “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	<b>“Discharge” defined.</b> “Discharge” means the release of a resident from a residential facility which does not involve a transfer.
NAC 449.160	<b>“Division” defined.</b> “Division” means the Division of the Department of Health and Human Services.
NAC 449.161	<b>“Grade” defined.</b> “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	<b>“Hospice care” defined.</b> “Hospice care” has the meaning ascribed to it in <a href="#">NRS 449.0115</a> .
NAC 449.169	<b>“Medical professional” defined.</b> “Medical professional” means a physician or a physician assistant, advanced practice registered nurse, registered nurse, physical therapist, occupational therapist, speech-language pathologist or practitioner of respiratory care who is trained and licensed to perform medical procedures and care prescribed by a physician.
NAC 449.170	<b>“Placard” defined.</b> “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	<b>“Residential facility” defined.</b> “Residential facility” means a residential facility for groups as defined in <a href="#">NRS 449.017</a> .
NAC 449.173	<b>Residential facility which provides care to persons with Alzheimer’s disease” defined.</b> ( <a href="#">NRS 449.0302</a> ) “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	<b>“Severity and scope score” defined.</b> “Severity and scope score” has the meaning ascribed to it in <a href="#">NAC 449.99839</a> .
NAC 449.176	<b>“Staff of a facility” defined.</b> “Staff of a facility” means the administrator, caregivers and other employees of a residential facility.
NAC 449.178	<b>“Transfer” defined.</b> “Transfer” means the movement of a resident from a residential facility to another facility for inpatient or residential care.
R043-22	<b>Sec. 2. “Alzheimer’s disease”</b> means a form of dementia caused by an irreversible, progressive brain disorder that slowly destroys memory, thinking and the ability to carry out tasks of daily living.
R043-22	<b>Sec. 3. “Dementia”</b> means the loss of cognitive functioning and behavioral abilities, which may include, without limitation, memory, language skills, visual perceptions, problem solving, self-management and the ability to focus and pay attention, to the extent that the loss interferes with the daily life and activities of a person.
R043-22	<b>Sec. 4. “Person-centered service plan”</b> means a plan developed for a resident of a residential facility pursuant to NAC 449.259 that describes the manner in which the facility will provide for the needs of the resident.
R043-22	<p><b>Sec. 5. “Tier 1 training”</b> means basic training for employees of a residential facility that includes, without limitation:</p> <ol style="list-style-type: none"> <li>1. Training in responding to emergencies;</li> <li>2. Training in working with residents, including, without limitation, residents with dementia, and their families; and</li> <li>3. An introduction to person-centered care.</li> </ol>
R043-22	<p><b>Sec. 6. “Tier 2 training”</b> means training for employees of a residential facility that includes, without limitation, training in:</p> <ol style="list-style-type: none"> <li>1. The psychosocial aspects of dementia;</li> <li>2. Current science concerning dementia;</li> <li>3. Signs and symptoms of dementia; and</li> <li>4. Working with persons who have dementia, including, without limitation: <ol style="list-style-type: none"> <li>(a) Communication;</li> <li>(b) Providing person-centered care;</li> <li>(c) Assessment of persons with dementia;</li> </ol> </li> </ol>

	<p>(d) Planning the provision of care; and</p> <p>(e) Assisting with activities of daily living.</p>
<b>R043-22</b>	<p><b>Sec. 7. 1. Tier 2 training must be:</b></p> <p>(a) A training included on the list compiled pursuant to subsection 2; or</p> <p>(b) A training provided by:</p> <p>(1) A nationally recognized organization focused on dementia, which may include, without limitation, the National Alzheimer's and Dementia Resource Center and the Alzheimer's Association, or their successor organizations;</p> <p>(2) An accredited college or university located in the District of Columbia or any state or territory of the United States; or</p> <p>(3) The Federal or State Government.</p> <p>2. The Division shall compile and post on an Internet website maintained by the Division a list of trainings that shall be deemed to meet the requirements of this chapter for tier 2 training.</p> <p>3. If a training described in paragraph (a) or (b) of subsection 1 does not require a participant to pass an examination after the training or provide a participant who successfully completes the training and passes the examination with a certificate of completion, the residential facility at which the participant serves as a caregiver must require the participant to pass such an examination or provide such a certificate, as applicable.</p>
<b>R043-22</b>	<p><b>Sec. 8. As used in NRS 449.1845, the Division shall interpret the term "qualified provider of health care" to mean a provider of health care for whom the activities described in NRS 449.1845 are within the scope of his or her license or certification. The term includes a provider of health care who is licensed or certified in another state or territory or the District of Columbia if a resident of that jurisdiction or his or her legal representative is seeking placement in a residential facility for groups in this State.</b></p>
<b>R043-22</b>	
<b>NAC 449.191</b>	<p><b>Denial, suspension or revocation of endorsement: Grounds.</b></p> <p>In addition to the grounds set forth in NRS 449.160 and NAC 449.1915, the 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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. The failure or refusal of an applicant or licensee to comply with a reasonable order from the Division to remove a resident from a facility.</li> <li>3. Providing services at the facility without an endorsement, if an endorsement is required before providing those types of services.</li> <li>4. Accepting for care, at any given time, more residents than the number specified in the license.</li> <li>5. The failure or refusal of a licensee to return an adequate plan of correction to the Division within 10 days after the receipt by the licensee of a statement of deficiencies.</li> <li>6. The failure or refusal to cooperate fully with an investigation or inspection by the Bureau.</li> <li>7. Misappropriation of the property of a resident of a facility.</li> <li>8. Abuse, neglect or exploitation of a person who is infirm, a person with a person with an intellectual disability, a person with a disability or a person who is 60 years of age or older.</li> <li>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.</li> <li>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.</li> </ol>
<b>NAC 449.1915</b>	<p><b>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.</b> In addition to the grounds set forth in NRS 449.160 and NAC 449.0118, 449.191, 449.2751 and 449.27706, the 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.</p>
	<p style="text-align: center;"><b>LICENSING</b></p> <p><b>**Note to inspectors: Citations cannot be made based upon the interpretive guideline verbiage- they should only be used as a tool to help in understanding the regulation.</b></p>
<b>NAC 449.179</b>	<p><b>NAC 449.179 Submission and approval of plan for new construction or remodeling; inspection; evidence of compliance: (NRS 449.0302)</b></p>



Y 0001	<p>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:</p> <p>(a) Submit the plan for construction or remodeling to the entity designated to review such plans by the Division pursuant to the provisions of <a href="#">NAC 449.0115</a>;</p> <p>(b) Notify the Bureau of a tentative date for the completion of the construction or remodeling; and</p> <p>(c) Obtain approval of the plan from the Division.</p> <p>2. The plan for construction or remodeling must include a description of the materials that will be used to complete the project.</p> <p>3. Before issuing a license to operate a residential facility, the Bureau shall inspect the facility to ensure that it complies with:</p> <p>(a) The provisions of <a href="#">NAC 449.156</a> to <a href="#">449.27706</a>, inclusive; and</p> <p>(b) The applicable zoning ordinances and regulations.</p> <p>4. An applicant for a license to operate a residential facility must submit to the Bureau with his or her application evidence that the applicant and the facility are in compliance with the provisions of <a href="#">NRS 449.001</a> to <a href="#">449.240</a>, inclusive, and <a href="#">NAC 449.156</a> to <a href="#">449.27706</a>, inclusive.</p> <p>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 <a href="#">NRS 449.040</a>, the fee required pursuant to <a href="#">NAC 449.016</a> and the evidence required pursuant to subsection 4.</p> <p>(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R076-01, 10-18-2001; R071-04, 8-4-2004; R118-05, 11-17-2005)</p> <p><i>- 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.</i></p> <p><i>- 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.</i></p> <p><i>- 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.</i></p>
NAC 449.016 Y 0005	<p>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.</p>
NAC 449.180  Y 0008	<p><b>Requirements for purchasing licensed facility:</b></p> <p>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.</p> <p><i>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.</i></p>
NAC 449.190  Y 0025	<p><b>License: Contents; validity; transferability; issuance of more than one type:</b></p> <p>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.</p> <p><i>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.</i></p>
Y0026	<p>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.</p> <p><i>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's and related dementia must meet the specific physical environment requirements for protection of residents –such</i></p>

	<p><i>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.</i></p> <p><i>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, a person with an intellectual disability, 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.</i></p>
NRS 449.186 Y0040	<p><b>Supervision of residential facility for groups:</b></p> <p>A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups or a health services executive licensed pursuant to the provisions of <a href="#">chapter 654</a> of NRS.</p>
NAC 449.194 Y 0050	<p><b>Responsibilities of administrator:</b></p> <p>The administrator of a residential facility shall:</p> <ol style="list-style-type: none"> <li>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.</li> </ol> <p><i>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), only if cited at severity 3 or 4.</i></p>
Y 0051	<ol style="list-style-type: none"> <li>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.</li> </ol> <p><i>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'.</i></p>
Y 0052	<ol style="list-style-type: none"> <li>3. Maintain in the facility, and make available upon request, a copy of the provisions of NAC 449.156 to 449.27706, inclusive, and the report of the latest investigation of the facility conducted by the Bureau pursuant to NRS 449.0307.</li> </ol> <p><i>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 the facilities latest annual survey, with re-survey if it was needed, and complaint investigations must also be available for review.</i></p>
Y 0053	<ol style="list-style-type: none"> <li>4. Ensure that the records of the facility are complete and accurate.</li> </ol> <p><i>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</i></p>
NAC 449.196 and R043-22  Y 0065	<p><b>Qualifications of caregivers:</b></p> <ol style="list-style-type: none"> <li>1. A caregiver of a residential facility must: <ol style="list-style-type: none"> <li>(a) Be at least 18 years of age;</li> </ol> <p><i>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.</i></p> <ol style="list-style-type: none"> <li>(b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities;</li> </ol> </li> </ol>

	<p>(c) Understand the provisions of <a href="#">NAC 449.156</a> to <a href="#">449.27706</a>, inclusive, and sections 2 to 16, inclusive, of this regulation and sign a statement that he or she has read those provisions;  <i>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</i></p> <p>(d) Demonstrate the ability to read, write, speak and understand the English language;  <i>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.</i></p> <p>(e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and  <i>Inspectors will observe caregivers to determine if caregivers understand how to appropriately care for residents and can meet resident needs. Inspectors should ask caregivers to demonstrate use of specialized equipment (i.e., Hoyer lift, etc.)</i></p> <p>(f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and <i>(Initial training was previously required in NAC 449.2758, Tag Y1001) See R043-22 Sec 5-7 for Tier 1 and 2 requirements. This is an initial training requirement.</i></p> <p>(g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training.  <i>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. Tier 2 training must meet the requirements outlined in R043-22 Sec 6 and 7</i>  <i>**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.</i>  <i>***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.</i></p>
Y 0071	<p>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.  <i>Caregivers 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.</i></p>
Y 0072	<p>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:</p> <p>(a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, 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;  <i>- 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 the DPBH website. Evidence of this original training and exam must be kept in the caregiver's facility record along with subsequent retraining/exam certificates.</i>  <i>- 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).</i></p> <p>(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;  <i>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</i></p>

	<p><i>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. 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 on the DPBH website).</i></p> <p>(c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC449.2742; <i>Caregivers who assist residents with their medications must have evidence in their files that they have received training on the facility's Medication Plan.</i></p>
Y 0074	<p><b>NRS 449.093</b></p> <ol style="list-style-type: none"> <li>1. An applicant for a license to operate 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 a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection.</li> <li>2. A licensee who holds a license to operate 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 annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed.</li> <li>3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section.</li> <li>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.</li> <li>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.</li> <li>6. The topics of instruction that must be included in the training required by this section must include, without limitation: <ol style="list-style-type: none"> <li>(a) Recognizing the abuse of older persons, including sexual abuse and violations of <a href="#">NRS 200.5091</a> to <a href="#">200.50995</a>, inclusive;</li> <li>(b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of <a href="#">NRS 200.5091</a> to <a href="#">200.50995</a>, inclusive; and</li> <li>(c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: <ol style="list-style-type: none"> <li>(1) The abuse of older persons; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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.</li> <li>8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to <a href="#">chapter 654</a> of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section.</li> <li>9. The holder of a license to operate 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 shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to <a href="#">NRS 449.160</a> and <a href="#">449.163</a>. <i>Elder Abuse training is in addition to the required 8 hours of annual caregiver training. This citation must be reported to BELTCA.</i></li> </ol>
Y 0080	<p><b>NAC 449.197</b></p> <p><b>Medical services may be provided only by medical professional:</b> Except as otherwise provided in <a href="#">NAC 449.1985</a>, 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.</p>



	<p><i>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 therapist 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.</i></p> <ul style="list-style-type: none"> <li><i>Licensed Practical Nurses (LPNs) must work under the direct supervision of a Nevada Licensed RN to be considered a medical professional.</i></li> </ul>
<p>NAC 449.199</p> <p>Y 0085</p>	<p><b>Staffing requirements; limitation on number of residents; written schedule for each shift; direct supervision of certain employees:</b></p> <p>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.</p> <p><i>Resident needs must be met. Some indicators 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. <u>There must be a qualified caregiver on the premises at all times that residents are present.</u> 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. Also see TAG Y966 for Alzheimer’s facility staffing ratios.</i></p>
Y 0086	<p>2. Except as otherwise provided in NAC 449.2756, the administrator of a residential facility which has <b>more than 20 residents</b> 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.</p> <p><i>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.</i></p>
Y 0087	<p>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.</p> <p><i>- If a person is receiving <u>limited supervision and assistance in addition to food and shelter</u>, 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.</i></p> <p><i>- 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).</i></p>
Y 0088	<p>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.</p> <p><i>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. Inspector will check to ensure a caregiver with medication management training is on duty at all times.</i></p>
Y 0089	<p>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.</p> <p><i>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.</i></p>
<p>NAC 449.200 and R043-22</p> <p>Y 0100</p>	<p><b>Personnel files:</b></p> <p>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:</p> <p>(a) The name, address, telephone number and social security number of the employee;</p> <p><i>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.</i></p> <p>(b) The date on which the employee began his or her employment at the residential facility;</p> <p><i>The date the employee starts work at the facility is used by inspectors as a reference point for determining compliance with requirements that must 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.</i></p> <p>(c) Records relating to the training received by the employee, including, without limitation:</p> <p>(1) Certificates of completion for all training completed by the employee; and</p>

