

Steve Sisolak
Governor



Richard Whitley, MS
Director

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

NOTICE OF PUBLIC HEARING

THE SPRING VALLEY HOSPITAL MEDICAL CENTER IS REQUESTING A VARIANCE, #724,
FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN that SPRING VALLEY HOSPITAL MEDICAL CENTER has requested a variance from Nevada Revised Statutes (NRS) 449.3154.

A public hearing will be conducted on December 3rd, 2021, at 9:00 am by the Nevada State Board of Health to consider this request. This meeting will be held online.

Meeting Locations:

Join from computer using the Zoom meeting link:

<https://zoom.us/j/91711965467?pwd=WDc0MWJUVnZGRc85VEp1QnNUUExIz09>

Online Conference ID Number: 917 1196 5467

Passcode: 422977

Join by Phone:

1-669-900-9128 (San Jose) Access Code: 917 1196 5467

Passcode: 422977

Phone Conference ID Number: 439 309 712#

The SPRING VALLEY HOSPITAL MEDICAL CENTER is requesting a variance from NAC 449.3151(1) which states:

NAC 449.3154(1) Construction, remodeling, maintenance and change of use: General requirements; prerequisites to approval of licensure ([NRS 439.200](#), [449.0302](#)), 2018 Edition of the National Fire Protection Administration (NFPA) 101, Life Safety Code (LSC), Sections:

- [1] 18.2.3.4 Corridor Width;
- [2] 18.2.3.4(2) Protrusions from the Corridor Walls;
- [3] 18.3.7.6(3) Subdivision of Building Spaces – Doors in Smoke Barriers Door Swing
- [4] 18.3.7.6(4) Subdivision of Building Spaces – Doors in Smoke Barriers Door Size

Reference pursuant to NAC 449.0105

NAC 449.3154(1)

1. Except as otherwise provided in this section, a hospital shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to [NAC 449.0105](#).

2. Except as otherwise provided in this section, any new construction, remodeling or change in the use of a hospital must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c) and (d) of subsection 1 of [NAC 449.0105](#), unless the remodeling is limited to refurbishing an area of the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.

3. Except as otherwise provided in subsection 4, a hospital shall meet all applicable:

- (a) Federal and state laws;
- (b) Local ordinances, including, without limitation, zoning ordinances; and
- (c) Life safety, environmental, health, fire and local building codes,

↪ related to the construction and maintenance of the hospital. If there are any differences between the state and local codes, the more restrictive standards apply.

4. A hospital which is inspected and approved by the State Public Works Division of the Department of Administration in accordance with the provisions set forth in [chapter 341](#) of NRS and [chapter 341](#) of NAC is not required to comply with any applicable local building codes related to the construction and maintenance of the hospital.

5. A complete copy of the building plans for new construction and remodeling of a hospital, drawn to scale, must be submitted to the entity designated to review such plans by the Division of Public and Behavioral Health pursuant to the provisions of [NAC 449.0115](#). Before the construction or remodeling may begin, plans for the construction or remodeling must be approved by the Division of Public and Behavioral Health.

6. The Bureau shall not approve the licensure of a hospital until all construction has been completed and a survey is conducted at the site. The plan review is only advisory and does not constitute prelicensing approval.

7. Notwithstanding any provision of this section to the contrary, a hospital which was licensed on January 1, 1999, shall be deemed to be in compliance with this section if the use of the physical space in the hospital does not change and the existing construction of the hospital does not have any deficiencies which are likely to cause serious injury, serious harm or impairment to public health and welfare.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99; A by R076-01, 10-18-2001; R068-04, 8-4-2004; R122-16, 9-21-2017)

NAC 449.0105

1. The State Board of Health hereby adopts by reference:

(a) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <http://www.nfpa.org> or by telephone at (800) 344-3555, for the price of \$88.20 for members or \$98.00 for nonmembers, plus, for a printed copy, \$9.95 for handling.

(b) *NFPA 99: Health Care Facilities Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <http://www.nfpa.org> or by telephone at (800) 344-3555, for the price of \$65.25 for members or \$72.50 for nonmembers, plus, for a printed copy, \$9.95 for handling.

(c) *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*, in the form most recently published by the Facility Guidelines Institute, 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 Facility Guidelines Institute at AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://www.fgiguidelines.org/> or by telephone at (800) 242-2626, for the price of \$200.

(d) *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*, in the form most recently published by the Facility Guidelines Institute, 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 Facility Guidelines Institute at AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://www.fgiguideines.org/> or by telephone at (800) 242-2626, for the price of \$200.

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 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 pursuant to subsection 1.

(Added to NAC by Bd. of Health by R066-04, R067-04, R068-04, R069-04, R073-04, R076-04 & R077-04, eff. 8-4-2004; A by R121-16, 9-21-2017; R122-16, 9-21-2017)

The authority of the State Board of Health to consider and grant a variance from the requirements of a regulation is set forth at NRS 439.200 and NAC 439.200 – 439.280.

Persons wishing to comment upon the proposed variance may appear at the scheduled public hearing or may submit written testimony at least five days before the scheduled hearing to:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Anyone wishing to testify for more than five minutes on the proposed variance must petition the Board of Health at the above address. Petitions shall contain the following: 1) a concise statement of the subject(s) on which the petitioner will present testimony; 2) the estimated time for the petitioner's presentation.

This notice has also been posted at the following locations:

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, 4150 TECHNOLOGY WAY, CARSON CITY, NV

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH WEBSITE:
<http://dpbh.nv.gov/Boards/BOH/Meetings/Meetings/>

NEVADA STATE BOARD OF HEALTH
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Please check the appropriate box that pertains to the NAC for which you are requesting a variance.

Division Administration
(NAC 439, 441A, 452, 453A, & 629)

Health Care Quality & Compliance
(NAC 449, 457, 459 & 652)

Child, Family & Community Wellness
(NAC 392, 394, 432A, 439, 441A, & 442)

Health Statistics, Planning,
Epidemiology and Response
(NAC 440,450B, 452, 453, 453A, & 695C)

Public Health & Clinical Services
(NAC 211, 444, 446, 447, 583, & 585)

Date: October 1, 2021

Name of Applicant: Spring Valley Hospital Medical Center (Valley Health Specialty Hospital
8656 West Patrick, Las Vegas, Nevada 89148) Phone: 702-853-3000

Mailing Address: 5400 South Rainbow Blvd.

City: Las Vegas State: Nevada Zip: 89118

We do hereby apply for a variance to _____ of the Nevada
chapter/section NAC 449.3154 (1)
Administrative Code (NAC). (For example: NAC 449.204)

Title of section in question: Construction, remodeling, maintenance and change of use: General requirements; prerequisites to approval of licensure.

