

**Notice of Admission or Retention of a Resident
With Certain Medical Needs or Conditions**

Facility Name:

Today's Date:

Address:

Administrator:

Telephone Number:

Name of Resident (please print): _____

As provided in NAC 449.271 – 449.2738, notice must be given to the Bureau of Health Care Quality and Compliance before admitting a resident or at the onset of condition. The following information must be provided by the facility at the time of request in one complete packet:

- 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 home health agency or hospice involved in care
- 7) Evidence of caregiver training for the resident's medical condition as required per NAC 449.271 – 449.2738.

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, Nevada 89119
Phone: (702) 486-6515
FAX: (702) 486-6520
E-mail: pelkins@health.nv.gov

Attestation: By signing below, I attest the facility is licensed as a Category II facility and has a sprinkler system installed in the facility for fire protection.

Signature of Administrator _____

Print Name of Administrator _____

2014-01-29