	<p>(2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training;</p> <p><i>Cross reference Y 0065. Caregiver files must contain evidence of required caregiver training, CPR and first aid training, medication training, special endorsement training, etc.</i></p> <p>(d) Evidence that the references supplied by the employee were checked by the residential facility; and</p> <p><i>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.</i></p>
Y 0102	<p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee;</p> <p><i>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 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.</i></p>
Y 0104	<p>(e) Evidence of compliance with NRS 449.122 to 449.125, inclusive.</p> <p><i>Criminal history checks related to Chapter 449 of NRS. Applicants with prior convictions as outlined in NRS 449.174 or history of previous findings of abuse, neglect or exploitation cannot be employed. Facilities cannot accept background checks conducted in other states or companies other than the Central Repository for Nevada Records of Criminal History. Background checks done for other statutory requirements (such as the Board of Nursing or BELTCA) do not apply.</i></p> <p><i>Pursuant to NRS 449.174, the employee must initiate the background check process within 10 days of hire. The employee's facility record must include the following:</i></p> <ul style="list-style-type: none"> <li><i>• NABS Self Disclosure of Criminal History, stating they have not been convicted of the crimes listed in NRS 449.174.</i></li> <li><i>• Proof fingerprints were submitted to the Central Repository for Nevada Records of Criminal History.</i></li> <li><i>• If the facility receives notice that the fingerprint cards were not readable, the employee must be re-fingerprinted and have the new ink cards or electronic fingerprints submitted within the allotted timeframe;</i></li> <li><i>• If the facility receives notice from the Central Repository for Nevada Records of Criminal History of other problems related to fingerprint cards or an employee's background, the facility must immediately take the action outlined in the notice;</i></li> <li><i>• The NABS Clearance Letter indicating whether the employee is eligible or not eligible for employment;</i></li> <li><i>• Facilities must follow-up with the DPS if background check reports are not received on an employee in a timely manner.</i></li> </ul> <p><i>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, unless they were background checked in six months or less, and the operator has a choice of running the registry checks only or both the registry checks and new background check. An employee's NABS background check documents are the property of the facility.</i></p> <p><i>The Central Repository for Nevada Records of Criminal History 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 principal, teachers, school counselors, a church leader, another employer, etc. to have in the file instead of a background check.</i></p> <p><u>For Reference</u></p> <p><i>NRS 449.123 Initial and periodic investigations of employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home; penalty.</i></p>



1. Except as otherwise provided in subsections 2 and 3, within 10 days after hiring an employee, accepting an employee of a temporary employment service or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate a facility, hospital, agency, program or home shall:

(a) Obtain a written statement from the employee, employee of the temporary employment service or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.174;

(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);

(c) Obtain proof that the employee, employee of the temporary employment service or independent contractor holds any required license, permit or certificate;

(d) Obtain from the employee, employee of the temporary employment service or independent contractor one set of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report;

(e) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (d) to obtain information on the background and personal history of each employee, employee of a temporary employment service or independent contractor to determine whether the person has been convicted of any crime listed in NRS 449.174; and

(f) If an Internet website has been established pursuant to NRS 439.942:

(1) Screen the employee, employee of the temporary employment service or independent contractor using the Internet website. Upon request of the Division, proof that the employee, temporary employee or independent contractor was screened pursuant to this subparagraph must be provided to the Division.

(2) Enter on the Internet website information to be maintained on the website concerning the employee, employee of the temporary employment service or independent contractor.

2. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home is not required to obtain the information described in subsection 1 from an employee, employee of a temporary employment service or independent contractor if his or her fingerprints have been submitted to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report within the immediately preceding 6 months and the report of the Federal Bureau of Investigation indicated that the employee, employee of the temporary employment service or independent contractor has not been convicted of any crime set forth in NRS 449.174.

3. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home is not required to obtain the information described in subsection 1, other than the information described in paragraph (c) of subsection 1, from an employee, employee of a temporary employment service or independent contractor if:

(a) The employee, employee of the temporary employment service or independent contractor agrees to allow the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home to receive notice from the Central Repository for Nevada Records of Criminal History regarding any conviction and subsequent conviction of the employee, employee of the temporary employment service or independent contractor of a crime listed in NRS 449.174;

(b) An agency, board or commission that regulates an occupation or profession pursuant to title 54 of NRS or temporary employment service has, within the immediately preceding 5 years, submitted the fingerprints of the employee, employee of the temporary employment service or independent contractor to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(c) The report of the Federal Bureau of Investigation indicated that the employee, employee of the temporary employment service or independent contractor has not been convicted of any crime set forth in NRS 449.174.

4. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home shall ensure that the information concerning the background and personal history of each employee, employee of a temporary employment service or independent contractor who works at the facility, hospital, agency, program or home:

(a) Except as otherwise provided in subsection 2, is completed as soon as practicable, and if residential services are provided to children or the facility is a psychiatric hospital that provides inpatient services to children or a psychiatric residential treatment facility, before the employee, employee of the temporary employment service or independent contractor provides any care or services to a child in the facility, hospital, agency, program or home without supervision; and

(b) At least once every 5 years after the date of the initial investigation.

5. The administrator or person shall, when required:

(a) Obtain one set of fingerprints from the employee, employee of the temporary employment service or independent contractor;  
 (b) Obtain written authorization from the employee, employee of the temporary employment service or independent contractor to forward the fingerprints obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History or, if the fingerprints were submitted electronically, obtain proof of electronic submission of the fingerprints to the Central Repository for Nevada Records of Criminal History.

6. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee, employee of the temporary employment service or independent contractor has been convicted of a crime listed in NRS 449.174 and immediately inform the Division and the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home at which the person works whether the employee, employee of the temporary employment service or independent contractor has been convicted of such a crime.

7. The Central Repository for Nevada Records of Criminal History may impose a fee upon a facility, hospital, agency, program or home that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The facility, hospital, agency, program or home may recover from the employee or independent contractor whose fingerprints are submitted not more than one-half of the fee imposed by the Central Repository. If the facility, hospital, agency, program or home requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. The facility, hospital, agency, program or home may require a temporary employment service which employs a temporary employee whose fingerprints are submitted to pay the fee imposed by the Central Repository. A facility, hospital, agency, program or home shall notify a temporary employment service if a person employed by the temporary employment service is determined to be ineligible to provide services at the facility, hospital, agency, program or home based upon the results of an investigation conducted pursuant to this section.

8. Unless a greater penalty is provided by law, a person who willfully provides a false statement or information in connection with an investigation of the background and personal history of the person pursuant to this section that would disqualify the person from employment, including, without limitation, a conviction of a crime listed in NRS 449.174, is guilty of a misdemeanor.

NRS 449.1235 Temporary employment service prohibited from sending ineligible employee to facility, hospital, agency, program or home; temporary employment service to provide certain information regarding its employees.

1. A temporary employment service shall not send an employee to provide services to a facility, hospital, agency, program or home if the temporary employment service has received notice from a facility, hospital, agency, program or home that the employee of the temporary employment service is ineligible to provide such services.

2. A facility, hospital, agency, program or home that enters into an agreement with a temporary employment service to provide services for the facility, hospital, agency, program or home on a temporary basis must require the temporary employment service to:

(a) Provide proof that each employee of the temporary employment service whom it may send to provide services to the facility, hospital, agency, program or home has been continuously employed by the temporary employment service since the last investigation conducted of the employee pursuant to NRS 449.123; and

(b) Notify the facility, hospital, agency, program or home if the investigation conducted of an employee of the temporary employment service pursuant to NRS 449.123 has not been conducted within the immediately preceding 5 years.

NRS 449.124 Maintenance and availability of certain records regarding employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home.

1. Each facility, hospital, agency, program or home shall maintain records of the information concerning its employees, employees of a temporary employment service and independent contractors collected pursuant to NRS 449.123, including, without limitation:

(a) A copy of the fingerprints that were submitted to the Central Repository for Nevada Records of Criminal History or proof of electronic fingerprint submission and a copy of the written authorization that was provided by the employee, employee of the temporary employment service or independent contractor;

(b) Proof that the fingerprints of the employee, employee of the temporary employment service or independent contractor were submitted to the Central Repository; and

(c) Any other documentation of the information collected pursuant to NRS 449.123.

	<p>2. <i>The records maintained pursuant to subsection 1 must be:</i></p> <p>(a) <i>Maintained for the period of the employment of the person with the facility, hospital, agency, program or home; and</i></p> <p>(b) <i>Made available for inspection by the Division at any reasonable time, and copies thereof must be furnished to the Division upon request.</i></p> <p>3. <i>If an Internet website has been established pursuant to <u>NRS 439.942</u>, a facility, hospital, agency, program or home shall maintain a current list of its employees, employees of a temporary employment service and independent contractors on the Internet website.</i></p> <p>4. <i>The Central Repository for Nevada Records of Criminal History may maintain an electronic image of fingerprints submitted pursuant to <u>NRS 449.122</u> and <u>449.123</u> to notify a facility, hospital, agency, program or home and the Division of any subsequent conviction of a person who is required to submit to an investigation pursuant to <u>NRS 449.122</u> or <u>449.123</u>.</i></p> <p><i>NRS 449.125 Termination of employment or contract of employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home who has been convicted of certain crime; period in which to correct information regarding conviction; liability of facility, hospital, agency, program or home.</i></p> <p>1. <i>Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to <u>NRS 449.123</u>, or evidence from any other source, that an employee, employee of a temporary employment service or independent contractor of a facility, hospital, agency, program or home:</i></p> <p>(a) <i>Has been convicted of a crime listed in paragraph (a) of subsection 1 of <u>NRS 449.174</u>; or</i></p> <p>(b) <i>Has had a substantiated report of abuse or neglect made against him or her, if he or she is employed at a facility, hospital, agency, program or home that provides residential services to children, a psychiatric hospital that provides inpatient services to children or a psychiatric residential treatment facility,</i>  <input type="checkbox"/> <i>the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall terminate the employment or contract of that person or notify the temporary employment service that its employee is prohibited from providing services for the facility, hospital, agency, program or home after allowing the person time to correct the information as required pursuant to subsection 2.</i></p> <p>2. <i>If an employee, employee of a temporary employment service or independent contractor believes that the information provided by the Central Repository is incorrect, the employee, employee of the temporary employment service or independent contractor may immediately inform the facility, hospital, agency, program or home or temporary employment service. The facility, hospital, agency, program, home or temporary employment service that is so informed shall give the employee, employee of the temporary employment service or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the Central Repository before terminating the employment or contract of the person pursuant to subsection 1.</i></p> <p>3. <i>A facility, hospital, agency, program or home that has complied with <u>NRS 449.123</u> may not be held civilly or criminally liable based solely upon the ground that the facility, hospital, agency, program or home allowed an employee, employee of a temporary employment service or independent contractor to work:</i></p> <p>(a) <i>Before it received the information concerning the employee, employee of the temporary employment service or independent contractor from the Central Repository, except that an employee, employee of the temporary employment service or independent contractor shall not have contact with a child without supervision before such information is received;</i></p> <p>(b) <i>During the period required pursuant to subsection 2 to allow the employee, employee of the temporary employment service or independent contractor to correct that information, except that an employee, employee of the temporary employment service or independent contractor shall not have contact with a child without supervision during such period;</i></p> <p>(c) <i>Based on the information received from the Central Repository, if the information received from the Central Repository was inaccurate; or</i></p> <p>(d) <i>Any combination thereof. A facility, hospital, agency, program or home may be held liable for any other conduct determined to be negligent or unlawful.</i></p>
<p>NAC 449.0113</p> <p>Y 0105</p>	<p><b>Duties of administrator or licensee if Central Repository unable to complete investigation of employee or independent contractor; grounds for termination; actions to ensure patient safety: (<u>NRS 449.0302</u>)</b></p> <p><i>Note: Use this NAC for non-compliance with undetermined background check results – lack of follow through</i></p> <p><b>FOR REFERENCE:</b></p> <p>1. <i>If the Central Repository notifies the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home that it is unable to complete an investigation pursuant to <u>NRS 449.123</u> because:</i></p> <p>(a) <i>Additional information is required, the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall, within 10 working days after receiving the notice from the Central Repository, send a notice to the employee, employee of a temporary employment service</i></p>

*or independent contractor directing the employee, employee of a temporary employment service or independent contractor to provide the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home and the Central Repository with the information or proof that the information cannot be obtained within 30 days after the date on which the notice was sent by the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home.*

*(b) Criminal charges against the employee, employee of a temporary employment service or independent contractor are pending, the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall notify the employee, employee of a temporary employment service or independent contractor that he or she is required to:*

*(1) Notify the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home of the date of each court proceeding relating to the charges; and*

*(2) Provide the Central Repository with any information relating to the final disposition of the charges as soon as the information is available.*

*2. The administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall terminate the employment of an employee or the contract with an independent contractor or notify the temporary employment service that its employee is prohibited from providing services for the facility, hospital, agency, program or home upon determining that the employee, employee of a temporary employment service or independent contractor has willfully failed to comply with the provisions of this section.*

*3. Pending the completion of an investigation of an employee, employee of a temporary employment service or independent contractor of a facility, hospital, agency, program or home for which the Central Repository has provided notice pursuant to subsection 1 that it is unable to complete the investigation for a reason stated in subsection 1, and during any period in which an employee, employee of a temporary employment service or independent contractor has to correct information provided by the Central Repository pursuant to NRS 449.125, the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home shall take actions to ensure the safety of its patients, residents or clients, including:*

*(a) Prohibiting the employee, employee of a temporary employment service or independent contractor from working at the facility, hospital, agency, program or home by placing the employee, employee of a temporary employment service or independent contractor on leave;*

*(b) Requiring the employee, employee of a temporary employment service or independent contractor to be under the direct supervision and observation of an employee of the facility, hospital, agency, program or home while caring for any patient, client or resident of the facility, hospital, agency, program or home;*

*(c) Conducting an investigation into the circumstances of the record of criminal history to determine and carry out any measures that the facility, hospital, agency, program or home identifies as necessary to ensure the safety of its patients, residents or clients if the employee, employee of a temporary employment service or independent contractor cares for patients, residents or clients; or*

*(d) Taking any combination of the actions set forth in paragraph (a), (b) or (c).*

*4. As used in this section, "facility, hospital, agency, program or home" has the meaning ascribed to it in NRS 449.119 and includes an intermediary service organization for the purpose of carrying out this section and NAC 449.01125.*

Y 0106	<p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1:</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.</p> <p><i>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.</i></p>
Y 0107	<p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1:</p> <p>(b) Proof that the caregiver is 18 years of age or older.</p> <p><i>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.</i></p>
Y 0108	<p>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.</p> <p><i>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.</i></p>
<p>NAC 449.204</p> <p>Y 0150</p>	<p><b>Financing; insurance:</b></p> <p>1. A residential facility shall:</p> <p>(a) Maintain a recognized system of financial accounting; and</p> <p>(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.</p> <p>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.</p> <p><i>The facility is required to maintain either a ledger, computer program or some other documentary system for tracking expenses and revenues</i></p> <p><i>The facility must maintain insurance coverage in amounts determined by their insurance carrier. 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.</i></p> <p><i>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.</i></p>
<p>NAC 449.205</p> <p>Y 0160</p>	<p><b>Advertising and promotional materials.</b></p> <p>Advertising and promotional materials for a residential facility must be accurate and not misrepresent accommodations, services or programs offered by the facility.</p> <p><i>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.</i></p>