Statement of existing or proposed conditions in violation of the NAC:

1. National Fire Protection Association, (NFPA 101), Life Safety Code, 2018 Edition, Egress Section, 18.2.3.4 Corridor Width

2. NFPA 101, Section 18.2.3.4 (2)

3. NFPA 101, Sections 18.3.7.6(3)

4. NFPA 101, Section 18.3.7.6(4)

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APPLICATION FOR VARIANCE

Date of initial operation (if existing): 09/08/2021

ATTENTION: Please read this section closely. Your request for variance will be examined against these criteria:

Any person who, because of unique circumstances, is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right may apply for a variance from a regulation. (NAC 439.200(1))

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - (a) There are circumstances or conditions which:
 - (1) Are unique to the applicant;
 - (2) Do not generally affect other persons subject to the regulation;
 - (3) Make compliance with the regulation unduly burdensome; and
 - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
 - (b) Granting the variance:
 - (1) Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property; and
 - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he suffers or will suffer economic hardship by complying with the regulation, he must submit evidence demonstrating the costs of his compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable. (NAC 439.240)

Therefore, it is important for your variance request to be as complete as possible. It is your responsibility to attach documentation supportive of your variance request.

Statement of degree of risk of health

No Risk. The variances requested poses no health risk to patients, visitors, or staff at Spring Valley Hospital. This facility had a previous license as a hospital, the license was surrendered, therefore the facility is required to meet the currently adopted codes. The new Owner/operator remodeled the existing structure.

1. NFPA 101 18.2.3.4 (2018, Chapter 18- New Health Care Occupancies) states aisles, corridors, ...shall be not less than 8 feet in clear and obstructed width unless otherwise permitted..."
-

NFPA 101 19.2.3.4 (1)(2018-Chapter 2019-Existing Facilities states "aisles, corridors ... shall not be less than 48 inches in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted..."

The corridor created between two existing parallel walls are approximately 7 feet apart from each other exceeding the minimum required for existing facilities. . Per IBC Section 1020.2 Exception "In

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APPLICATION FOR VARIANCE

I-2 (healthcare occupancies), corridors are not required to have clear 96 inches where there are not stretcher or bed movement for the access to care or as part of the defend-in-place strategy.” The intent of the 8-foot corridors has always been understood primarily to allow for patient bed movement and allow for service items such as service carts and mobile equipment to be in the corridor to service patient rooms and treatment areas and not restrict the corridor to less than 48 inches. This corridor will not have any bed movement or service-related equipment or carts and maintains over 78 inches clear throughout and approximately 84 inches clear, everywhere except the (2) projections of 6 inches by 12 inches.

See Attachment D

2. NFPA 101 18.2.3.4 (2) (2018, New Health Care Occupancies) “projections from the corridor wall shall be permitted by one of the following: (a) Noncontinuous projections not more than 4 in from the corridor wall, positioned not less 38 inches above the floors shall be permitted.

NFPA 101 19.2.3.4 (2) (2018-Existing Health Care Occupancies) states that “where corridor is at least 6 ft, projections from the corridor wall shall be permitted by one of the following: (a) Noncontinuous projections not more than 4 inches from the corridor wall, positioned above handrail height are permitted.

NFPA 101 18.2.3 4(2) (2012-New Health Care Occupancy) which is the adopted code for CMS permits noncontinuous projections not more than 6 inches from the corridor wall, positioned not less than 38 inches above the floor shall be permitted. The corridor projections are 6 inches by 12 inches, majority of the corridor has approximately 84-inch clearance. The 2 (6 inch by 12 inch) non-continuous projections are to cover necessary structural columns.

See Attachment D

3. NFPA 101 18.3.7.6 (3) (2018-New Health Care Occupancies) states “The swinging doors addressed by 18.3.7.6 (2) shall be arranged so that each door swings in directions opposite from the other.

NFPA 101 19.3.7.8 (2018-Existing Health Care Occupancies) states “Doors in smoke barriers shall comply with 8.5.4 and all the following: (1) The doors shall be self-closing or automatic-closing in accordance with 19.2.2.2.7 (2) Latching hardware shall not be permitted and (3) The doors shall not be required to swing in the direction of egress travel.”

The facilities doors do both swing in the direction of egress and meet the other two requirements and the pair of corridors doors are 6 feet wide and swing in the primary direction of egress. The areas beyond these fire doors all have direct egress to the exterior of the building.

See Attachment D

4. NFPA 101 18.3.7.6 (4) (2018-New Health Care Occupancies) provides “the minimum clear width of swinging doors shall be as follows: (a) Where the corridor is required to be a minimum of 8-feet wide-41.5 in.”

NFPA 101 (2018-Section 19-Existing Health Care Occupancies) 19.3.7.9 states “door opening in smoke barriers shall be protected using one of the following methods (1) swinging doors providing a clear width of not less than 32 inches.”

As stated in number the one the corridor created is not able to be designed to meet the 8-foot-wide corridor. The code requires that these doors be a minimum width of 41.5 each. Because the existing hallway is not able to be widened to 8 feet wide, two 41.5' doors will not fit in the existing space. There is 64" of clear space when the

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APPLICATION FOR VARIANCE

existing doors are opened. The existing fire rated doors swing in the direction of the primary path of egress towards the west. These are existing doors in an existing frame / opening. There are far fewer than 49 occupants egressing to the east back into the building due to the double exit doors in the public dining area, single exterior exit door at the end of the newly created corridor, direct exterior egress door from the kitchen, and the exterior egress door located in the patient dining / activity space. Most occupants beyond these doors would exit directly to the exterior through one of the 4 exterior door locations listed above. For these reasons, we believe the existing doors do not create a life safety issue.

See Attachment D

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, corridors

Please state in detail the circumstances or conditions which demonstrate that:

1. An exceptional and undue hardship results from a strict application of the Regulation:

1. Bringing the corridor width and into strict compliance with the guidelines would require an estimated 31 week to complete, at an estimated cost of \$230,780.00 per the attached architectural estimate-Attachment A
 2. Bringing the corridor width into strict compliance with the guidelines by removing the projections would require an estimate 28 weeks, at an estimated cost of \$122,000.00 per the attached architectural estimate. Attachment B
 - 3 and 4 Bringing the door width and changing the direction of the swing of the doors into strict compliance with the guidelines would require an estimated 31 week to complete, at an estimated cost of \$259,250 per the attached architectural estimate-Attachment C
- The total undue hardship based on the attached architectural estimates is \$612,030.00

2. The variance, if granted, would not:

A. Cause substantial detriment to the public welfare.

If granted the variance will not cause substantial detriment to the public welfare.

The granting of the variances for Spring Valley Hospital will not substantial detriment to the public welfare.

1. The intent of the 8-foot corridors is primarily required to allow for patient bed movement and allow for service items such as service carts and mobile equipment to be in the corridor to service patient rooms and treatment areas and not restrict the corridor width to less than 48 inches. This corridor will not have any bed movement or service-related equipment or carts and maintains over 78 inch clear throughout and approximately 84' clear for everywhere except the (2) projections. The reduced corridor width still provides the ability to exit the facility safely.
2. The encroachment of the two (6 inch by 12 inch) encroachments does not restrict the corridor to less than 48 inches and as stated above, this corridor will not have any bed movement or service-related equipment or carts and maintains over 78 inch clear throughout and approximately 84 inch clear everywhere except the (2) projections. The reduced corridor width still provides the ability to exit the facility safely.
3. The pair of corridor doors swing the direction of egress and maintains the 6-foot clearance and the allows for safe egress through this corridor as there is no need to egress beds through this corridor and the area beyond these fire doors all have direct egress to the exterior of the building.
4. As stated in number one, the reduced corridor width which required the reduced door width does not cause substantially detriment to the public welfare. There are far fewer than 49 occupants egressing to the east back into the building due to the double exit doors in the public dining area, single exterior exit door at the end of the newly created corridor, direct exterior egress door from the kitchen, and the exterior egress door located in the patient dining / activity space. Most occupants beyond these doors would exit directly to the exterior through one of the 4 exterior door locations listed above. For these reasons, we believe the existing doors do not create a life safety issue.

