

**Exemption Request - Notice of Admission or Retention of a Bedfast Resident**

**Facility Name:**

**Today's Date:**

**Address:**

**Administrator:**

**Telephone Number:**

**Name of Resident (please print):** \_\_\_\_\_

As provided in NAC 449.2736, notice must be given to the Bureau of Health Care Quality and Compliance before admitting a resident or at the onset of the bedfast condition. The following information is requested from the facility:

- 1) Current records and reports concerning the resident's medical condition
- 2) Documentation of current health, diagnoses and prognosis
- 3) A plan for ensuring that the resident's medical needs can be met by the facility
- 4) 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
- 5) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the request will be met by the caregivers employed by the facility
- 6) Name and phone number of the hospice or home health agency involved in care
- 7) Your staffing arrangements to ensure bedfast residents will be turned and repositioned as needed.

**Attestation:** By signing this notice I attest the resident does not require care for a feeding tube, new colostomy, ileostomy, urostomy, intravenous access devices (IV catheters, heplocks, PIC lines or central lines), diabetes monitoring or injectable medication provided by any employee of the facility. I accept the responsibility to ensure the care of this resident will not detract from the care of any other resident. I accept responsibility to ensure the care provided follows the plan of care.

**Completed Packet may be submitted by mail, e-mail, or fax to:**

Division of Public and Behavioral Health – Attention: Pat Elkins, RN  
4220 S. Maryland Parkway, Bldg. D, Suite 810  
Las Vegas, NV 89119  
Phone: (702) 486-6515  
FAX: (702) 486-6520  
E-mail: pelkins@health.nv.gov

Signature of Administrator \_\_\_\_\_

Print Name of Administrator \_\_\_\_\_