NAC 449.208 Y 0165	<p><b>Restrictions on conducting other businesses or providing other services on premises:</b></p> <p>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.</p> <p><i>Businesses that are compatible with the facility environment are allowed, such as beauty shops, gift shops, etc.</i></p>
NAC 449.209 Y 0170	<p><b>Health and sanitation:</b></p> <p>1. A residential facility must:</p> <p>(a) Have a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage; and</p> <p><i>Examples of unsafe conditions may include: dangerously excessive water temperatures, septic system concerns, sewage backup, water disconnection, etc.</i></p>
Y 0171	<p>(b) Comply with all local ordinances and state and federal laws and regulations relating to zoning, sanitation, accessibility to persons with disabilities and safety.</p> <p><i>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.</i></p>
Y 0172	<p>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.</p> <p>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.</p> <p><i>Larger facilities that use external commercial garbage containers must ensure the attached, hinged lids are kept closed.</i></p>
Y 0174	<p>4. To the extent practicable, the premises of the facility must be kept free from:</p> <p>(a) Offensive odors;</p> <p><i>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, household odor eliminators including strong sprays, candles, incense, etc. Residents must be interviewed for their opinions.</i></p> <p>(b) Hazards, including obstacles that impede the free movement of residents within and outside the facility;</p> <p><i>- 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.</i></p> <p><i>- 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.</i></p> <p><i>- Hot water temperatures measured at faucets inside the facility used for bathing and washing hands should be within the range of 100 degrees to 110 degrees Fahrenheit. Inspector will calibrate thermometer and have temperature reading verified by a facility staff member.</i></p> <p>(c) Insects and rodents; and</p> <p><i>Rodents and insects leave droppings. If a facility has evidence of having problems, (use of mouse traps, "roach motels") inspectors will check if the facility has employed an extermination company.</i></p> <p>(d) Accumulations of dirt, garbage and other refuse.</p> <p><i>Inside and outside the facility.</i></p>
Y 0178	<p>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.</p> <p><i>See also TAG Y174. Excessive Pidgeon droppings may also be cited.</i></p>
Y 0179	<p>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.</p> <p><i>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. If there is a low universe, consider citing under TAG Y178.</i></p>



Y 0180	<p>7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility.</p> <p><i>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. Resident interviews are required to determine if the lighting is adequate or not to fit their needs.</i></p> <p><i>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. (See Y309 and Y358)</i></p>
Y 0181	<p>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.</p> <p><i>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 calibrate and use thermometers to measure temperatures above floor level in resident rooms, dining areas and common areas of the facility. Temperature readings will be verified by a facility staff member. Resident interviews are required to determine if the temperature level is comfortable or uncomfortable for them.</i></p>
Y 0182	<p>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.</p>
NAC 449.211	<p><b>Automatic sprinkler systems:</b></p>
Y 0200	<p>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.</p> <p><i>After January of 1997, all licensed facilities must have an automatic fire sprinkler system installed prior to the initial licensure survey.</i></p>
Y 0201	<p>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:</p> <p>(a) The ownership of the facility is transferred to a new owner;</p> <p><i>- 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.</i></p> <p><i>- 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.</i></p> <p>(b) The number of beds in the facility is increased;</p> <p><i>- 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.</i></p> <p>(c) The facility is currently authorized to admit or retain category 1 residents only and wishes to apply for authorized to admit or retain category 2 residents; or</p> <p><i>If the facility was licensed for Category 1 residents prior to January of 1997, they were not required to be equipped with an automatic sprinkler system. If the owner wants to apply for a change of category to admit Category 2 residents (non-ambulatory), an automatic fire sprinkler system must be installed.</i></p> <p>(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.</p> <p><i>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.</i></p>
Y 0205	<p>2. 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 II 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. <b>Not more than one resident who is confined to a wheelchair or who is required to use a walker</b></p>

	<p><b><u>may be admitted to such a facility at any time unless such an automatic sprinkler system is installed in the facility.</u></b>  <i>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.</i></p>
Y 0206	<p>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  <i>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.</i>          (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.  <i>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.</i></p>
NAC 449.213 Y 0220	<p><b>Laundry and linen services:</b>          1. A residential facility shall:          (a) Provide laundry and linen services on the premises of the facility; or  <i>The provision of laundry service by the facility should be explained in the rate agreement between the resident and the facility.</i>          (b) Contract with a commercial laundry for the provision of those services.  <i>Copies of contracts must be available for review.</i>          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.  <i>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</i>          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.  <i>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.</i></p>
Y 0224	<p>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.</p>
NAC 449.216 Y 0235	<p><b>Common areas; dining rooms:</b>          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.  <i>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".</i></p>
Y 0236	<p>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.  <i>Cross reference to Tag Y536. All areas designated as common space will be measured by inspectors to determine if the square footage is appropriate for the number of residents the facility is licensed to care for.</i></p>

Y 0237	3. All common areas must be furnished and equipped with comfortable furniture. <i>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.</i>
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. <i>Inspectors will measure the dining room area to determine if the square footage is appropriate for the number of residents the facility is licensed to care for.</i>
Y 0239	5. The dining room must be conveniently located near the kitchen to ensure the rapid and efficient serving food. <i>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.</i>
NAC 449.217	<b>Kitchens; storage of food; adequate supplies of food; permits; inspections:</b>
Y 0250	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. <i>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.</i>
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. <i>Thermometers in refrigerators and freezers are recommended to ensure food is stored at the appropriate temperatures.</i>
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. <i>All opened packages must be closed and secured to prevent against rodents and insects.</i>
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. <i>Inspectors may compare available food supply to the facility's menu plan(s) if there is a question about adequate food supply.</i>
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. <i>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.</i>
Y 0255	6. A residential facility with <b>more than 10 residents</b> must: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division.
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 Division and the state and local fire safety authorities. <i>An environmental services specialist from the Bureau will inspect permitted kitchens for code violations during the initial and annual surveys, and complaint investigations.</i>
NAC 449.2175	<b>Service of food; seating; menus; special diets; nutritional requirements; dietary consultants:</b>
Y 0270	1. A residential facility shall have adequate facilities and equipment for the preparation, service and storage of food. <i>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, such as the inability to wash/sanitize dishes.</i>
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. <i>The facility must have available dining room chairs equal to the number of beds on the facility license. Facilities with more than 10 residents may have</i>

	<i>plans for multiple meal seating times.</i>
Y 0272	<p>3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.</p> <p><i>Menus must be posted in areas where they can be seen by residents and their visitors. A menu should lists meals that will be served. Menus should indicate snack times and the snacks that will be available.</i></p>
Y 0273	<p>4. A resident who has been placed on a special diet by a physician or licensed 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 licensed dietitian are kept on file for at least 90 days.</p> <p><i>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.</i></p>
Y 0274	<p>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.</p> <p><i>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.</i></p>
Y 0275	<p>6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board of the Institute of Medicine of the National Academies.</p> <p><i>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.</i></p>
Y 0276	<p>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.</p> <p><i>- 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.</i></p> <p><i>- 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.</i></p>
Y 0277	<p>8. A resident must be served meals in his or her bedroom for not more than 14 consecutive days if the resident 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 or her 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 or her room.</p> <p><i>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.</i></p>
Y 0278	<p>9. A residential facility with <b>more than 10 residents</b> shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who:</p> <p>(a) Is a licensed dietitian; or</p> <p>(b) <b>Is a graduate from an accredited college</b> 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.</p> <p><i>Dietitians are required to be licensed in Nevada. Inspectors will request the dietician's contract and license for review.</i></p>
Y 0280	<p>10. The person providing services <b>pursuant to subsection 9</b> 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:</p>

	<p>(a) The development and review of weekly menus;</p> <p>(b) <b><u>Training for</u></b> the employees who work in the kitchen;</p> <p>(c) <b><u>Advice regarding</u></b> compliance with the nutritional program of the facility; and</p> <p>(d) <b><u>Any observations</u></b> 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.</p> <p><i>Inspectors should request evidence that the dietician has provided quarterly consultations.</i></p>
<p><b>NAC 449.218</b></p> <p>Y 0300</p>	<p><b>Bedrooms; privacy; storage space and closets; bedding; use of personal furniture:</b></p> <p>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.</p> <p><i>- 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.</i></p> <p><i>- The following will NOT be considered useable space and cannot be included in the room size measurement: closets, vestibules, window seats and similar areas.</i></p> <p><i>- No more than three residents may occupy a bedroom. Males and females may not share rooms unless they are related by blood, marriage or other relationship. If applicable, inquire if POA/Guardian/family are aware.</i></p> <p><i>- Caregivers may not reside or sleep in resident rooms.</i></p>
Y 0301	<p>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.</p> <p><i>Bedrooms must have windows that 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.</i></p>
Y 0302	<p>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 8 percent of the floor space in the room.</p> <p><i>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 if it can meet the 8% of the floor area rule. If a provider purchases an older facility, they must ensure the windows meet the current requirement or they may submit a variance request to the Nevada State Board of Health.</i></p>
Y 0304	<p>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.</p> <p><i>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.</i></p>
Y 0305	<p>5. Each resident must be provided:</p> <p>(a) At least 10 square feet of space for storage in a bedroom for each bed in the bedroom; and</p> <p><i>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 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.</i></p> <p>(b) At least 24 inches of space in a permanent or portable closet for hanging garments.</p> <p><i>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.</i></p>
Y 0307	<p>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.</p>



	<p><i>- 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, placed 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.</i></p> <p><i>- 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.</i></p> <p><i>- A resident can choose 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.</i></p> <p><i>- 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 how they will provide furniture or storage space if more than 10 residents require bedroom furniture.</i></p>
Y 0308	<p>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.</p> <p><i>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?</i></p>
Y 0309	<p>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.</p> <p><i>The hallway outside the 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.</i></p>
NAC 449.220	<b>Bedroom doors:</b>
Y 0320	<p>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.</p> <p><i>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</i></p>
Y 0321	<p>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:</p> <p>(a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key; and</p> <p>(b) The doors of the bedroom may be unlocked from outside the room and the keys are readily available at all times.</p> <p><i>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.</i></p>



<p>NAC 449.221</p> <p>Y 0335</p>	<p><b>Use of certain areas in facility as bedroom prohibited:</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. Can only be reached by passing through a bedroom occupied by another resident; or</li> <li>2. Is used for any other purpose.</li> </ol> <p><i>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 Y0001</i></p>
<p>NAC 449.222</p> <p>Y 0350</p>	<p><b>Bathrooms and toilet facilities; toilet articles:</b></p> <ol style="list-style-type: none"> <li>1. Each residential facility with less than seven residents that was issued an initial license <b>before January 14, 1997</b>, 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.</li> </ol>
<p>Y 0351</p>	<ol style="list-style-type: none"> <li>2. Each residential facility that is issued an initial license on or <b>after January 14, 1997</b>, must have:             <ol style="list-style-type: none"> <li>(a) A flush toilet and lavatory for each four residents; and</li> <li>(b) A tub or shower for each six residents.</li> </ol> <p><i>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</i></p> </li> </ol>
<p>Y 0353</p>	<ol style="list-style-type: none"> <li>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.</li> </ol> <p><i>If the shower/bath surface is designated as slip proof, but upon observation is not deemed safe, slip-strips or mats should be installed or utilized.</i></p>
<p>Y 0354</p>	<ol style="list-style-type: none"> <li>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.</li> </ol> <p><i>The facility may not restrict residents from using bathrooms closest to common areas and hallways. Bathroom exhaust vents should be tested during surveys to ensure they work.</i></p>
<p>Y 0355</p>	<ol style="list-style-type: none"> <li>5. Provision must be made for privacy in all bathrooms and toilet facilities in rooms intended for use by more than one person.</li> </ol> <p><i>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.</i></p>
<p>Y 0356</p>	<ol style="list-style-type: none"> <li>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.</li> </ol> <p><i>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.</i></p>
<p>Y 0357</p>	<ol style="list-style-type: none"> <li>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.</li> </ol> <p><i>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.</i></p> <p><i>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.</i></p>

Y 0358	<p>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.</p> <p><i>See Tag Y180. The facility must maintain working light bulbs in all light fixtures. Light fixture covers must be in place.</i></p>
NAC 449.224 Y 0370	<p><b>Housing for staff members:</b></p> <p>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.</p> <p><i>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, their bedroom must meet the same requirements as a resident's bedroom except for the square footage of the room. Ask the caregiver where they receive their mail at, that is commonly their place of residence.</i></p>
Y 0371	<p>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.</p> <p><i>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.</i></p>
NAC 449.226 Y 0390	<p><b>Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles:</b></p> <p>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.</p> <p><i>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.</i></p>
Y 0391	<p>2. Stairways, inclines, ramps, open porches and other areas that are potentially hazardous for residents who have poor eyesight must be adequately lighted.</p> <p><i>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.</i></p>
Y 0392	<p>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.</p> <p><i>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 and 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.</i></p>
Y 0393	<p>4. In a residential facility with <b>more than 10 residents</b>:</p> <p>(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.</p> <p>(b) An <b>auditory system</b> must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or <b>after January 14, 1997</b>, 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.</p> <p>(c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is <b>monitored by a member of the staff of the facility.</b></p> <p><i>Bedroom and bathroom emergency call alarms will be activated during surveys to ensure they are working and signaling as designed. The emergency call</i></p>

	<i>system may also be activated to measure staff response times to answer the calls. Extended response times or no responses will result in deficiencies. A pendant is acceptable in lieu of a call button, including Alzheimer's facilities.</i>
Y 0396	5. Residential facilities must be easily accessible by vehicle in the case of an emergency. <i>The facility's address numbers must be visible from the street.</i>
NAC 449.227	<b>Accommodations for residents with restricted mobility:</b> A residential facility with a resident who uses a wheelchair, or a walker shall:
Y 0410	1. Have hallways, doorways and exits wide enough to accommodate a wheelchair or walker; <i>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.</i> 2. Have ramps to accommodate access to areas used by residents; and <i>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.</i> 3. Provide assistance to such a resident at all steps located inside the facility on the first floor that is entirely above grade. <i>Changes in elevations within the facility, such as sunken living areas if the areas were counted toward resident use areas during the initial inspection.</i>
NAC 449.229	<b>Protection from fire; plans for evacuation; emergency drills; testing, inspection and recordkeeping:</b>
Y 0430	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. <i>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.</i> 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. <i>Inspectors will review the facility's Safety Policy during annual inspections, if applicable. Citations can only be made if discrepancies are found in the Safety Policy. During the course of the survey, if the following items are of concern, a State Fire Marshal referral should be made:</i> <ul style="list-style-type: none"> <li>• <i>Posting of Evacuation Plans</i></li> <li>• <i>Fire Drills</i></li> <li>• <i>Portable Fire Extinguisher</i></li> <li>• <i>Smoking Policy</i></li> <li>• <i>Posting of Smoking Policy</i></li> <li>• <i>Smoke Detectors</i></li> </ul> <i>!! Note: The TAG will be cited with the referral with no scope and severity assigned. The inspector will not actively inspect these areas during inspection.</i>
Y 0445	3. 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 or her designee. <i>Facilities are prohibited from installing locks that require keys to exit doors that lead 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. Residents that are confused and may wander away from the facility if not supervised should be transferred to a secured Alzheimer's facility.</i>  <i>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."</i>