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APPLICATION FOR VARIANCE

B. Impair substantially the purpose of the regulation from which the application seeks a variance.

If granted the variance does not impair substantially the purpose of the regulation from which the application seeks.
The granting of these variance does impair substantially the purpose of the regulations which the application seeks.

1. The purpose for requiring the 8-foot corridor is primarily to allow for patient bed movement and to allow for service items such as service carts and mobile equipment to be in the corridor to service patient rooms and treatment areas and not to restrict the corridor to less than 48 inches, this corridor is approximately 84 inches wide. This corridor does not have any bed movement or service-related equipment or carts and maintains over 78 inches clear throughout and approximately 84 inches for everywhere except two (6 inch by 12 inch) projections that are due to support beams.
2. The purpose of the regulation concerning the protrusion from the wall is assure there is ample space for patients, visitors, and staff to safely egress from the facility. The protrusions from the wall do not reduce to the corridor width to less than 48 inches and as stated above, the entire corridor maintains over 78 inches clear throughout and approximately 84 inches for everywhere except two projections that are due to the structural support beams.
3. The purpose for requiring the doors to swing in opposite directions is to allow appropriate egress in either direction. This corridor would only be used to egress the direction of the door swing as all area beyond these fire doors all have direct egress to the exterior of the facility.
4. The purpose for requiring the doors to the corridor discussed is for the ability of patients, visitors, and staff to exit the facility safely. The exiting doors provide for 64 inches of clear space when existing doors are opened. The existing fire rated doors swing in the direction of the primary path of egress. These are existing doors in an existing frame/opening. There are far fewer than 49 occupants egressing due to double exit doors in the public dining area, single exterior exit at the end of newly created corridor, direct exterior egress door from the kitchen, and the exterior egress door located in the patient dining/activity space.

The bureau may require the following supporting documents to be submitted with and as a part of this application:

1. Legal description of property concerned

2. **General area identification map**

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APPLICATION FOR VARIANCE

3. Plat map showing locations of all pertinent items and appurtenances
4. Well log (if applicable)
5. Applicable lab reports
6. **Applicable engineering or construction/remodeling information**
7. Other items (see following pages)

This application must be accompanied by evidence demonstrating the costs of your compliance with regulations or specific statutory standards. Your request will be placed on the Board of Health agenda 40 days or more after receipt in this office if accompanied by the required fee (NAC 439.210). The application and supporting documentation will form the basis for the Division of Public and Behavioral Health staff report and recommendation(s) to the Board. Failure to respond to the above statements may cause the Board to deny consideration of the application at the requested Board meeting.

Please schedule this hearing during:

The next regularly scheduled Board of Health meeting, regardless of location.

The next scheduled meeting in Carson City.

The next scheduled meeting in Las Vegas.

Signature: Scott Weiss MBA, JD

Printed Name: SCOTT WEISS

Title: CONSULTANT

Date: OCTOBER 5, 2021



Attachment A Valley Health Specialty Hospital Corridor Width Waiver Budget and Timeline

To Whom this May Concern:

We are requesting a waiver of the requirements to have an 8'-0" wide corridor for a newly added exit corridor within this existing facility. The corridor was created between two existing parallel walls approximately 7' apart from each other. One wall is an existing Concrete Masonry wall which has an existing rating of 2 hours. The existing opposing parallel wall separates the corridor from the existing kitchen area and is a smoke wall. Neither wall can be moved without major reconstruction of the existing building.

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HOBOKEN
HOUSTON
LAS VEGAS
LOS ANGELES
SALT LAKE CITY
SAN DIEGO

Per 2018 FGI corridor widths per Section 2.1-7.2.2.1 states that corridor widths shall meet applicable life safety and building code requirements.

2018 IBC Section 1020.2, Exception: *"In I-2 occupancies, corridors are not required to have the clear width of 96 inches where there will not be stretcher or bed movement for access to care or as part of the defend-in-place strategy."*

2018 NFPA 101 Section 18.2.3.4 (4)(a)(b)(c) Allows for projections into the corridors as long as the width is not reduced to less than 60".

The intent of the 8' corridors has always been understood primarily to allow for patient bed movement and allow for service items such as service carts and mobile equipment to be in the corridor to service patient rooms and treatment areas and not restrict the corridor to less than 60". This corridor will not have any bed movement or service-related equipment or carts and maintains over 78" clear throughout and approximately 84" clear for everywhere except the (2) projections. We don't believe that this creates any life safety concerns and would be extremely costly to make it 12" wider. There is a snowball effect for relocating the only wall that could possibly move due to the fact that the kitchen and dining server are located on the other side of the wall.

PGAL, LLC
7373 Peak Dr., Suite 170
Las Vegas, NV 89128

t 702 435 4448
f 702 435 4470

Jeffrey P. Gerber, AIA | Ken Brown, AIA | David L. Andrews, AIA | Paul D. Bonnette, AIA | Jefferson D. Bulla III, AIA | Dennis M. Comiskey, PE
Matthew Ellis, AIA | Samuel J. Ferreri, AIA | Beth Funk | Cheryl Gajeske, AIA | Costas Georghiou, PE | Benjamin J. Girardin, AIA
Ryan Josefovsky, PE | Sharon Lang | Michael H. Lloyd, AIA | David F. Moss, AIA | Greg Mullin, AIA | Ian A. Nestler, AIA | Iván Pire, AIA
Cris Ruebush, AIA | Derron S. Vincik, PE | Jeffrey A. Weiner, AIA

Estimated Cost:

Architecture / Engineering:	\$ 65,000.00
Permits:	\$ 7,000.00
Demo:	\$ 25,500.00
New Finishes:	\$ 30,000.00
FRP:	\$ 12,750.00
Plumbing rework:	\$ 15,000.00
Mechanical:	\$ 12,000.00
Electrical:	\$ 18,500.00
GC General Conditions:	\$ 30,000.00
GC Fees:	\$ 15,000.00

Total Estimated Cost: \$230,750.00

Estimated Timeline:

Design / Engineering:	8 Weeks
Permitting/ State Health:	14 Weeks
Construction:	6 Weeks
Final Inspections:	3 Weeks

Total Duration from Start: 31 Weeks

Please feel free to contact me directly with any questions.

Thank you,



Benjamin Girardin, AIA, NCARB, LEED AP
Principal Architect



Attachment B Valley Health Specialty Hospital Projections into Corridor Waiver Budget and Timeline

To Whom this May Concern:

We are requesting a waiver of to allow two existing projections into an existing corridor. The (2) 6 inch by 12 inch non-continuous projections are to cover necessary structural columns, which were installed to allow for the opening into patient dining / activity space. The steel support is located on an existing load bearing wall and carries the weight of the second floor and roofs above. See photo below of the steel that is concealed by the referenced projections. There is a minimum of 72" clear from both to the opposing corridor wall. We don't believe that these projections impact the capacity of the corridor and therefore don't present any life safety concerns.