<p>NAC 449.231 and R043-22</p> <p>Y 0450</p>	<p><b>First aid and cardiopulmonary resuscitation:</b></p> <p>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. 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.</p> <p><i>See Y106. The Bureau will not accept online-only training for CPR and first aid. Each administrator or caregiver must provide evidence they received training issued by the American Red Cross or an equivalent certification, which included an in-person skill session.</i></p>
<p>Y 0451</p>	<p>2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation:</p> <p>(a) A germicide safe for use by humans;</p> <p>(b) Sterile gauze pads;</p> <p>(c) Adhesive bandages, rolls of gauze and adhesive tape;</p> <p>(d) Disposable gloves;</p> <p>(e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and</p> <p>(f) A thermometer or device that may be used to determine the bodily temperature of a person.</p> <p><i>The contents of the first aid kit must be organized, sanitary, up-to-date (no expired supplies), 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.</i></p>
<p>Y 0457</p>	<p>3. Except for first aid in an emergency, no treatment or medication may be administered to a resident without the approval of a physician , physician assistant or advanced practice registered nurse.</p>
<p>NAC 449.232</p> <p>Y 0470</p>	<p><b>Telephone; list of telephone numbers:</b></p> <p>1. Each residential facility shall have a telephone that the residents may use to make local calls.</p> <p>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.</p> <p><i>The telephone number of the facility must be listed in the telephone directory under the name of the facility.</i></p>
<p>NAC 449.241</p> <p>Y 0490</p>	<p><b>Limitations on use of volunteers; requirements concerning residents who volunteer to assist staff or perform other duties:</b></p> <p>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.</p> <p><i>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 however TB testing is required, and background checks are recommended.</i></p>
<p>Y 0491</p>	<p>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.</p> <p><i>A resident may volunteer to do minor duties around the facility such as sweeping, setting/clearing tables, folding towels, gardening, etc., if they are physically capable of performing those activities. A resident cannot be left alone with residents or left to supervise residents in the absence of a qualified caregiver.</i></p>
<p>Y 0492</p>	<p>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.</p> <p><i>A resident cannot "volunteer" to be a caregiver or to perform caregiver duties.</i></p>
<p>Y 0493</p>	<p>4. A resident who is performing duties pursuant to this section must not be allowed access to confidential files.</p> <p><i>None of the activities performed by a resident should allow the resident access to private resident or employee information.</i></p>
<p>NAC 449.258</p> <p>Y 0500</p>	<p><b>Written policies for facility required; visiting hours; mail; employees required to comply with policies:</b></p> <p>1. Written policies for a residential facility that comply with the provisions of NAC 449.156 to 449.2766, inclusive, must be developed.</p>
<p>Y 0501</p>	<p>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.</p> <p><i>Visiting hours should allow family and friends to visit residents during the day and after typical work hours.</i></p>

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 and R043-22  Y 0515	<b>Supervision of residents:</b> 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.
Y 0520	2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; <i>- Cross Reference to TAG Y 0810 -0815. Caregivers will supervise residents to ensure that residents do not become a danger to themselves or others. Can be reported to the administrator's licensing board, the Board of Examiners for Long Term Care Administrators (BELTCA). A severity 3 citation or higher will be reported to BELTCA.</i> (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the 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) Complies with the rules established by the administrator of the facility for leaving the facility; <i>The facility should have a way of keeping track of the whereabouts of residents (i.e. a log book, facility policy).</i> (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities;
Y 0522	(k) If the resident has Alzheimer's disease or another form of dementia, measures to address that dementia and ensure the safety of the resident in the facility, including, without limitation: (1) Any measures taken pursuant to NAC 449.2754 or 449.2756; and (2) Provisions for the transfer of the resident pursuant to NAC 449.2706 if: (I) It is determined through an assessment conducted pursuant to paragraph (c) of subsection 1 of NRS 449.1845 that the resident meets the criteria prescribed in paragraph (a) of subsection 2 of that section; and (II) The facility does not meet the requirements of NAC 449.2754 or 449.2756 or is otherwise unable to properly care for the resident.
Y 0523	3. 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.
Y 0524	4. The employees of a residential facility shall: (a) Treat each resident in a kind and considerate manner; and (b) Respect each resident's independence and ability to make decisions on his own, whenever possible. <i>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.</i>



NAC 449.260 and R043-22	<b>Activities for residents:</b>
Y 0526	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;
Y 0527	(b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; <i>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.</i>
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;
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 each resident to participate in the activities scheduled pursuant his or her person-centered service plan; and <i>Residents have the right to choose not to participate in group activities. The facility should be creating their activity programs around the interests of their residents.</i>
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 <i>Planned activity calendars are to be reviewed by the inspector. 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.</i>
Y 0534	2. The administrator of a residential facility with <b>at least 20 residents</b> 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 <b>with 50 or more residents</b> 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 (b) An outdoor activity area that is easily accessible for the residents and is safe from vehicular traffic. <i>Cross Reference to TAGS Y236 and Y237</i>
NAC 449.262 and R043-22	<b>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:</b>
Y 0555	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. <i>To include help in obtaining repairs for broken glasses or hearing aids or dental appointments for tooth aches and problems with dentures</i>
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. <i>All employees are mandatory reporters and must report suspected abuse within 24 hours or immediately.</i>
Y 0557	3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident;



	<p><i>Physical restraints such as Geri-chairs, Posey vests, full sided bed rails, wrist restraints, wheelchair seatbelts, beds against walls, etc. are prohibited unless the resident, without assistance, can leave the chair/bed or remove the restraints. Refer to TAG Y620 for restraints definition.</i></p> <p>(b) Lock a resident in a room inside the facility; or</p>
Y 0559	(c) Provide sedatives to a resident unless that sedative has been prescribed for that resident by a physician, physician assistant or advanced practice registered nurse, to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative.
NAC 449.267	<p><b>Money and property of residents:</b></p> <p>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.</p> <p><i>- 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.</i></p> <p><i>- 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. Cross reference TAG Y556.</i></p>
Y 0565	
Y 0566	<p>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:</p> <p>(a) A separate accounting of the money held by the facility on behalf of the resident;</p> <p>(b) Receipts for expenditures made by the facility on behalf of the resident; and</p> <p>(c) A written acknowledgement by the resident for each withdrawal of his money.</p> <p><i>- 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.</i></p> <p><i>- 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 and casino trips.</i></p>
Y 0569	<p>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.</p> <p><i>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 based on 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 Y570.</i></p>
Y 0570	<p>4. Each resident must have access to his money held at the facility on his behalf during normal business hours on each business day.</p> <p><i>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.</i></p>
Y 0571	<p>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:</p> <p>(a) If the resident is 60 years of age or older:</p> <p>(1) The local office of the Aging Services Division of the Department of Human Resources;</p> <p>(2) The local law enforcement agency;</p> <p>(3) The office for protective services for the county in which the facility is located if that county has such an office; or</p> <p>(4) The toll-free telephone service designated by the Aging Services Division pursuant to NRS 200.5093.</p> <p>(b) If the resident is less than 60 years of age:</p> <p>(1) The office for protective services for the county in which the facility is located if that county has such an office; or</p> <p>(2) The local law enforcement agency if the county in which the facility is located does not have an office for protective services.</p>

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. <i>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.</i>
Y 0580	9. An employee of a residential facility shall not borrow money from a resident.
NAC 449.268	<b>Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response:</b>
Y 0590	<p>1. The administrator of a residential facility shall ensure that:</p> <p>(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; <i>NRS 200.5092 Definitions.</i></p> <p><b>1. "Abuse" means willful and unjustified:</b></p> <p>(a) <i>Infliction of pain, injury or mental anguish on an older person or a vulnerable person; or</i></p> <p>(b) <i>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.]</i></p> <p>- <i>[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.]</i></p> <p>- <i>[CMS defines "Sexual Abuse" to include, but not be limited to, sexual harassment, sexual coercion, or sexual assault.]</i></p> <p>- <i>[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!"]</i></p> <p>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:</p> <p>(a) <i>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;</i> <i>or</i></p> <p>(b) <i>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.</i></p> <p>- <i>As used in this subsection, "undue influence" does not include the normal influence that one member of a family has over another.</i></p> <p>3. "Isolation" means willfully, maliciously and intentionally preventing an older person or a vulnerable person from having contact with another person by:</p> <p>(a) <i>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</i></p>

	<p><i>(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.</i></p> <p><i>- 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.</i></p> <p><i>[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.]</i></p> <p><b>4. “Neglect” means the failure of:</b></p> <p><i>(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</i></p> <p><i>(b) An older person or a vulnerable person to provide for his own needs because of inability to do so.</i></p> <p><b>5. “Older person” means a person who is 60 years of age or older.</b></p> <p><b>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.</b></p> <p><b>7. “Vulnerable person” means a person 18 years of age or older who:</b></p> <p><i>(a) Suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or</i></p> <p><i>(b) Has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living.</i></p> <p><i>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, only if cited at a severity level of 3 or 4.</i></p>
Y 0591	<p><i>(b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility;</i></p>
Y 0592	<p><i>(c) The residents are treated with respect and dignity;</i></p> <p><i>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:</i></p> <ul style="list-style-type: none"> <li><i>• 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.</i></li> <li><i>• 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</i></li> <li><i>• 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.</i></li> <li><i>• Promoting resident independence by assisting residents to attend activities of their own choosing; assisting them to dining areas to share meals with other residents.</i></li> </ul>
Y 0593	<p><i>(d) The facility is a safe and comfortable environment;</i></p> <p><i>Examples of unsafe environment include: no air conditioning, no heat, pest infestation, abuse, unqualified caregiver, etc.</i></p>
Y 0594	<p><i>(e) Residents are not prohibited from interacting socially;</i></p>
Y 0595	<p><i>(f) Residents are allowed to make their own decisions whenever possible;</i></p>
Y 0596	<p><i>(g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such a complaint receives a response in a timely manner;</i></p> <p><i>A facility should provide evidence in the residents’ files that they were informed about the facility’s grievance policy</i></p>
Y 0597	<p><i>(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</i></p>
	<p><i>(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</i></p>

Y 0598	with the wishes contained in such a document. <b>**DNR: Residents have the right to apply for the official “Do-Not-Resuscitate” identification card through the Division -Emergency Medical Services. See NRS 450B.</b>
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. 3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2. <b>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.</b>
NAC 449.269	<b>Discrimination prohibited:</b>
Y 0605	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 and R043-22	<b>Written policy on admissions required; age and other eligibility requirements:</b>
Y 0615	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. <b>The admission policy must include this information and the information found in section 3, 4a, 4b, 4c and 4d.</b>
Y 0617	2. A person who wishes to reside in a residential facility with residents that require a higher category of care than the person requires may reside in the facility if he or she is not otherwise prohibited from residing in the facility. <b>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.</b>
Y 0618	3. A person who is admitted to a residential facility must be at least 18 years of age.
Y 0620	4. Except as otherwise provided in NAC 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis.  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. (b) “Restraint” means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms;

- (1) *A manual method for restricting a resident's freedom of movement or his normal access to his body; or*  
 (2) *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 or her 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). Residents 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 residents 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.*



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.
NRS 449.184 Y 0644	<p><b>Operator of residential facility for groups: Posting of license and rates for services:</b></p> <p>A person who operates a residential facility for groups shall:</p> <ul style="list-style-type: none"> <li>(a) Post his or her license to operate the residential facility for groups;</li> <li>(b) Post the rates for services provided by the residential facility for groups; and</li> <li>(c) Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups.</li> </ul> <p><i>A facility should 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.</i></p>
NAC 449.2704 and R043-22 Y 0645	<p><b>Disclosure of information concerning rates and payment for services:</b></p> <ol style="list-style-type: none"> <li>1. The administrator of a residential facility shall, upon the request of any person, make the following information available in writing: <ul style="list-style-type: none"> <li>(a) The basic rate for the services provided by the facility;</li> <li>(b) The schedule for payment;</li> <li>(c) The services included in the basic rate;</li> <li>(d) The charges for optional services which are not included in the basic rate; and</li> <li>(e) The residential facility's policy on refunds of amounts paid but not used.</li> </ul> </li> <li>2. Upon admitting a resident to a residential facility, changing the services provided for in a person-centered service plan or changing the cost of those services or upon request, the administrator of a residential facility shall provide a written description of the services included in the person-centered service plan of a resident and the cost of those services to the person paying for those services or his or her representative.</li> </ol>
NRS 449.199 Y 0650	<p><b>Residential facility for groups and homes for individual residential care prohibited from providing accommodations to persons not meeting requirements for admission; exception:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> <p><i>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.</i></p>
NAC 449.2706 Y 0660	<p><b>Transfer of resident:</b></p> <ol style="list-style-type: none"> <li>1. If a resident's condition deteriorates to such an extent that: <ul style="list-style-type: none"> <li>(a) The residential facility is unable to provide the services necessary to treat the resident properly; or</li> <li>(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.</li> </ul> </li> </ol> <p><i>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. 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.</i></p>
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.

<p>NAC 449.2707</p> <p>Y 0665</p>	<p><b>Transfer of resident, Effective date: (NRS 449.037)</b></p> <p>The transfer of a resident from a residential facility occurs:</p> <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol>
<p>NAC 449.2708</p> <p>Y 0670</p>	<p><b>Discharge of resident; notice of discharge; issuance of notice to quit to resident for improper or harmful behavior:</b></p> <ol style="list-style-type: none"> <li>1. A resident may be discharged from a residential facility without his approval if: <ol style="list-style-type: none"> <li>(a) He fails to pay his bill within 5 days after it is due;</li> <li>(b) He fails to comply with the rules or policies of the facility; or</li> <li>(c) The administrator of the facility or the bureau determines that the facility is unable to provide the necessary care for the resident.</li> </ol> <p><i>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.</i></p> </li> </ol>
<p>Y 0673</p>	<ol style="list-style-type: none"> <li>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.</li> </ol>
<p>Y 0674</p>	<ol style="list-style-type: none"> <li>3. A residential facility shall discharge a resident who is transferred pursuant to <a href="#">NRS 449A.100</a> and <a href="#">449A.103</a> 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.</li> </ol>
<p>Y 0675</p>	<ol style="list-style-type: none"> <li>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: <ol style="list-style-type: none"> <li>(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; 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.</li> <li>(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.</li> </ol> </li> </ol>

NAC 449.271	<b>Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition:</b>
Y 0680	<p><b>Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition.</b></p> <p>1. Except as otherwise provided in subsection 2 and 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 or she:</p> <ul style="list-style-type: none"> <li>(a) Requires gastrostomy care;</li> <li>(b) Suffers from a staphylococcus infection or other serious infection; or</li> <li>(c) Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive.</li> </ul> <p>2. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing.</p> <p><i>- If a resident requires assistance in the care for a gastrostomy tube 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 tube or site and is able to provide his own care, he can be admitted or be allowed to remain in the facility with an approved medical waiver from HCQC. 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.</i></p> <p><i>- 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 MD, DO, NP or PA that the resident is no longer infectious (regardless of whether resident has completed antibiotic regimen).</i></p> <p><i>- Residents with any type of <u>intravenous catheters</u> are normally not allowed to be admitted or be allowed to remain in a facility. However, the Bureau will consider an exception on a case-by-case basis after receiving a medical exemption request from the facility.</i></p>

<p>NAC 449.2712</p> <p>Y 0690</p>	<p><b>Residents requiring use of oxygen:</b></p> <ol style="list-style-type: none"> <li>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: <ol style="list-style-type: none"> <li>(a) Is mentally and physically capable of operating the equipment that provides the oxygen; or</li> <li>(b) Is capable of: <ol style="list-style-type: none"> <li>(1) Determining his need for oxygen; and</li> <li>(2) Administering the oxygen to himself with assistance.</li> </ol> </li> </ol> </li> <li>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: <ol style="list-style-type: none"> <li>(a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and</li> <li>(b) Ensure that: <ol style="list-style-type: none"> <li>(1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen;</li> <li>(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;</li> <li>(3) Persons do not smoke in those areas where smoking is prohibited;</li> <li>(4) All electrical equipment is inspected for defects which may cause sparks.</li> <li>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</li> <li>(6) The equipment used to administer oxygen is in good working condition;</li> <li>(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</li> <li>(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</li> </ol> </li> </ol> <p><i>- 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 accidentally 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.</i></p> <p><i>- 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.</i></p> </li></ol>
<p>Y 0702</p>	<ol style="list-style-type: none"> <li>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.</li> </ol>
<p>NAC 449.2714</p> <p>Y 0710</p>	<p><b>Residents requiring use of intermittent positive pressure breathing equipment:</b></p> <ol style="list-style-type: none"> <li>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: <ol style="list-style-type: none"> <li>(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</li> <li>(b) The equipment is operated by a medical professional who has been trained to operate the equipment.</li> </ol> <p><i>An intermittent positive pressure breathing machine is different from a Bi-pap or C-pap machine. If the resident requires the use of a Bi-pap or C-pap machine, they must demonstrate their ability to use the machine. If the resident cannot independently use the machine, the caregiver must demonstrate competency by demonstrating how they connect the resident and provide documentation in the employee file that they have received instruction on the use of the machine.</i></p> </li> </ol>
<p>Y 0712</p>	<ol style="list-style-type: none"> <li>2. The caregivers employed by a residential facility with a resident who requires the use of intermittent positive pressure breathing equipment shall: <ol style="list-style-type: none"> <li>(a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and</li> <li>(b) Ensure that: <ol style="list-style-type: none"> <li>(1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of the equipment;</li> <li>(2) The equipment is operated by a medical professional trained in the operation of the equipment if the resident requires assistance;</li> </ol> </li> </ol> </li> </ol>

	<p>(3) The equipment is in good working condition; and</p> <p>(4) The equipment is removed from the facility when it is no longer needed by the resident.</p>
<p><b>NAC 449.2716</b></p> <p>Y 0720</p>	<p><b>Residents having colostomy or ileostomy:</b></p> <p>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:</p> <p>(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</p> <p>(b) The care for the colostomy or ileostomy is provided by a medical professional who is trained to provide that care.</p> <p><i>**This section includes care for a urostomy.</i></p> <p><i>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.</i></p> <p><u>Ostomy pouching systems:</u></p> <p><i>- One-piece systems 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.</i></p> <p><i>- Two-piece systems 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.</i></p>
Y 0722	<p>2. The caregivers employed by a residential facility with a resident who has a colostomy or ileostomy shall ensure that:</p> <p>(a) All bags used by the resident are discarded appropriately; and</p> <p>(b) Privacy is afforded to the resident when care for the colostomy or ileostomy is being provided.</p>
<p><b>NAC 449.2718</b></p> <p>Y 0730</p>	<p><b>Residents requiring manual removal of fecal impactions or use of enemas or suppositories:</b></p> <p>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:</p> <p>(a) The resident is able to provide the care for himself; or</p> <p>(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.</p>
Y 0732	<p>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.</p>
<p><b>NAC 449.272</b></p> <p>Y 0740</p>	<p><b>Residents requiring use of indwelling catheter:</b></p> <p>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:</p> <p>(a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver;</p> <p>(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</p> <p>(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.</p> <p><i>This also applies to residents with suprapubic catheters.</i></p>
Y 0743	<p>2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that:</p> <p>(a) The bag and tubing of the catheter are changed by:</p> <p>(1) The resident, with or without the assistance of a caregiver; or</p> <p>(2) A medical professional who has been trained to provide that care;</p> <p>(b) Waste from the use of the catheter is disposed of properly;</p>



	<p>(c) Privacy is afforded to the resident while care is being provided; and</p> <p>(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.</p> <p><i>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. Caregivers shall have documented evidence of training. "Disposed of appropriately" means that the urine is emptied into a toilet for disposal.</i></p>
<p>NAC 449.2722</p> <p>Y 0750</p>	<p><b>Residents having unmanageable condition of bowel or bladder incontinence; residents having manageable condition of bowel or bladder incontinence:</b></p> <p>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.</p> <p><i>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.</i></p>
Y 0751	<p>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:</p> <p>(a) The resident without the assistance of any other person;</p> <p>(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;</p> <p>(c) A program which includes scheduled toileting at regular intervals; or</p> <p>(d) Requiring the resident to use products that keep him clean and dry at all times.</p> <p><i>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.</i></p>
Y 0755	<p>3. The caregivers employed by a residential facility with a resident who has a manageable condition of bowel or bladder incontinence shall ensure that:</p> <p>(a) If the resident can benefit from scheduled toileting, he is assisted or reminded to go to the bathroom at regular intervals;</p> <p>(b) The resident is checked during those periods when he is known to be incontinent, including during the night;</p> <p>(c) The resident is kept clean and dry;</p> <p>(d) Retraining programs are designed by a medical professional with training and experience in the care of persons with bowel or bladder dysfunction;</p> <p>(e) The retraining programs established for a resident are followed; and</p> <p>(f) Privacy is afforded to the resident when care is being provided;</p> <p><i>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.</i></p>
Y 0761	<p>4. The caregivers employed by the facility shall not:</p> <p>(a) Withhold fluids from a resident to control incontinence; or</p> <p>(b) Have a resident catheterized to control incontinence for the convenience of the employees of the facility.</p> <p><i>The elderly 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.</i></p>

NAC 449.2724 Y 0770	<b>Residents having contractures:</b> 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 and R043-22 Y 0773	<b>Resident having diabetes:</b> 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 or herself without assistance; or (2) With the consent of the resident, a caregiver who meets the requirements of NAC 449.196; and <i>For Tags Y 0773 –Y 0793, Cross Reference Tags Y 0065, Y 1050 through Y 1120</i>
Y 0775	(b) The resident's medication is administered: (1) By the resident himself or herself without assistance; (2) By a medical professional, or licensed practical nurse, who is: (I) Acting within his or her authorized scope of practice and in accordance with all applicable statutes and regulations; and (II) Trained to administer the medication; or (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 or her diabetes if: (a) A physician, physician assistant or advanced practice registered nurse has determined that 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 or her diabetes is at a maintenance level and does not require a daily assessment, including, without limitation, the use of a sliding scale.
Y 0785	2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his or her diabetes if: (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	2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his or her diabetes if: (d) The medication prescribed to the resident for his or her diabetes is not administered by injection or intravenously or is administered using an auto-injection device in accordance with the requirements of NRS 449.0304 and NAC 449.1985.
Y 0787	2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his or her diabetes if: (e) The caregiver has successfully completed training and examination approved by the Division pursuant to section 12 of this regulation regarding the administration of such medication.
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	3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that: (b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place; and
Y 0792	3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that:

	(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.
Y 0793	<p>4. The caregivers of 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 Choose Your Foods: Food Lists For Diabetes, published by the American Diabetes Association, Incorporated and the Academy of Nutrition and Dietetics, which is hereby adopted by reference. A copy of the publication may be obtained at the Internet address <a href="https://www.eatrightstore.org/product-type/booklets-and-handouts/choose-your-foodsfood-lists-for-diabetes-englishsingles--2019">https://www.eatrightstore.org/product-type/booklets-and-handouts/choose-your-foodsfood-lists-for-diabetes-englishsingles--2019</a> at a cost of \$2.99 for members and \$3.89 for nonmembers.</p> <p>5. The Board will review each revision of the publication adopted by reference in subsection 4 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 12 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 in subsection 4.</p>
NAC 449.2728	<b>Residents requiring regular intramuscular, subcutaneous or intradermal injections:</b>
Y 0800	<p>1. Except as otherwise provided by NAC 449.2726, 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:</p> <p>(a) The resident; or</p> <p>(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.</p> <p><i>Cross reference Tag Y 0773 (NAC 449.2726)</i></p>
Y 0802	<p>2. The caregivers employed by a residential facility with a resident who requires regular intramuscular, subcutaneous or intradermal injections shall ensure that:</p> <p>(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</p> <p>(b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place.</p> <p><i>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.</i></p>
NAC 449.2732 and R043-22	<b>Residents requiring protective supervision:</b>
Y 0810	<p>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:</p> <p>(a) The resident is able to follow instructions;</p> <p>(b) The resident is able to make his needs known to the caregivers employed by the facility;</p> <p>(c) The resident can be protected from harming himself and other persons; and</p> <p>(d) The caregivers employed by the facility can meet the needs of the resident, as documented in the person-centered service plan established for the resident.</p>
Y 0814	<p>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.</p>
Y 0815	<p>3. The administrator of a residential facility with a resident who requires protective services shall ensure that:</p> <p>(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</p> <p>(b) The person-centered service plan developed for that resident provides for protective supervision for that resident.</p> <p><i>A plan must be individualized for each resident and it must be specific as to 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 may state that caregivers would always supervise the resident's whereabouts.</i></p>

<p>NAC 449.2734</p> <p>Y 0820</p>	<p><b>Residents having tracheostomy or open wound requiring treatment by a medical professional; residents having pressure or stasis ulcers:</b></p> <p>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:</p> <p>(a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance;  <i>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.</i></p> <p>(b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or  <i>For example: by a nurse from a home health agency.</i></p> <p>(c) The wound is the result of surgical intervention and care is provided as directed by the surgeon.</p>
<p>Y 0823</p>	<p>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:</p> <p>(a) The condition must have been diagnosed by a physician;</p> <p>(b) The condition must be cared for by a medical professional who is trained to provide care for and reassessment of that condition; and</p> <p>(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.</p> <p><i>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.</i></p> <p><i>- Home health agency nurses or hospice agency nurses are appropriate medical professionals to care for pressure or stasis ulcers.</i></p> <p><i>- The resident must be evaluated by a physician prior to admission to a facility if they are at risk for developing pressure ulcers or have a pressure ulcer. 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 as per 2(c).</i></p> <p><i>The facility caregiver with training may replace or change dressing for <u>non-draining</u> wounds and/or pressure ulcers under the following circumstances:</i></p> <ul style="list-style-type: none"> <li><i>• The dressings are non-medicated dressings, or</i></li> <li><i>• The pressure ulcers are Stage 1 or less – this may also include skin tears or minor abrasions.</i></li> </ul> <p><i>Training should include these 5 aspects:</i></p> <p><i>1. Information about the risk factors for pressure ulcer development, such as:</i></p> <ul style="list-style-type: none"> <li><i>• Current physical condition of the resident,</i></li> <li><i>• Resident who is in poor nutritional health, dehydration,</i></li> <li><i>• Resident with impaired circulation, for example caused by generalized atherosclerosis or diabetes,</i></li> <li><i>• History of healed pressure ulcer as the area is more likely to have recurrent breakdown,</i></li> <li><i>• Impaired/decreased mobility and decreased functional ability leading to long periods of sitting or lying down,</i></li> <li><i>• Co-morbid conditions, such as end stage renal disease, thyroid disease or diabetes mellitus,</i></li> <li><i>• Exposure of skin to urinary and fecal incontinence,</i></li> <li><i>• Cognitive impairment - resident will not remember to change positions and/or</i></li> <li><i>• Resident refusal of some aspects of care and treatment,</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>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.</i></li> </ul> <ol style="list-style-type: none"> <li>2. <i>Infection control</i></li> <li>3. <i>Sterile/clean technique</i></li> <li>4. <i>Information on identifying changes in a resident's skin condition, such as changes in color and condition.</i></li> <li>5. <i>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.</i></li> </ol> <p><i>Home health nurses or other private nurses can provide training. Evidence of training should be documented in the employee file. The facility should submit a medical waiver request to HCQC for the resident requiring wound care.</i></p>
Y 0826	<p>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.</p> <p><i>Facilities should have available or obtain quickly, copies of assessments and of care notes for care provided by a home health agency or hospice. An evaluation of the <u>cause</u> 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.</i></p>
NAC 449.2736	<p><b>Request to exempt certain resident from restrictions; contents of request:</b></p>
Y 0830	<p>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.</p> <p><i>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 HCQC for review.</i></p>
Y 0831	<p>2. A written request submitted pursuant to this section must include, without limitation:</p> <ol style="list-style-type: none"> <li>(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;</li> <li>(b) A plan for ensuring that the resident's medical needs can be met by the facility;</li> <li>(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</li> <li>(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.</li> </ol> <p><i>In the written request, the administrator must include one of the following: a <u>current</u> history &amp; 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.</i></p>
Y 0835	<p>3. A written request submitted to the division pursuant to this section must be received:</p> <ol style="list-style-type: none"> <li>(a) Before the administrator admits a resident; or</li> <li>(b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734, inclusive.</li> </ol>
Y 0837	<p>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.</p>
Y 0838	<p>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,</p>



	inclusive, for 10 days after the facility submits to the division the written request pursuant to subsection 1.
NAC 449.2738 Y 0840	<b>Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions:</b> 1. If, after conducting an inspection or investigation of a residential facility, the bureau determines that it is necessary to review the medical condition of a resident, the bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the bureau, provide to the bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident; and (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident.
Y 0842	2. If the Bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to <a href="#">NAC 449.271</a> to <a href="#">449.2734</a> , 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 <a href="#">NRS 449A.100</a> 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 and R043-22 Y 0850	<b>Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records:</b> 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 (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; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (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 or she 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; (b) An independent contractor who is trained to provide that care; or (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 a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. <i>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.</i>  <i>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.</i>

	<i>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.</i>
Y 0860	<p>6. The members of the staff of the facility shall:</p> <p>(a) Ensure that the resident receives the personal care that he requires.</p> <p><i>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.</i></p> <p>(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.</p>
Y 0861	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.
No Tag	8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident.