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SALT LAKE CITY
SAN DIEGO



Photo of Steel Structural Supports

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7373 Peak Dr., Suite 170
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t 702 435 4448
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Cris Ruebush, AIA | Derron S. Vincik, PE | Jeffrey A. Weiner, AIA

Estimated Cost:

Architecture / Engineering:	\$ 30,000.00
Permits / Special Inspections:	\$ 14,500.00
Temporary Shoring:	\$ 11,500.00
Demo:	\$ 15,000.00
Framing / Gyp. Bd.	\$ 10,000.00
Finishes:	\$ 8,500.00
Electrical:	\$ 1,500.00
GC General Conditions:	\$ 17,500.00
GC Fees:	\$ 13,500.00

Total Estimated Cost: \$122,000.00

Estimated Timeline Based on Corridor Widening:

Design / Engineering:	8 Weeks
Permitting/ State Health:	14 Weeks
Construction:	3 Weeks
Final Inspections:	3 Weeks

Total Duration from Start: 28 Weeks

Please feel free to contact me directly with any questions.

Thank you,



Benjamin Girardin, AIA, NCARB, LEED AP
Principal Architect



Attachment C

Valley Health Specialty Hospital Double Fire Door Width Waiver Budget and Timeline

To Whom this May Concern:

ALEXANDRIA
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BOCA RATON
CHICAGO
DALLAS/FORT WORTH
DENVER
HOBOKEN
HOUSTON
LAS VEGAS
LOS ANGELES
SALT LAKE CITY
SAN DIEGO

We are requesting a waiver of the requirements to have double egress doors with a minimum of 41.5" width for each leaf in each direction. We are requesting this waiver because the door opening cannot be any wider unless the corridor it's located in is wider. These are an existing pair of doors that were installed during the original construction of the building to maintain a fire rated barrier. They are held in the open position on magnetic hold opens and only close if released by the fire alarm system or loss of power to protect the integrity of the fire barrier. The pair of doors is 6'-0" wide and swing in the primary direction of egress. The areas beyond these fire doors all have direct egress to the exterior of the building, so it's safe to assume that very few occupants would ever go against the swing of the doors in an event that requires evacuation. Code allows for 49 occupants to exit against the swing of the door before requiring the door to swing in the direction of the path of travel. In this situation with all areas served off this corridor having direct egress to the exterior of the building, it's very unlikely that an occupant load of more than 49 would ever be egressing back into the building and not directly to the exterior. We believe the current configuration meets the intent of the code for maintaining the integrity of the fire wall and allows safe passage for anyone needing to egress through this corridor. We don't believe this condition presents any life safety issues for this facility.

Estimated Cost:

Cost of Widening the Corridor:	\$230,750.00
Permits:	\$ 1,500.00
New Double Egress Fire Door:	\$ 9,500.00
New opening:	\$ 5,000.00
Electrical:	\$ 1,500.00
GC General Conditions:	\$ 7,500.00
GC Fees:	\$ 3,500.00

PGAL, LLC

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Matthew Ellis, AIA | Samuel J. Ferreri, AIA | Beth Funk | Cheryl Gajeske, AIA | Costas Georghiou, PE | Benjamin J. Girardin, AIA
Ryan Josefovsky, PE | Sharon Lang | Michael H. Lloyd, AIA | David F. Moss, AIA | Greg Mullin, AIA | Ian A. Nestler, AIA | Iván Pire, AIA
Cris Ruebush, AIA | Derron S. Vincik, PE | Jeffrey A. Weiner, AIA

Total Estimated Cost: \$259,250.00

Estimated Timeline Based on Corridor Widening:

Design / Engineering:	8 Weeks
Permitting/ State Health:	14 Weeks
Construction:	6 Weeks
<u>Final Inspections:</u>	<u>3 Weeks</u>

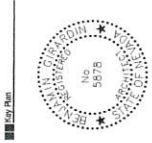
Total Duration from Start: 31 Weeks

Please feel free to contact me directly with any questions.

Thank you,

A handwritten signature in black ink, appearing to be 'B. Girardin', with a long horizontal flourish extending to the right.

Benjamin Girardin, AIA, NCARB, LEED AP
Principal Architect



Date: 07.22.2021
 Project: PPH18

By: [Signature]
 Title: [Title]



7373 Peck Drive
 Suite 170
 Las Vegas, NV 89129

Valley Health
 Specialty Hospital
 8656 W Patrick Lane
 Las Vegas, NV 89148

Project Number: 005482.00

Sheet Number: REF 3

Attachment D



OVERALL FIRST FLOOR PLAN EXIT ANALYSIS
 SCALE: NTS

EGRESS LEGEND

- EXIT: EXIT SIGN OR EXIT DOWNDRAW
- 7: GROSS STAIRWAY CAPACITY (# OF PEOPLE)
- 8: ACTUAL # OF PEOPLE
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OCCUPANT LOAD CALCULATION

SECOND FLOOR PATIENT BEDS = 44 x 1.5 = 66
 FIRST FLOOR PATIENT ROOMS = 22 x 1.5 = 33
 EMERGENCY DEPARTMENT = 100 x 1.5 = 150
 INPATIENT TREATMENT AREAS 7,800 SF / 240 = 32
 LOCKERS = 280 SF / 50 = 6
 LOUNGE / WAITING 400 SF / 15 = 26
 OFFICE / CORRIDOR = 6,500 SF / 100 = 65
 TOTAL OCCUPANT LOAD = 285 TOTAL OCCUPANTS

WALL LEGEND

- EXITING METAL STUD WALL
- NON METAL STUD WALL
- SHIMMER WALL
- EXITING UNCHARTERED SMOKE WALL
- NON-CHARTERED SMOKE WALL
- WALL - 1 HOUR FIRE RATED
- WALL - 2 HOUR FIRE RATED
- WALL - 3 HOUR FIRE RATED
- WALL - 4 HOUR FIRE RATED
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Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

October 27, 2021

Memorandum

To: Jon Pennell, DVM, Chairperson
State Board of Health

From: Lisa Sherych, Administrator
Division of Public and Behavioral Health

RE: Spring Valley Hospital Medical Center's Valley Health Specialty Hospital Corridor Features

Subject: Case #724: Spring Valley Hospital Medical Center's Request for Variance to Nevada Administrative Code (NAC) 449.3154(1), 2018 Edition of the National Fire Protection Association (NFPA) 101, *Life Safety Code (LSC)*, Sections:

- [1] 18.2.3.4 Corridor Width;
- [2] 18.2.3.4(2) Protrusions from the Corridor Walls;
- [3] 18.3.7.6(3) Subdivision of Building Spaces – Doors in Smoke Barriers Door Swing
- [4] 18.3.7.6(4) Subdivision of Building Spaces – Doors in Smoke Barriers Door Size

Staff Review

NAC 449.3154(1) states, "Except as otherwise provided in this section, a hospital shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to NAC 449.0105.

NAC 449.0105 (1) (a) states,

1. The State Board of Health hereby adopts by reference:

(a) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <http://www.nfpa.org> or by telephone at (800) 344-3555, for the price of \$88.20 for members or \$98.00 for nonmembers, plus, for a printed copy, \$9.95 for handling.

The National Fire Protection Association (NFPA) 101, *Life Safety Code (LSC)*, Chapter 18, New Health Care Occupancy Sections provide [See Attachment A for full code (Chapter 18) section text for citations; and Attachment B for full code (Chapter 19) section text for justification]:

[1] Section 18.2.3.4 states, "Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2440 mm) in clear and unobstructed width, unless otherwise permitted by one of the following:"

[2] Section 18.2.3.4(2) States, “(2) Projections from the corridor wall shall be permitted by one of the following:

- (a) Noncontinuous projections not more than 4 in. (100 mm) from the corridor wall, positioned not less than 38 in. (965 mm) above the floor, shall be permitted.
- (b) Noncontinuous projections of more than 4 in. (100 mm) but not more than 6 in. (150 mm) from the corridor wall shall be permitted provided that both of the following are met:
 - (i) The projecting item is positioned not less than 38 in. (965 mm) above the floor.
 - (ii) A vertical extension is provided below the projection such that the extension has a leading edge that is within 4 in. (100 mm) of the leading edge of the projection at a point that is 27 in. (685 mm) maximum above the floor.

[3] Section 18.3.7.6(3) states, “Doors in smoke barriers shall be substantial doors, such as nonrated 1³/₄ in. (44 mm) thick, solid-bonded wood-core doors, or shall be of construction that resists fire for a minimum of 20 minutes, and shall meet the following requirements:

(3) The swinging doors addressed by 18.3.7.6(2) shall be arranged so that each door swings in a direction opposite from the other.

[4] Section 18.3.7.6(4) states, “Doors in smoke barriers shall be substantial doors, such as nonrated 1³/₄ in. (44 mm) thick, solid-bonded wood-core doors, or shall be of construction that resists fire for a minimum of 20 minutes, and shall meet the following requirements:

(4) The minimum clear width of swinging doors shall be as follows:

- (a) Where the corridor is required to be a minimum of 8 ft (2440 mm) wide – 41³/₄ inches (1055 mm)
- (b) Where the corridor is required to be a minimum of 6 ft (1830 mm) wide – 32 inches (810 mm)

Spring Valley Hospital Medical Center (SVHMC) is located on 5400 South Rainbow Blvd., Las Vegas, Nevada. SVHMC acquired a remote hospital building was located at 8656 West Patrick Lane, Las Vegas, Nevada, which closed in September 2020 and thus became unlicensed. SVHMC decided to make the newly acquired, remote hospital an extension of their existing SVHMC departments, rather than create a new licensed hospital at the West Patrick location, pursuant to NAC 449.370 regarding Outpatient Departments and Nevada Revised Statutes (NRS) 449.080 (Appendix A) for state licensing. The hospital is also afforded similar flexibility per Centers of Medicare and Medicaid Services (CMS) via provider-based reimbursement.

SVHMC had increased their bed count with 10 medical/surgical beds and 56 rehabilitation beds at the West Patrick location. The hospital also added the statutory required departments (laboratory, dietary, pharmacy), five operating rooms with pre-operative and post-operative bays, imaging, rehabilitation services, and other supporting departments (maintenance, laundry, and administration).

Since the West Patrick location had been closed and then reopened, the West Patrick location is required to follow the 2018 Edition of the NFPA 101, LSC “New Health Care Occupancies,” Chapter 18 for state licensing (and Chapter 18 of the 2012 Edition for CMS).

After the acquisition, SVHMC remodeled the West Patrick location. Approximately ten months later, phase I of the hospital was opened (08/06/2021) and on 09/08/2021, phase II was completed and approved. During the remodeling, SVHMC removed a major east-west corridor by absorbing it into one of the rehabilitation services department on the first level. This inadvertently created egress and evacuation problems (NFPA 101, LSC Sections 18.2.5.2 and 18.2.5.4 [Appendix A]). The facility found a solution that had the least negative impact on the project, however the solution of converting a suite partially into an egress corridor had the above mentioned code non-compliant residuals. [(Appendix C has red highlight where the existing corridor was located with the previous operators before remodeling (page 1) that was removed with the new operators; and has yellow highlight for the proposed new corridor, post remodeling (page 1 and 2)].

SVHMC also had created an opening in the two-hour fire-rated wall found on the newly created corridor (yellow) to access the new occupational therapy room (on the south wall). This door opening for the occupational therapy room, required wall bracing to help maintain the integrity of the south corridor wall, which created the six-inch protrusion into the newly created corridor (see Attachment D for an image of the wall bracing support) [Section 18.2.3.4(2)].

The newly created corridor was originally part of the kitchen and dining suite. SVHMC created a corridor barrier wall to separate the dining area from the newly created corridor. The corridor width for the newly created corridor was only 7 feet wide [Section 18.2.3.4].

The dining/kitchen suite originally had suite doors that both swung onto the north-south major corridor. When the facility created the new corridor, the facility had reversed the doors' swing to be opening westward towards the egress pathway to the west exterior exit. This set of double doors was also located within a smoke barrier. Each of the double doors remained the same door width size of 36 inches [Section 18.3.7.6(4)]. Each door leaf needed to be 41.5 inches in width and each door leaf needed to swing in the direction of egress travel in both directions (opposite direction from each other) [Section 18.3.7.6(3)].

Intent of the Regulation:

The NFPA 101, Life Safety Code (LSC) is designed to have fire safety redundancy protection to ensure the preservation of life (less focus on property). In health care occupancies, the goal is to “defend in place” and to limit the amount of movement of fragile patients by:

- utilizing early fire alarm detection (smoke detectors) system;
- meeting a fire protective construction standards;
- including a fire sprinkler system to be activated within the fire area(s) for fire suppression;
- the development of smoke compartments to allow for internal transport to safe areas within the building and not located within the same smoke compartment as the fire (and to limit moving between floors and external exits);
- increasing fire safety features (like corridor widths and door size and door swing); and
- having staff conduct fire drills to ensure quick responses to any fire event and to safely relocate patient when/where necessary.

The intent of this variance and the four identified issues is to demonstrate equivalency primarily by contrasting between the New Health Care Occupancy Chapter 18 and the Existing Health Care Occupancy Chapter 19 using the 2018 Edition, which is the edition for the West Patrick building plans were submitted. The New and Existing chapter contrast of the identified deficiencies will demonstrate that older buildings were afforded fire construction leniency and are still deemed as being safe for health care occupants, per the LSC.

[1] The intent of the regulation for having eight foot corridor clearance [18.2.3.4] is to ensure:

- a) there is sufficient space for multiple files of person that can move down the corridor; such as, a person using a walker moving at a slower pace than another person to go around at a quicker pace to attend to a patient down the hall; and
- b) there is room for two-way traffic within the corridor in a fire emergency; staff and patients to travel to an exit on one side of the corridor and first responders to travel towards the fire on the other side of the corridor. Patient transport is often with wheelchairs or gurneys.

[2] The intent for the limiting protrusions into the corridor [18.2.3.4(2)] is to minimize obstructions that would impede the two-way foot traffic within the corridor during a fire emergency.

[3] The intent for having the smoke barrier doors swing in opposing directions [18.3.7.6(3)] is to allow for ease of travel in both directions by having a door that opens in each direction to facilitate foot traffic, gurney traffic, wheelchair traffic, and at times bed transport traffic.

[4] The intent for having 41.5 inch door widths [18.3.7.6(4)] is to allow for ease of travel in both directions by having a door wide enough to readily facilitate occupant foot traffic, gurney traffic, wheelchair traffic and at times bed transport traffic.