<p>NAC 449.2742, LCB 109-18, and R043-22</p> <p>Y 0870</p>	<p><b>Administration of medication: Responsibilities of administrator, caregiver and employees of facility:</b></p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(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</p> <p>(2) Provides a written report of that review to the administrator of the facility.</p> <p>(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.</p> <p>(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).</p> <p><i>The following is considered assistance with administration of medication: whenever a facility maintains custody of the resident's medications and the caregiver selects the appropriate medication container and gives 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)</i></p> <p><i>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. 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.)</i></p> <p><i>"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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p>
<p>Y 0871</p>	<p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation:</p> <p>(1) Preventing the use of outdated, damaged or contaminated medications;</p> <p>(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;</p> <p>(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;</p> <p>(4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident;</p> <p>(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;</p> <p>(6) Ensuring that each caregiver who administers a medication is adequately supervised;</p> <p>(7) Communicating routinely with the prescribing, physician assistant or advanced practice registered nurse or other physician, physician assistant or advanced practice registered nurse of the resident concerning issues or observations relating to the administration of the medication; and</p>

	<p>(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.</p> <p>(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.</p>
Y 0872	<p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(f) In his or her first year of employment as an administrator of the residential facility, receive, from course approved by Division pursuant to section 12 of this regulation, 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.</p> <p>(g) After receiving the initial training required by paragraph (f), receive annually from a course approved by the Division pursuant to section 12 of this regulation 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.</p> <p><i>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 from the DPBH website. Evidence of this original training and exam must be kept in the caregiver's facility record along with subsequent retraining/exam certificates.</i></p> <p><i>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).</i></p> <p><i>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.</i></p>
Y 0874	<p>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, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.</p>
Y 0875	<p>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.</p> <p><i>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.</i></p>
Y 0876	<p>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:</p> <p>(a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met.</p> <p>(b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met.</p> <p><i>(a) The ultimate user's physical and mental condition is stable and is following a predictable course.</i></p> <p><i>* 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.</i></p> <p><i>*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</i></p>

	<p><i>on behalf of the resident.</i></p> <p><i>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.</i></p> <p><u><i>(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.</i></u></p> <p><i>* 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."</i></p> <p><i>(c) A written plan of care by a physician or registered nurse has been established that:</i></p> <ol style="list-style-type: none"> <li><i>(1) Addresses possession and assistance in the administration of the medication; and</i></li> <li><i>(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.</i></li> </ol> <p><i>*Medication Orders: The resident's file must contain written and signed documentation from the physician that a resident's medication was approved for use.</i></p> <p><u><i>(d) The prescribed medication is not administered by injection or intravenously.</i></u></p> <p><i>* 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.</i></p> <p><u><i>(e) The employee has successfully completed training and examination approved by the Division regarding the authorized manner of assistance.</i></u></p> <p><i>*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 DPBH website.</i></p> <p><u><i>Cross Reference Tag Y 1050 regarding Insulin administration</i></u></p>
Y 0878	<p>5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. 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.</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <ol style="list-style-type: none"> <li>(1) Comply with the order;</li> <li>(2) Indicate on the container of the medication that a change has occurred; and</li> <li>(3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744;</li> </ol> <p>(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and</p> <p>(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a 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.</p> <p><u><i>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</i></u></p>



	<p><i>for mental illnesses, etc.).</i></p> <p><i>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.</i></p> <p><i>The information needed by the inspector includes:</i></p> <ol style="list-style-type: none"> <li><i>1. Name of the medication, how it is prescribed (frequency and dose) and what it was prescribed for.</i></li> <li><i>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)</i></li> <li><i>3. Find the physician's order for the medication in the resident's chart for the date the medication was prescribed</i></li> <li><i>4. Review the documentation by the medication technicians on the medication administration record – number of days missed and reasons (i.e. med not available).</i></li> <li><i>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?</i></li> <li><i>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?</i></li> <li><i>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.</i></li> <li><i>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.</i></li> <li><i>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.</i></li> </ol>
Y 0883	<p>7. If a resident refuses, or otherwise misses, an administration of medication, a physician, physician assistant or advanced practice registered nurse must be notified within 12 hours after the dose is refused or missed.</p>
Y 0884	<p>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.  <i>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.</i>  <i>*Notice Licensed Vocational Nurses (LVNs) are not in the list because Nevada does not license LVNs.</i></p> <p><i>Licensed Practical Nurses (LPNs) must work under the direct supervision of a Nevada Licensed RN to be considered a medical professional.</i></p> <p><i>No employees of the facility may give a medication to a resident by injection or IV, including nurses or other medical professionals. An exception would allow for LPN/RN to administer TB skin tests. Cross Reference Tag Y 1050 regarding Insulin administration exception.</i></p>
Y 0885	<p>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.</p> <p><i>Resident medications may only be given to the resident they are prescribed for (the Ultimate User), or to a facility the resident is transferred to, 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.</i></p> <p><i>Flushing of drugs is not considered an acceptable method of destruction by Southern Nevada 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.</i></p>

Y 0886	<p>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.</p> <p><i>The administrator is ultimately responsible for ensuring the facility is assisting residents with their medications and residents receive their medications as prescribed.</i></p>
<p>NAC 449.2744 and R043-22</p> <p>Y 0890</p>	<p><b>Administration of medication: Maintenance of logs and records; contents:</b></p> <p>1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain:</p> <p>(a) A log for each medication received by the facility for use by a resident of the facility. The log must include:</p> <ul style="list-style-type: none"> <li>(1) The type and quantity of medication received by the facility;</li> <li>(2) The date of its delivery;</li> <li>(3) The name of the person who accepted the delivery;</li> <li>(4) The name of the resident for whom the medication is prescribed; and</li> <li>(5) The date on which any unused medication is removed from the facility or destroyed.</li> </ul> <p><i>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). Medications received by a facility should be documented immediately or within a reasonable timeframe not to exceed 16 hours.</i></p>
Y 0895	<p>(b) A record of the medication administered to each resident. The record must include:</p> <ul style="list-style-type: none"> <li>(1) The type of medication administered;</li> <li>(2) The date and time that the medication was administered;</li> <li>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</li> <li>(4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed;</li> <li>(5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication;</li> <li>(6) Any time when the resident is out of the facility; and</li> <li>(7) Any mistakes made in the administration of medication.</li> </ul> <p>(Cross-reference to NAC 449.2742(5))</p> <p><i>The record is commonly referred to as the Medication Administration Record (MAR). The correct and full spelling of the name of the medication must be written on the MAR. Check the physician's order (or prescription if available) 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.</i></p> <p><i>*Thick-It does not have to be documented on the MAR each time it is used.</i></p> <p><i>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.</i></p>
Y 0899	<p>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.</p>

NAC 449.2746 and R043-22	<p><b>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:</b></p> <p>(a) The resident is able to determine his need for the medication;</p> <p>(b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or</p> <p>(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.</p> <p><i>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. Facilities should not 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.</i></p> <p><i>Caregivers are prohibited from making this type of assessment or decision due to their lack of medical training. If the physician's order includes a pain scale (ex. Give 0.25 mL by mouth every 4 hours as needed (PRN) for severe pain scale of 7/10 – 10/10 or for shortness of breath.) - if the resident can cognitively tell the caregiver my pain is a X on a scale of 10, and also be able to demonstrate this ability if a surveyor was on site, then it would be permissible. It is recommended the facility document education provided to the resident about the pain scale, how it should be used, and the resident's understanding of the instructions. A caregiver couldn't just look at a non-verbal or cognitively impaired resident and decide because the resident was grimacing—their pain level was a 7.</i></p>
Y 0905	<p><b>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</b></p> <p>(a) The reason for the administration;</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse.</p>
NAC 449.2748 and R043-22	<p><b>Storage of medication; return of medication to resident or another facility after transfer or discharge of resident:</b></p> <p>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.</p> <p>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.</p>
Y 0920	<p>3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be:</p> <p>(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</p> <p>(b) Kept in its original container until it is administered.</p> <p><i>- 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.</i></p> <p><i>- 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.</i></p>
Y 0923	<p>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.</p> <p><i>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</i></p>
Y 0924	

	<i>as they are not the ultimate user of the prescribed medication. See also Y 0885.</i>
Y 0925	<p>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:</p> <p>(a) Contact a physician, physician assistant or advanced practice registered nurse within 24 hours after the resident returns, to clarify the change; and</p> <p>(b) Document the contact with a physician, physician assistant or advanced practice registered nurse in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p><i>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.</i></p> <p><i>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.</i></p>
NAC 449.2749	<b>Maintenance of separate file of information concerning each resident; contents; confidentiality of information:</b>
Y 0930	<p>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:</p> <p>(a) The full name, address, date of birth and social security number of the resident.</p> <p>(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.</p> <p>(c) A statement of the resident's allergies, if any, and any special diet or medication he requires.</p> <p><i>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. 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 aware of the provisions and limitations of the guardianship.</i></p>
Y 0933	<p>(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:</p> <p>(1) A description of any medical conditions which require the performance of medical services;</p> <p>(2) The method in which those services must be performed; and</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p><i>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.</i></p>
Y 0936	<p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p><i>Surveyors should have a copy of NAC 441A.380 Tuberculosis Testing Requirements for Residents - on-site for reference.</i></p>
Y 0937	(f) The types and amounts of protective supervision and personal services needed by the resident.
Y 0938	<p>(g) An evaluation of the resident's 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:</p> <p>(1) Upon the admission of the resident;</p> <p>(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</p> <p>(3) In any event, not less than once each year.</p>

	<p>- 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.</p> <p>- 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.</p> <p>- An annual ADL assessment must be conducted by a facility employee, not a family member of the resident</p>
Y 0941	<p>(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.</p> <p><i>The original documents must include the signatures of the administrator or designated facility representative and the resident, or representative</i></p>
Y 0942	<p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p>
Y 0943	<p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>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.</p> <p><i>The terms "permanently leaves" and "discharged" are interchangeable.</i></p>
Y 0945	<p>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.</p>
NAC 449.275	<p><b>Residential facility that provides hospice care: Responsibilities of staff; retention of resident with special medical needs:</b></p>
Y 0950	<p>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 that resident.</p>
Y 0951	<p>2. The members of the staff of the facility shall:</p> <p>(a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care; and</p> <p>(b) Report any deviation from the established plan of care to the resident's physician within 24 hours after the deviation occurs.</p> <p><i>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.</i></p>
Y 0953	<p>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:</p> <p>(a) Is bedfast, as defined in NAC 449.2702; or</p> <p>(b) Requires skilled nursing or other medical care on a 24-hour basis.</p> <p><i>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 HCQC to retain a hospice resident who is bedfast or who requires 24-hour skilled nursing care.</i></p>



<p>NAC 449.2751</p> <p>Y 0955</p>	<p><b>Residential facility which provides assisted living services: Application for endorsement; general requirements:</b></p> <ol style="list-style-type: none"> <li>1. Each residential facility that wishes to provide assisted living services must apply to the Division to obtain an endorsement on its license authorizing the residential facility to provide assisted living services.</li> <li>2. The Division may deny an application for an endorsement that is made pursuant to subsection 1 or suspend or revoke an existing endorsement granted pursuant to subsection 1:             <ol style="list-style-type: none"> <li>(a) Based upon the grounds set forth in <a href="#">NAC 449.191</a> or <a href="#">449.1915</a>; or</li> <li>(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 <a href="#">NRS 449.0302</a>.</li> </ol> </li> <li>3. If a residential facility provides assisted living services, the written policies that the residential facility is required to develop pursuant to <a href="#">NAC 449.258</a> must include, without limitation, procedures to be followed:             <ol style="list-style-type: none"> <li>(a) To ensure that the residential facility complies with the requirements set forth in subsections 7 and 8 of <a href="#">NRS 449.0302</a>;</li> <li>(b) By the administrator to ensure that residents of the residential facility whose physical or mental condition is significantly changing over time are identified;</li> <li>(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</li> <li>(d) To provide services to residents of the residential facility pursuant to the assessment and monitoring performed pursuant to paragraph (c).</li> </ol> </li> <li>4. The administrator of a residential facility that provides assisted living services shall ensure that:             <ol style="list-style-type: none"> <li>(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</li> <li>(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.</li> </ol> </li> <li>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 <a href="#">NAC 449.2712</a> to <a href="#">449.2734</a>, inclusive, and <a href="#">449.275</a>.  <i>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 HCQC to retain a hospice resident who is bedfast or who requires 24-hour skilled nursing care.</i> </li> </ol>

<p><b>NRS 449.0302</b></p> <p>Y0956</p>	<p>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:</p> <p>(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.</p> <p>(b) The residents of the facility reside in their own living units which:</p> <ol style="list-style-type: none"> <li>(1) Except as otherwise provided in subsection 8, contain toilet facilities;</li> <li>(2) Contain a sleeping area or bedroom; and</li> <li>(3) Are shared with another occupant only upon consent of both occupants.</li> </ol> <p>(c) The facility provides personalized care to the residents of the facility and the general approach to operating the facility incorporates these core principles:</p> <ol style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(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;</li> <li>(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;</li> <li>(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;</li> <li>(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</li> <li>(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.</li> </ol> <p>8. The 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:</p> <p>(a) Strict application of that requirement would result in economic hardship to the facility requesting the exception; and</p> <p>(b) The exception, if granted, would not:</p> <ol style="list-style-type: none"> <li>(1) Cause substantial detriment to the health or welfare of any resident of the facility;</li> <li>(2) Result in more than two residents sharing a toilet facility; or</li> <li>(3) Otherwise impair substantially the purpose of that requirement.</li> </ol> <p><i>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.</i></p>
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NAC 449.2754 and R043-22	<p><b><u>Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements:</u></b></p> <p>1. A residential facility which offers or provides care for a resident with Alzheimer's disease or another form of dementia who meets the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 must obtain an endorsement on its license as a residential facility which provides care to persons with Alzheimer's disease or other forms of dementia. A residential facility which offers or provides care for a resident with Alzheimer's disease or another form of dementia who does not meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 may obtain such an endorsement. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915.</p> <p><i>Reference - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment.</i></p> <p>2. <i>If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident:</i></p> <p><i>(a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia.</i></p> <p><i>(b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups.</i></p>
Y 0960	<p>2. A residential facility which provides care to persons with Alzheimer's disease or other forms of dementia who meets the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 must be administered by a person who:</p> <p>(a) Has not less than 3 years of experience in caring for residents with Alzheimer's disease or other forms of 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).</p> <p><i>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.</i></p>
Y 0963	<p>3. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes:</p>
Y 0965	<p>(a) The facility's policies and procedures for providing care to its residents;</p>
Y 0966	<p>(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;</p>
Y 0967	<p>(c) A description of:</p> <ol style="list-style-type: none"> <li>(1) The basic services provided for the needs of residents who suffer from dementia;</li> <li>(2) The activities developed for the residents by the members of the staff of the facility;</li> <li>(3) The manner in which behavior problems will be managed;</li> <li>(4) The manner in which medication for residents will be managed;</li> <li>(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</li> <li>(6) The steps the members of the staff of the facility will take to: <ol style="list-style-type: none"> <li>(I) Prevent residents from wandering from the facility; and</li> <li>(II) Respond when a resident wanders from the facility; and</li> </ol> </li> </ol> <p><i>1. What is the facility's plan for dealing with behavior 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?</i></p> <p><i>2. 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?</i></p> <p><i>3. 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.)</i></p> <p><i>4. 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?</i></p>
Y 0974	<p>(d) The criteria for admission to and discharge and transfer from the facility.</p>

Y 0975	4. The written statement required pursuant to subsection 3 must be available for review by residents of the facility, members of the staff of the facility, visitors to the facility and the bureau.
Y 0976	5. The administrator shall ensure that the facility complies with the provisions of the statement required pursuant to subsection 3.
<b>NAC 449.2756 and R043-22</b>	<b>Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personal required; training for employees:</b>
Y 0990	1. The administrator of a residential facility which provides care to persons with Alzheimer's disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. <i>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.</i>
Y 0991	(b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. <i>All doors that can be used to exit the facility must have alarms or other alerting technology and the systems must be kept "on" at all times. Interior doors leading into garages and bedroom doors or sliding glass doors leading to yards or fenced pool areas must be alarmed.</i>
Y 0992	(c) At least one member of the staff is awake and on duty at the facility at all times. (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. <i>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.</i>  <i>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.</i>
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. <i>All kitchen knives and other sharp utensils need to be kept in locked drawers or cabinets. Note- if the resident is currently demonstrating behaviors such as anxiety, hallucinations, paranoia- or has a documented history of these types or similar behaviors occurring in the past 12 months, determination should be made if the facility proactively took or is taking measures to: secure lighters, lighter fluids, scissors, non-electrical razors, nail clippers, gardening tools, lawn care equipment and any fuel containers, home repair items (nails, screwdrivers, saws, hammers, etc.) or any other type of item that could be used to cause harm to their self or others.</i>
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; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. 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. <i>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.</i>
Y 0999	(g) All toxic substances are not accessible to the residents of the facility. <i>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. may be allowed in resident rooms if the resident has demonstrated proper use of those items or is monitored during the use of these products. .</i>
Y 1000	2. The training required pursuant to NAC 449.2768 may be used to satisfy the requirement of paragraph (g) of subsection 1 of NAC 449.196 for the year in which the training is received. <i>Documentation regarding the date, the name of the instructor and course content must be available in the employee's personnel record.</i>