Degree of Risk to Public Health and Safety:

The Life Safety Code (LSC) for both state licensing and CMS certification is to utilize both the new health care occupancy chapter (Chapter 18) for buildings that are new to licensing and certification programs; and utilize the existing health care occupancy chapter (Chapter 19) for preexisting (licensed and certified) buildings that were built and met earlier fire safety standards, but may not meet some of the newer fire safety and construction standards over the years. The LSC is updated every three years to reflect the current technology and thinking on fire safety features.

Reviewing the 2018 LSC, Existing Health Care Occupancy chapter, Chapter 19 reveals the following code features to demonstrate LSC tolerances for the above cited deficiencies, as described below (see Attachment B):

[1] For the corridor width and [2] corridor protrusion (both 19.2.3.4), the existing chapter's corridor clear width can be either four foot (48 inches), six foot (72 inches), or eight foot (96 inches), dependent upon how the building was built at the time of licensing and certification. Any of the above corridor widths are deemed to be compliant. The cited corridor is 7 foot (84 inches) in width and where the protrusion is located the corridor was reduced by another six inches reducing the corridor to 78 inches (this corridor width exceeds two of the three prescribed corridor sizes). The protrusion is due to the underlying wall bracing, which extend six inches into the corridor and was 12 inches wide and circumscribed from floor to ceiling and extended approximately six feet along the ceiling and back down to the floor over the occupation therapy room's door opening. The corridor width can accommodate the intended occupant traffic, as long as the dietary food carts are not stored or cleaned in this newly created corridor (see stipulation below).

The fire-rated, cross-corridor doors for the existing chapter allows for both doors to [3] swing in the same direction (19.3.7.8) and the doors' width size can be 36 inches to ensure that each door opening width was a minimum of 32 inch clearance (19.3.7.9).

Exceptional and Undue Hardship:

The facility's Architect estimates to repair each of the above cited issue would require the following cost estimates and the time needed to make the changes:

[1] 18.2.3.4 Corridor Width;

Cost: \$230,750.00

Time to correct: 31 weeks

[2] 18.2.3.4(2) Protrusions from the Corridor Walls;

Cost: \$122,000.00

Time to correct: 28 weeks

[3] 18.3.7.6(3) Subdivision of Building Spaces – Doors in Smoke Barriers Door Swing; and

[4] 18.3.7.6(4) Subdivision of Building Spaces – Doors in Smoke Barriers Door Size

Cost: \$259,250.00

Time to correct: 31 weeks

Staff Recommendation

Staff recommends that the Board of Health approve Variance #724 request to NAC 449.3154.1, 2018 Edition of the National Fire Protection Association (NFPA) 101, *Life Safety Code (LSC)*, Sections:

[1] 18.2.3.4 Corridor Width;

[2] 18.2.3.4(2) Protrusions from the Corridor Walls;

[3] 18.3.7.6(3) Subdivision of Building Spaces – Doors in Smoke Barriers Door Swing

[4] 18.3.7.6(4) Subdivision of Building Spaces – Doors in Smoke Barriers Door Size

With the stipulation that the facility does not store and clean the dietary food carts in the newly created corridor. The carts would further encroach on the corridor width.

Staff recommends approval of the variance for Spring Valley Hospital Medical Center's expansion of Valley Health Specialty Hospital (located at 8656 West Patrick Lane, Las Vegas, Nevada) to allow for the seven foot corridor width [18.2.3.4]; to allow for the six inch protrusion (for the wall bracing and wall covering)[18.2.3.4(2)]; and to retain the fire-barrier, cross-corridor door leaves to be allowed to swing in the same direction [18.3.7.6(3)] and door leaves to remain to be 36 inches in width [18.3.7.6(4)].

Public Comments: None

Presenter: Steve Gerleman, Health Facilities Inspection Manager, Bureau of Healthcare Quality and Compliance

Attachments:

Appendix A – Four Pages - 2018 Edition of the National Fire Protection 101, Life Safety Code, Chapter 18 New Health Care Occupancy relevant citation code sections.

Appendix B – Two Pages - 2018 Edition of the National Fire Protection 101, Life Safety Code, Chapter 19 New Health Care Occupancy relevant citation code sections.

Appendix C – Two Pages - Page 1 is the facility under the previous Licensee/Operator showing the building and corridors pre-construction (actual in red and proposed in yellow); and Page 2 under the current Licensee/Operator showing the new corridor requiring this variance.

Appendix D – One Page - Imaging of the wall bracing that was cited as 18.2.3.4(2)

Variance # 724

Appendix A

National Fire Protection Association (NFPA) 101; Life Safety Code (2018 Edition):

Reference Codes:

Section 18.2.3.4:

Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2440 mm) in clear and unobstructed width, unless otherwise permitted by one of the following:

- (1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width.
- (2) Projections from the corridor wall shall be permitted by one of the following:
 - (a) Noncontinuous projections not more than 4 in. (100 mm) from the corridor wall, positioned not less than 38 in. (965 mm) above the floor, shall be permitted.
 - (b) Noncontinuous projections of more than 4 in. (100 mm) but not more than 6 in. (150 mm) from the corridor wall shall be permitted provided that both of the following are met:
 - (i) The projecting item is positioned not less than 38 in. (965 mm) above the floor.
 - (ii) A vertical extension is provided below the projection such that the extension has a leading edge that is within 4 in. (100 mm) of the leading edge of the projection at a point that is 27 in. (685 mm) maximum above the floor.
- (3) Exit access within a room or suite of rooms complying with the requirements of 18.2.5 shall be permitted.
- (4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:
 - (a) The wheeled equipment does not reduce the clear and unobstructed corridor width to less than 60 in. (1525 mm).
 - (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.
 - (c) The wheeled equipment is limited to the following:
 - (i) Equipment in use and carts in use
 - (ii) Medical emergency equipment not in use
 - (iii) Patient lift and transport equipment
- (5) Where the corridor width is at least 8 ft. (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:
 - (a) The fixed furniture is securely attached to the floor or to the wall.
 - (b) The fixed furniture does not reduce the clear and unobstructed corridor width to less than 6 ft. (1830 mm), except as permitted by 18.2.3.4(2).
 - (c) The fixed furniture is located only on one side of the corridor.
 - (d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft² (4.6 m²).

- (e) The fixed furniture groupings addressed into 18.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm).
 - (f) The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.
 - (g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space.
- (6) Cross-corridor door openings in corridors with a required minimum width of not less than 6 ft. 11 in. (2110 mm) for pairs of doors or a clear width of not less than 41 ¹/₂ (1055 mm) for a single door.
- (7) Nursing home corridors shall be permitted to be not less than 6 ft (1830 mm) wide in smoke compartments housing not more than 30 patients.
- (8) Cross-corridor door openings in corridors with a required minimum width of 6 ft (1830 mm) shall have a clear width of not less than 64 in. (1625 mm) for pairs of doors or a clear width of not less than 41 ¹/₂ in. 1055 mm) for a single door.
- (9) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for emergency stair travel devices, provided that all of the following conditions are met:
- (a) These devices do not reduce the clear and unobstructed corridor width to less than 72 in. (1830 mm).
 - (b) These devices are secured to the wall.
 - (c) Where furniture is placed in the corridor in accordance with 18.2.3.4(5), the emergency stair travel devices are placed on the same side of the corridor as the furniture.
 - (d) These devices are located so as to not obstruct access to building service and fire protection equipment.
 - (e) These devices are grouped such that each grouping does not exceed a projected floor area of 12 ft² (3.7 m²).
 - (f) The groupings addressed in 18.2.3.4(9)(c) are separated from each other by a distance of at least 10 ft (3050 mm).
- (10) Self-retracting seats fixed to the wall shall be permitted provided all of the following are met:
- (1) The seats comply with ASTM F851, *Standard Test Method for Self-Rising Seat Mechanisms*.
 - (2) The seats automatically return to their normally retracted position, at which time the seat projection into the means of egress complies with 7.3.2.2 and does not interfere with the means of egress.
 - (3) The self-retracting seats are normally in the retracted position and project not more than 4 in. (100 mm) from the wall.
 - (4) Exposed upholstery components, where provided, meet the requirements for Class I when tested in accordance with NFPA 260.

Section 18.3.7.6:

Doors in smoke barriers shall be substantial doors, such as nonrated 1³/₄ in. (44 mm) thick, solid-bonded wood-core doors, or shall be of construction that resists fire for a minimum of 20 minutes, and shall meet the following requirements:

- (1) Nonrated factory- or field-applied protective plates, unlimited in height, shall be permitted.
- (2) Cross-corridor openings in smoke barriers shall be protected by a pair of swinging doors or a special-purpose horizontally sliding accordion or folding door assembly complying with 7.2.1.14, unless otherwise permitted by 18.3.7.7.
- (3) The swinging doors addressed by 18.3.7.6(2) shall be arranged so that each door swings in a direction opposite from the other.
- (4) The minimum clear width of swinging doors shall be as follows:
 - (a) Where the corridor is required to be a minimum of 8 ft (2440 mm) wide – 41¹/₂ in. (1055 mm)
 - (b) Where the corridor is required to be a minimum of 6 ft (1830 mm) wide – 32 in. (810 mm)
- (5) The minimum clear width opening for horizontal sliding doors shall be as follows:
 - (a) Where the corridor is required to be a minimum of 8 ft (2440 mm) wide – 6 ft 11 in. (2110 mm)
 - (b) Where the corridor is required to be a minimum of 6 ft (1830 mm) wide – 64 in. (1625 mm)
- (6) The clearance under the bottom of smoke barrier doors shall not exceed ³/₄ in. (19 mm).

Section 18.3.7.7 Cross-corridor openings in smoke barriers that are not in required means of egress from a health care space shall be permitted to be protected by a single-leaf door.

Section 18.3.7.8 Doors in smoke barriers shall comply with 8.5.4 and all of the following:

- (1) The doors shall be self-closing or automatic-closing in accordance with 18.2.2.2.7.
- (2) Latching hardware shall not be required.
- (3) Stops shall be required at the head and sides of door frames.
- (4) Rabbits, bevels, or astragals shall be required at the meeting edges of pairs of doors.
- (5) Center mullions shall be prohibited.

18.3.7.9 Vision panels consisting of fire-rated glazing in approved frames shall be provided in each cross-corridor swinging door and at each cross-corridor horizontal-sliding door in a smoke barrier.

Section 18.2.5.2 Dead-end Corridors shall not exceed 30 feet.

Section 18.2.5.4: Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies.

Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC)

NRS 449.080 Issuance, validity and transferability of license. [Effective through December 31, 2019.]

2. A license applies only to the person to whom it is issued, is valid only for the premises described in the license and is not transferable.

NAC 449.370 Outpatient services. (NRS 449.0302)

1. If a hospital provides outpatient services, the services must meet the needs of the patients in accordance with nationally recognized standards of practice.

2. A hospital shall ensure that its outpatient unit is appropriately organized and integrated with inpatient services.

3. A hospital which provides outpatient services shall:

(a) Assign a person to be responsible for the outpatient unit;

(b) Have sufficient numbers of professional and nonprofessional personnel available to provide the outpatient services; and

(c) Ensure that nursing services provided in the outpatient unit are provided under the direction of a registered nurse.

4. Equipment and supplies necessary to meet the anticipated needs of the outpatients must be readily available and in good working order.

5. The outpatient unit shall have a sufficient number of examination and treatment rooms for the outpatient service based on the volume and nature of work performed.

6. Laboratory, radiology and pharmaceutical services must be readily available to the outpatient unit.

7. If outpatient surgery is performed in the outpatient unit, the basic facilities that must be available to perform the surgery include, without limitation:

(a) A fully equipped and staffed operating room and postanesthesia recovery area;

(b) Means of control against hazards of infection, electrical or mechanical fire, and explosion;

(c) Sterile supplies that are readily available to meet the needs of the outpatients; and

(d) Equipment and instrumentation for anesthesia and emergency cardiopulmonary resuscitation.

8. If beds are provided in an outpatient unit, the number of outpatient beds must not be included in the licensed bed capacity of the hospital. Inpatients may not occupy an outpatient bed. An outpatient shall not remain in an outpatient bed for more than 48 consecutive hours.

Variance # 724
Appendix B

National Fire Protection Association (NFPA 101, Life Safety Code (LSC), Chapter 19 Existing Health Care Occupancy, 2018 edition

Section 19.2.3.4* Any required aisle, corridor, or ramp shall be not less than 48 in. (1220 mm) in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted by one of the following:

(1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width.

(2)* Where corridor width is at least 6 ft (1830 mm), projections from the corridor wall shall be permitted by one of the following:

(a) Noncontinuous projections not more than 4 in. (100mm) from the corridor wall, positioned above handrail height, are permitted.

(b) Noncontinuous projections of more than 4 in. (100mm) but not more than 6 in. (150 mm) from the corridor wall are permitted provided that both of the following are met:

(a) The projecting item is positioned above hand-rail height.

(b) A vertical extension is provided below the projection such that the extension has a leading edge that is within 4 in. (100 mm) of the leading edge of the projection at a point that is 27 in. (685 mm) maximum above the floor.

(3) Exit access within a room or suite of rooms complying with the requirements of 19.2.5 shall be permitted.

(4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:

(a) The wheeled equipment does not reduce the clear, unobstructed corridor width to less than 60 in. (1525 mm).

(b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.

(c)* The wheeled equipment is limited to the following:

i. Equipment in use and carts in use

ii. Medical emergency equipment not in use

iii. Patient lift and transport equipment

(5)* Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:

(a) The fixed furniture is securely attached to the floor or to the wall.

(b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 19.2.3.4(2).

(c) The fixed furniture is located only on one side of the corridor.

(d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft² (4.6 m²).

(e) The fixed furniture groupings addressed in 19.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm).

(f)* The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.

(g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space.

(h) The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8.

(6) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for emergency stair travel devices, provided that all of the following conditions are met:

(a) These devices do not reduce the clear, unobstructed corridor width to less than 72 in. (1830 mm).

(b) These devices are secured to the wall.

(c) Where furniture is placed in the corridor in accordance with 19.2.3.4(5), the emergency stair travel devices are placed on the same side of the corridor as the furniture.