NAC 449.2762 Y 1005	<p><b>Residential facility which offers or provides care for adults with intellectual disabilities or adults with related conditions: Application for endorsement; training for caregivers:</b></p> <p>1. A residential facility which offers or provides care and protective supervision for a resident with an intellectual disability or a resident with a related condition must obtain an endorsement on its license authorizing it to operate as a residential facility for adults with intellectual disabilities. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in <a href="#">NAC 449.191</a> or <a href="#">449.1915</a>. <i>This is an initial training requirement. It is assumed that the facility operator would include additional training related to the care of persons with intellectual disabilities as part of their caregiver's 8-hour annual training requirement.</i></p>
Y 1006	<p>2. Within 60 days after being employed by a residential facility for adults with intellectual disabilities, a caregiver must receive not less than 4 hours of training related to the care of persons with intellectual disabilities. <i>This is an initial training requirement. It is assumed that the facility operator would include additional training related to the care of persons with intellectual disabilities as part of their caregiver's 8-hour annual training requirement.</i></p>
Y 1007	<p>3. If a resident with an intellectual disability 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.</p>
No tag	<p>4. As used in this section, "residential facility for adults with intellectual disabilities" means a residential facility that provides care and protective supervision for persons with intellectual disabilities or persons with related conditions, including, without limitation, birth trauma, anoxia, brain trauma or other genetic or developmental disorders.</p>
NAC 449.2764 Y 1010	<p><b>Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees:</b></p> <p>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 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. <i>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 health conditions.</i></p> <p><i>Determining the need for an MI endorsement will require a review of reason the person has been referred to and admitted to the facility. Examples may include: 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.</i></p>
Y 1011	<p>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.</p> <p><i>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.</i></p>
No tag	<p>3. As used in this section, "residential facility for persons with mental illnesses" mean 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.</p>
NAC 449.2768 and R043-22 Y 1035	<p><b>Residential facility which provides care to persons with Alzheimer's disease: Alzheimer's/dementia Training:</b></p> <p>1. Except as otherwise provided in subsection 2, the administrator of a residential facility which holds an endorsement as a residential facility which provides care to persons with Alzheimer's disease or other forms of dementia pursuant to NAC 449.2754 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, in addition to the training required by NAC 449.196:</p> <p>(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 tier 2 training.</p>



Y1036	(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 tier 2. <i>See R043-22 Sec 6-7 for Tier 2 requirements.</i>
Y1037	<p>(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.</p> <p>(4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 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).</p> <p><i>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.</i></p>
Y1039	(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.
Y1040	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.
NAC 449.27704 Y 1045	<p><b>Placard: Issuance and display:</b></p> <p>2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility.</p>
NAC 449.1985 Y1050	<p><b>Regulatory Text</b></p> <p>1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver:</p> <p>(a) Before performing the task, annually thereafter and when any device used for performing the task is changed:</p> <p>(1) Has received training concerning the task that meets the requirements of subsections 5 and 6; and</p> <p>(2) Has demonstrated an understanding of the manner in which the task must be performed;</p> <p><i>For Reference:</i></p> <p><i><u>NRS 449.0304: Board to adopt regulations authorizing employees of certain facilities and agencies to perform certain tasks.</u></i></p> <p><i>1. The Board shall adopt regulations authorizing an employee of a residential facility for groups, an agency to provide personal care services in the home or a facility for the care of adults during the day, with the consent of the person receiving services, to:</i></p> <p><i>(a) Check, record and report the temperature, blood pressure, apical or radial pulse, respiration or oxygen saturation of a person receiving services from the facility or agency;</i></p> <p><i>(b) Using an auto-injection device approved by the Food and Drug Administration for use in the home, administer to a person receiving services from the facility or agency insulin furnished by a registered pharmacist as directed by a physician or assist such a person with the self-administration of such insulin; and</i></p> <p><i>(c) Using a device for monitoring blood glucose approved by the Food and Drug Administration for use in the home, conduct a blood glucose test on a person receiving services from the facility or agency or assist such a person to conduct a blood glucose test on himself or herself.</i></p>
Y 1060	<p>1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver:</p> <p>(b) Follows the manufacturer’s instructions when operating any device used for performing the task;</p> <p><i><u>Note; includes running controls per glucose monitoring device as required by manufacturer. It also includes use of blood pressure cuffs, thermometers and any other device used to carry out the tasks in NRS 449.0304.</u></i></p>
Y 1070	1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver:

	<p>(c) Performs the task in conformance with the Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578, 42 U.S.C. § 263a, if applicable, and any other applicable federal law or regulation;</p> <p><i>Note: To check if 1 (c) above is applicable refer to 2. If 2. applies then the AGC must have a CLIA waiver.</i></p> <p>2. If a person with diabetes who is a resident does not have the physical or mental capacity to perform a blood glucose test on himself or herself and a caregiver of the residential facility performs a blood glucose test on the resident, the Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578, 42 U.S.C. § 263a, shall be deemed to be applicable for the purposes of paragraph (c) of subsection 1.</p>
Y 1080	<p>1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver:</p> <p>(d) If the resident has diabetes, complies with the requirements of subsection 3 and NAC 449.2726.</p>
Y1090	<p>3. If a caregiver conducts a blood glucose test, the caregiver must ensure that the device for monitoring blood glucose is not used on more than one person.</p>
Y 1100	<p>4. A caregiver may weigh a resident of a residential facility only if:</p> <p>(a) The caregiver has received training on the manner in which to weigh a person that meets the requirements of subsections 5 and 6; and</p> <p>(b) The resident has consented to being weighed by the caregiver.</p>
Y 1110	<p>5. The training described in this section must be provided by:</p> <p>(a) A physician, physician assistant or licensed nurse;</p> <p>(b) For the training described in paragraph (b) or (c) of subsection 1 of NRS 449.0304, a registered pharmacist; or</p> <p>(c) An employee of the residential facility who has:</p> <p>(1) Received training pursuant to paragraph (a) of subsection 1 or paragraph (a) of Subsection 4, as applicable, from a physician, a physician assistant, a licensed nurse or, if applicable, a registered pharmacist;</p> <p>(2) At least 1 year of experience performing the task for which he or she is providing training; and</p> <p>(3) Demonstrated competency in performing the task for which he or she is providing training.</p>
Y 1120	<p>6. Any training described in this section must include, without limitation:</p> <p>(a) Instruction concerning how to accurately perform the task for which the caregiver is being trained in conformance with nationally recognized infection control guidelines which may include, without limitation, guidelines published by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services;</p> <p>(b) Instruction concerning how to accurately interpret the information obtained from performing the task; and (c) A description of any action, including, without limitation, notifying a physician, that must be taken based on such information.</p> <ul style="list-style-type: none"> <li>• <b>Fingerstick penlet devices MUST NOT be used on more than one resident even if the lancet is changed between residents.</b></li> </ul> <p><b>Insulin administration pen devices MUST NOT be used on more than one resident.</b></p>
NRS 449A.100	<p>Facility to provide necessary services or arrange for transfer of patient; explanation of need for transfer and alternatives available.</p>
Y 1200	<p>1. Every medical facility and facility for the dependent must provide the services necessary to treat properly a patient in a particular case or must be able to arrange the transfer of the patient to another facility which can provide that care.</p> <p>2. A patient may be transferred to another facility only if the patient has received an explanation of the need to transfer the patient and the alternatives available, unless the condition of the patient necessitates an immediate transfer to a facility for a higher level of care and the patient is unable to understand the explanation.</p>
NRS 449A.103	<p>Facility to forward medical records upon certain transfers of patient.</p>
Y 1205	<p>1. If a patient in a medical facility or facility for the dependent is transferred to another medical facility or facility for the dependent, a division facility or a physician licensed to practice medicine, the facility shall forward a copy of the medical records of the patient, on or before the date the patient is transferred, to the other medical facility or facility for the dependent, the division facility or the physician. The facility is not required to obtain the oral or written consent of the patient to forward a copy of the medical records.</p> <p>2. As used in this section:</p> <p>(a) "Division facility" means any unit or subunit operated by a division of the Department of Health and Human Services pursuant to title 39 of NRS.</p> <p>(b) "Medical records" includes a medical history of the patient, a summary of the current physical condition of the patient and a discharge summary which contains the information necessary for the proper treatment of the patient.</p>

<p><b>NRS 449A.106</b></p> <p>Y 1210</p>	<p>Specific rights: Information concerning facility; treatment; billing; visitation.</p> <p>Every patient of a medical facility or facility for the dependent has the right to:</p> <ol style="list-style-type: none"> <li>1. Receive information concerning any other medical or educational facility or facility for the dependent associated with the facility at which he or she is a patient which relates to the care of the patient.</li> <li>2. Obtain information concerning the professional qualifications or associations of the persons who are treating the patient.</li> <li>3. Receive the name of the person responsible for coordinating the care of the patient in the facility.</li> <li>4. Be advised if the facility in which he or she is a patient proposes to perform experiments on patients which affect the patient's own care or treatment.</li> <li>5. Receive from his or her physician a complete and current description of the patient's diagnosis, plan for treatment and prognosis in terms which the patient is able to understand. If it is not medically advisable to give this information to the patient, the physician shall: <ol style="list-style-type: none"> <li>(a) Provide the information to an appropriate person responsible for the patient; and</li> <li>(b) Inform that person that he or she shall not disclose the information to the patient.</li> </ol> </li> <li>6. Receive from his or her physician the information necessary for the patient to give his or her informed consent to a procedure or treatment. Except in an emergency, this information must not be limited to a specific procedure or treatment and must include: <ol style="list-style-type: none"> <li>(a) A description of the significant medical risks involved;</li> <li>(b) Any information on alternatives to the treatment or procedure if the patient requests that information;</li> <li>(c) The name of the person responsible for the procedure or treatment; and</li> <li>(d) The costs likely to be incurred for the treatment or procedure and any alternative treatment or procedure.</li> </ol> </li> <li>7. Examine the bill for his or her care and receive an explanation of the bill, whether or not the patient is personally responsible for payment of the bill.</li> <li>8. Know the regulations of the facility concerning his or her conduct at the facility. <ul style="list-style-type: none"> <li>• 9. Receive, within reasonable restrictions as to time and place, visitors of the patient's choosing, including, without limitation, friends and members of the patient's family.</li> </ul> </li> </ol>
<p><b>NRS 449A.109</b></p> <p>Y 1215</p>	<p>Specific rights: Designation of persons authorized to visit patient in facility.</p> <ol style="list-style-type: none"> <li>1. If, as a result of the incapacitation of a patient or the inability of a patient to communicate, the patient of a medical facility or facility for the dependent who is 18 years of age or older is unable to inform the staff of the facility of the persons whom the patient authorizes to visit the patient at the facility, the facility shall allow visitation rights to any person designated by the patient in a letter, form or other document authorizing visitation executed in accordance with subsection 2. The visitation rights required by this subsection must be: <ol style="list-style-type: none"> <li>(a) Provided in accordance with the visitation policies of the facility; and</li> <li>(b) The same visitation rights that are provided to a member of the patient's family who is legally related to the patient.</li> </ol> </li> <li>2. A person 18 years of age or older wishing to designate a person for the purposes of establishing visitation rights in a medical facility or facility for the dependent may execute a letter, form or other document authorizing visitation in substantially the following form: <p>(Date).....</p> <p>I, ....., (patient who is designating another person as having visitation rights of the patient) do hereby designate .....  (person who is being designated as having visitation rights of the patient) as having the right to visit me in a medical facility or facility for the dependent. I hereby instruct all staff of a medical facility or facility for the dependent in which I am a patient to admit ..... (person who is being designated as having visitation rights of the patient) to my room and afford him or her the same visitation rights as are provided to members of my family who are legally related to me during my time as a patient.</p> <p>.....  (Signed)</p> </li> </ol>

<p><b>NRS 449A.112</b></p> <p>Y 1220</p>	<p>Specific rights: Care; refusal of treatment and experimentation; privacy; notice of appointments and need for care; confidentiality of information concerning patient.</p> <ol style="list-style-type: none"> <li>1. Every patient of a medical facility or facility for the dependent has the right to: <ol style="list-style-type: none"> <li>(a) Receive considerate and respectful care.</li> <li>(b) Refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.</li> <li>(c) Refuse to participate in any medical experiments conducted at the facility.</li> <li>(d) Retain his or her privacy concerning the patient's program of medical care.</li> <li>(e) Have any reasonable request for services reasonably satisfied by the facility considering its ability to do so.</li> <li>(f) Receive continuous care from the facility. The patient must be informed: <ol style="list-style-type: none"> <li>(1) Of the patient's appointments for treatment and the names of the persons available at the facility for those treatments; and</li> <li>(2) By his or her physician or an authorized representative of the physician, of the patient's need for continuing care.</li> </ol> </li> </ol> </li> <li>2. Except as otherwise provided in NRS 108.640, 239.0115, 439.538, 442.300 to 442.330, inclusive, and 449A.103 and chapter 629 of NRS, discussions of the care of a patient, consultation with other persons concerning the patient, examinations or treatments, and all communications and records concerning the patient are confidential. The patient must consent to the presence of any person who is not directly involved with the patient's care during any examination, consultation or treatment.</li> </ol>
<p><b>NRS 449A.114</b></p> <p>Y 1225</p>	<p>Certain facilities to notify patient and State Long-Term Care Ombudsman of intent to transfer patient and provide opportunity for patient or representative to meet with administrator; exceptions.</p> <ol style="list-style-type: none"> <li>1. Except as otherwise provided in subsection 2, before a facility for intermediate care, facility for skilled nursing or residential facility for groups transfers a patient to another medical facility or facility for the dependent or discharges the patient from the facility, the facility shall: <ol style="list-style-type: none"> <li>(a) At least 30 calendar days before transferring or discharging the patient, provide the patient and the Ombudsman with written notice of the intent to transfer or discharge the patient; and</li> <li>(b) Within 10 calendar days after providing written notice to the patient and the Ombudsman pursuant to paragraph (a), allow the patient and any person authorized by the patient the opportunity to meet in person with the administrator of the facility to discuss the proposed transfer or discharge.</li> </ol> </li> <li>2. The provisions of this section do not apply to: <ol style="list-style-type: none"> <li>(a) A voluntary discharge or transfer of a patient to another medical facility or facility for the dependent at the request of the patient; or</li> <li>(b) The transfer of a patient to another facility because the condition of the patient necessitates an immediate transfer to a facility for a higher level of care.</li> </ol> </li> <li>3. As used in this section, "Ombudsman" means the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125.</li> </ol>
<p><b>NRS 449A.115</b></p> <p>Y 1230</p>	<p>Owner and administrator of certain facility prohibited from receiving certain money or property from resident or former resident; exception.</p> <ol style="list-style-type: none"> <li>1. Except as otherwise provided in subsection 3 and notwithstanding any other provision of law, an owner or administrator of a medical facility or facility for the dependent is not entitled to receive, and must not receive: <ol style="list-style-type: none"> <li>(a) Any money, personal property or real property that is devised or bequeathed by will to the owner or administrator by a resident or former resident of the facility.</li> <li>(b) Any proceeds from a life insurance policy upon the life or body of a resident or former resident of the facility.</li> </ol> </li> <li>2. Except as otherwise provided in subsection 3, any money, property, proceeds or interest therein that is described in subsection 1 passes in accordance with law as if the owner or administrator of the medical facility or facility for the dependent had predeceased the decedent resident or former resident.</li> <li>3. The provisions of subsections 1 and 2 do not apply if the owner or administrator of the medical facility or facility for the dependent is the spouse, legal guardian or next of kin of the resident or former resident of the facility or home, as applicable.</li> </ol>

<p><b>NRS 449A.118</b></p> <p>Y 1240</p>	<p>Patient to be informed of rights upon admission to facility; required disclosures and notices. [Effective January 1, 2020.]</p> <p>1. Every medical facility and facility for the dependent shall inform each patient or the patient's legal representative, upon the admission of the patient to the facility, of the patient's rights as listed in NRS 449A.100 and 449A.106 to 449A.115, inclusive.</p>
<p><b>NRS 449.101</b></p> <p>Y 1300</p>	<p><b>Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.]</b></p> <p>1. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed and any employee or independent contractor of such a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates.</p>
<p>Y 1305</p>	<p>2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall:</p> <p>(a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and</p> <p>(b) Post prominently in the facility and include on any Internet website used to market the facility the following statement:</p> <p>[Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status.</p>
<p>Y 1310</p>	<p>3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility:</p> <p>(a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and</p> <p>(b) The contact information for the Division.</p> <p>4. The provisions of this section shall not be construed to:</p> <p>(a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or</p> <p>(b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations.</p>
<p><b>NRS 449.102</b></p> <p>Y 1400</p>	<p><b>Duties of licensed facility to protect privacy of patient or resident. [Effective January 1, 2020.] A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall:</b></p> <p>1. Maintain the confidentiality of personally identifiable information concerning the sexual orientation of a patient or resident, whether the patient or resident is transgender or has undergone a gender transition and the human immunodeficiency virus status of the patient or resident and take reasonable actions to prevent the unauthorized disclosure of such information;</p>



Y 1405	2. Prohibit employees or independent contractors of the facility who are not performing a physical examination or directly providing care to a patient or resident from being present during any portion of the physical examination or care, as applicable, during which the patient or resident is fully or partially unclothed without the express permission of the patient or resident or the authorized representative of the patient or resident;
Y 1410	3. Use visual barriers, including, without limitation, doors, curtains and screens, to provide privacy for patients or residents who are fully or partially unclothed; and
Y 1415	4. Allow a patient or resident to refuse to be examined, observed or treated by an employee or independent contractor of the facility for a purpose that is primarily educational rather than therapeutic
Y 1500 <b>R016-20 Sec. 8</b>	A facility shall adopt and maintain policies and procedures for the transfer and discharge of, and the provision of services to, patients or residents in the facility which do not discriminate against a patient or resident based on the source of payment for the services provided.
Y 1505 <b>R016-20 Sec. 9</b>	In addition to the statement prescribed by paragraph (b) of subsection 2 of NRS 449.101, a facility shall post prominently in the facility and include on any Internet website to market the facility: 1. Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and 2. The contact information for the Division.
<b>R016-20 Sec. 10</b>	1. The statement required to be posted pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required to be posted pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable, must: (a) State the name of the facility; and (b) When posted in the facility: (1) Be not less than 8.5 inches in height and 11 inches in width, with margins not greater than 0.5 inches on any side; and (2) Be written using a single typeface in not less than 22-point type. 2. When posting prominently the statement required to be posted pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required to be posted pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable, the facility shall post the statement or notice and information in each: (a) Public entrance of the facility; (b) Waiting room of the facility; and (c) Public dining room of the facility.
<b>R016-20 Sec. 11-12</b> Y 1520	<b>Sec 11.</b> 1. Upon admission of a patient or resident, the facility shall: (a) Provide the patient or resident with a written copy of the statement required pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable. (b) Provide the patient or resident with a written notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the facility. The written notice provided by the facility must include, without limitation: (1) The contact information for the Division; (2) A clear statement that such a complaint with the facility: (I) May be filed in addition to the complaint that may be filed with the Division pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable; and (II) Is not required to be filed for the patient or resident to file a complaint with the Division pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable; and (3) The procedure that the facility uses to address such complaints with the facility and the timeframe for how long it will take the facility to address such complaints with the facility. 2. As used in this section, “prohibited discrimination” means the discrimination described in section 7 of this regulation and in subsection 1 of NRS 449.101.

	<p><b>Sec. 12</b> A facility shall:</p> <ol style="list-style-type: none"> <li>1. Develop and adopt a written policy on how a complaint with the facility that is filed pursuant to paragraph (b) of subsection 1 of section 11 of this regulation is documented, investigated and resolved;</li> <li>2. Maintain a log that lists: <ol style="list-style-type: none"> <li>(a) All complaints with the facility that are filed pursuant to paragraph (b) of subsection 1 of section 11 of this regulation;</li> <li>(b) The actions taken by the facility to investigate and resolve the complaint; and</li> <li>(c) If no action was taken, an explanation as to why no action was taken.</li> </ol> </li> </ol>
<b>R016-20 Sec. 13</b> Y 1535	To provide express permission pursuant to subsection 2 of NRS 449.102, a patient or resident or the authorized representative of the patient or resident must provide permission in writing.
<b>R016-20 Sec. 14-17</b> Y 1540	<p><b>Sec. 14</b> 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may:</p> <ol style="list-style-type: none"> <li>(a) More effectively treat patients or care for residents, as applicable; and</li> <li>(b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.</li> </ol> <p>2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation.</p> <p>3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1.</p>
	<p><b>Sec. 15</b> 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may:</p> <ol style="list-style-type: none"> <li>(a) Develop or operate the course or program; or</li> <li>(b) Contract with a third party to develop and operate the course or program.</li> </ol> <p>2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.</p> <p>3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program:</p> <ol style="list-style-type: none"> <li>(a) The application of the instructor who will teach the course or program;</li> <li>(b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and</li> <li>(c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training.</li> </ol> <p>4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department:</p> <ol style="list-style-type: none"> <li>(a) The syllabus of the course or program;</li> <li>(b) The following information: <ol style="list-style-type: none"> <li>(1) The name of the facility;</li> <li>(2) The address of the facility;</li> <li>(3) The electronic mail address of the facility;</li> <li>(4) The license number of the facility; and</li> <li>(5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1;</li> </ol> </li> </ol>

	<p>(c) If the facility contracts with a third party who develops and operates the course or program, the following information:</p> <ol style="list-style-type: none"> <li>(1) The name of the third party;</li> <li>(2) The address of the third party;</li> <li>(3) The electronic mail address of the third party; and</li> <li>(4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1;</li> </ol> <p>(d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation;</p> <p>(e) A sample sign-in sheet for the course or program that contains:</p> <ol style="list-style-type: none"> <li>(1) The dates of the course or program; and</li> <li>(2) A place for a participant of the course or program to print and sign his or her name;</li> </ol> <p>(f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates:</p> <ol style="list-style-type: none"> <li>(1) The content of the course or program;</li> <li>(2) The instructor of the course or program; and</li> <li>(3) The manner in which the course or program is presented to the participant; and</li> </ol> <p>(g) A sample document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation.</p> <p>5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program:</p> <ol style="list-style-type: none"> <li>(a) Is provided by: <ol style="list-style-type: none"> <li>(1) A nationally recognized organization, as determined by the Director of the Department;</li> <li>(2) A federal, state or local government agency; or</li> <li>(3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and</li> </ol> </li> <li>(b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory.</li> </ol> <p>6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department:</p> <ol style="list-style-type: none"> <li>(a) The name of the course or program;</li> <li>(b) The name of the organization, agency, university or college providing the course or program;</li> <li>(c) If the course or program is provided online, the URL of the course or program;</li> <li>(d) If the course or program is provided through a training system, access to the training system;</li> <li>(e) If the course or program is not provided online or through a training system, the syllabus of the course or program;</li> <li>(f) The following information: <ol style="list-style-type: none"> <li>(1) The name of the facility;</li> <li>(2) The address of the facility;</li> <li>(3) The electronic mail address of the facility;</li> <li>(4) The license number of the facility; and</li> <li>(5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and</li> </ol> </li> <li>(g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation.</li> </ol> <p>7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website.</p>
	<p><b>Sec. 16</b> 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials:</p> <ol style="list-style-type: none"> <li>(a) An overview of cultural competency;</li> <li>(b) An overview of implicit bias and indirect discrimination;</li> <li>(c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths;</li> <li>(d) An overview of social determinants of health;</li> </ol>

	<p>(e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103;</p> <p>(f) An overview of gender, race and ethnicity;</p> <p>(g) An overview of religion;</p> <p>(h) An overview of sexual orientation and gender identities or expressions;</p> <p>(i) An overview of mental and physical disabilities;</p> <p>(j) Examples of barriers to providing care;</p> <p>(k) Examples of language and behaviors that are discriminatory; and</p> <p>(l) Examples of a welcoming and safe environment.</p> <p>2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation:</p> <p>(a) Evidence-based, peer-reviewed sources;</p> <p>(b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States;</p> <p>(c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department;</p> <p>(d) Source materials that are published or used by federal, state or local government agencies; or</p> <p>(e) Other source materials that are deemed appropriate by the Department.</p>
	<p><b>Sec. 17 4.</b> The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program.</p>

**R016-20 Sec. 19-20**  
Y 1600

**Sec. 19** 1. A facility shall:

(a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and

(b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation:

(2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident.

2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation:

(a) The preferred name and pronoun of the patient or resident;

(b) The gender identity or expression of the patient or resident;

(c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident;

(d) The sexual orientation of the patient or resident; and

(e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident:

(1) A history of the gender transition and current anatomy of the patient or resident; and

(2) An organ inventory for the patient or resident which includes, without limitation, the organs:

(I) Present or expected to be present at the birth of the patient or resident;

(II) Hormonally enhanced or developed in the patient or resident; and

(III) Surgically removed, enhanced, altered or constructed in the patient or resident.



	<p><b>Sec. 20</b> 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire.</p> <p>2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who:</p> <ul style="list-style-type: none"> <li>(a) Are unable to read;</li> <li>(b) Are blind or visually impaired;</li> <li>(c) Have communication impairments; or</li> <li>(d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1.</li> </ul>
<b>R016-20 Sec. 21</b> Y 1620	A facility shall designate a representative of the facility who shall be responsible for ensuring that the facility is in compliance with sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive.
<b>R016-20 Sec. 22</b> Y 1625	Upon request from the Division or Department, a facility shall make available to the Division or Department documentation for the Division or Department to determine if the facility is complying with sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive.

<p><b>NRS 449.1845</b> Y 1700</p>	<p><b>Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment.</b></p> <ol style="list-style-type: none"> <li>1. The administrator of a residential facility for groups shall: <ol style="list-style-type: none"> <li>(a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility;</li> <li>(b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and</li> <li>(c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: <ol style="list-style-type: none"> <li>(1) Upon admission of the resident to the facility; and</li> <li>(2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: <ol style="list-style-type: none"> <li>(I) The resident may meet those criteria; or</li> <li>(II) The condition of the resident has significantly changed.</li> </ol> </li> </ol> </li> <li>2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: <ol style="list-style-type: none"> <li>(a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of <a href="#">NRS 449.0302</a> for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia.</li> <li>(b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups.</li> </ol> </li> <li>3. As used in this section, "provider of health care" has the meaning ascribed to it in <a href="#">NRS 629.031</a>.</li> </ol> <p>(Added to NRS by <a href="#">2019, 2594</a>)</p> </li></ol>
<p><b>R048-22</b> <b>Sec. 3</b> Y 1800</p>	<p><b>30 Day PPE required.</b></p> <ol style="list-style-type: none"> <li>1. A medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall ensure that each person on the premises of the facility uses personal protective equipment in accordance with the publications adopted by reference in section 2 of this regulation. The facility shall maintain: <ol style="list-style-type: none"> <li>(a) Not less than a 30-day supply of personal protective equipment at all times; or</li> <li>(b) If the facility is unable to comply with the requirements of paragraph (a) due to a shortage in personal protective equipment, documentation of attempts by and the inability of the facility to obtain personal protective equipment.</li> </ol> </li> </ol>
<p><b>R048-22</b> <b>Sec. 3</b> Y 1805</p>	<p><b>PPE Supplier Contract and Tracking</b></p> <ol style="list-style-type: none"> <li>2. Except as otherwise provided in subsection 3, a medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: <ol style="list-style-type: none"> <li>(a) Enter into a contract with a supplier of personal protective equipment which ensures that the facility has a supply of personal protective equipment sufficient to comply with the requirements of subsection 1; and</li> <li>(b) Track the amount of personal protective equipment that the facility has available, the rate at which personal protective equipment is used in the facility and orders for personal protective equipment in a manner sufficient to ensure compliance with the requirements of subsection 1.</li> </ol> </li> </ol>
<p><b>R048-22</b> <b>Sec. 5</b> Y 1810</p>	<p><b>Infection Control Program</b></p> <ol style="list-style-type: none"> <li>1. A facility for the dependent shall: <ol style="list-style-type: none"> <li>(a) Develop and carry out an infection control program to prevent and control infections within the facility;</li> <li>(b) Review the infection control program, including, without limitation, the infection control policy adopted pursuant to subsection 2, at least annually to ensure that the program meets current evidence-based standards for infection control plans and the safety needs of residents, staff and visitors;</li> </ol> </li> </ol>
<p><b>R048-22</b> <b>Sec. 5</b> Y 1815</p>	<p><b>Emergency Preparedness Plan</b></p> <ol style="list-style-type: none"> <li>1. A facility for the dependent shall: <ol style="list-style-type: none"> <li>(c) Develop and carry out a comprehensive plan for emergency preparedness.</li> </ol> </li> </ol>

	6. The plan for emergency preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases.
<b>R048-22</b> <b>Sec. 5</b> Y 1820	<b>Infection Control Policy</b> 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations.
<b>R048-22</b> <b>Sec. 5</b> Y 1825	<b>IC Program Responsible Person and Designee</b> 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times.
<b>R048-22</b> <b>Sec. 5</b> Y 1830	<b>Infection Control Required Training</b> 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.
	<b>Reference for <u>Tag 1840</u> below – R063-21</b> <b>Sec. 2.</b> <i>As used in NRS 449.0925 and sections 2 to 5, inclusive, of this regulation, the Division shall interpret “unlicensed caregiver” to mean any person that provides care to residents, patients or clients at a facility described in section 3 of this regulation and who:</i> <i>1. Is not required to hold licensure or certification pursuant to title 54 of NRS to provide such care; and</i> <i>2. Does not hold such licensure or certification.</i> <b>Sec. 3.</b> <i>Each medical facility, facility for the dependent or facility licensed pursuant to NRS 449.0303 that uses unlicensed caregivers to provide care to residents, patients or clients shall ensure that each such unlicensed caregiver complies with the requirements of section 4 of this regulation.</i>
<b>R063-21 Sec. 4</b> Y 1840	<b>Sec. 4.</b> 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care.