(d) These devices are located so as to not obstruct access to building service and fire protection equipment.

i. These devices are grouped such that each grouping does not exceed a projected floor area of 12 ft² (3.7 m²).

ii. The groupings addressed in 19.2.3.4(6) (e) are separated from each other by a distance of at least 10 ft (3050 mm).

iii. The smoke compartment is protected throughout by an approved, supervised automatic sprinkler in accordance with 19.3.5.8.

(7) Where the corridor width is at least 8 ft (2240 mm), self-retracting seats fixed to the wall shall be permitted provided all of the following are met:

1) The seats comply with the ASTM F851, *Standard Test Method for Self-Rising Seat Mechanisms*.

2) The seats automatically return to their normally retracted position, at which time the seat projection into the means of egress complies with 7.3.2.2 and does not interfere with the means of egress.

3) The self-retracting seats are normally in the retracted position and project not more than 4 in. (100 mm) from the wall.

4) Exposed upholstery components, where provided, meet the requirements for Class I when tested in accordance with NFPA 260.

Informational

Section 19.3.7.8 Doors in smoke barriers shall comply with 8.5.4 and all of the following:

(1) The doors shall be self-closing or automatic-closing in accordance with 19.2.2.2.7.

(2) Latching hardware shall not be required

(3) The doors shall not be required to swing in the direction of egress travel.

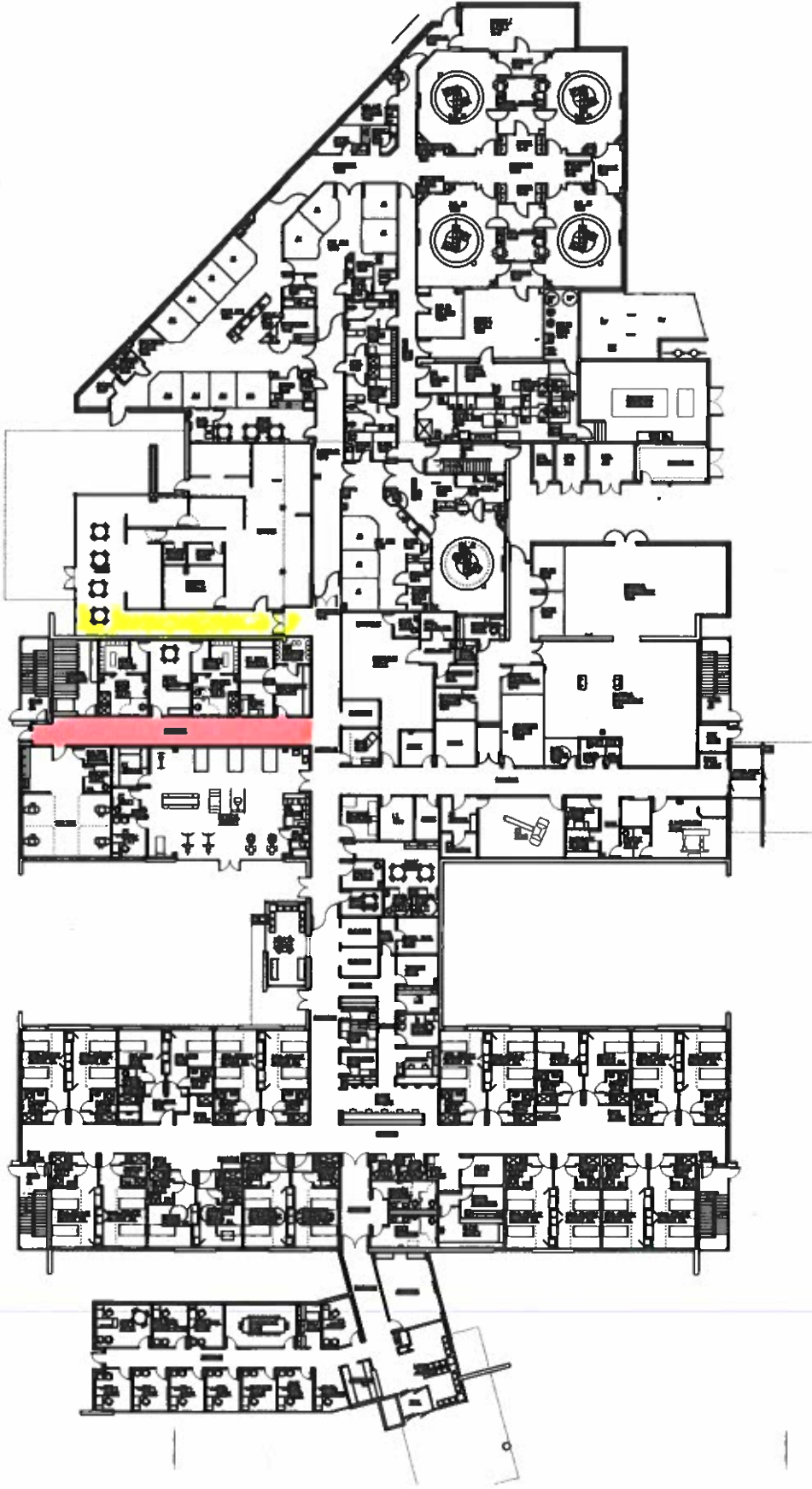
Section 19.3.7.9 Door openings in smoke barriers shall be protected using one of the following methods:

(1) Swinging door providing a clear width of not less than 32 in. (810 mm)

(2) Special-purpose horizontally sliding accordion or folding door assemblies complying with 7.2.1.14 and providing a clear width of not less than 32 in. (810)

Section 19.2.5.2 Existing dead-end corridors not exceeding 30 ft (9.1 m) shall be permitted. Existing dead-end corridors exceeding 30 ft (9.1 m) shall be permitted to continue in use if it is impractical and unfeasible to alter them.

Section 19.2.5.4 Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies.



EGRESS LEGEND

- EXIT DOOR
- EXIT DOOR WITH PANIC BAR
- EXIT DOOR WITH PUSH BUTTON
- EXIT DOOR WITH PULL BUTTON

WALL LEGEND

- FIRE-RATED WALL
- NON-RATED WALL
- GLASS WALL
- GLASS DOOR
- GLASS PARTITION
- GLASS RAILING
- GLASS BALUSTRADE
- GLASS ENCLOSURE
- GLASS ENCLOSURE WITH DOOR
- GLASS ENCLOSURE WITH WINDOW
- GLASS ENCLOSURE WITH DOOR AND WINDOW
- GLASS ENCLOSURE WITH DOOR AND WINDOW AND DOOR

OCCUPANT LOAD CALCULATION

SECOND FLOOR PATIENT BEDS = 41 x 1.5 = 61.5
 FIRST FLOOR PATIENT BEDS = 22 x 1.5 = 33
 EQUIPMENT / STORAGE AREAS 5,542 SF / 200 = 27.7
 PATIENT TREATMENT AREAS 7,988 SF / 200 = 39.9
 LOCKERS = 788 SF / 100 = 7.88
 LOUNGE / WAITING AREA 14 x 20 = 28
 OFFICE / CORRIDOR = 8,800 SF / 100 = 88
 TOTAL OCCUPANT LOAD = 385 TOTAL OCCUPANTS

WALL LEGEND

- FIRE-RATED WALL
- NON-RATED WALL
- GLASS WALL
- GLASS DOOR
- GLASS PARTITION
- GLASS RAILING
- GLASS BALUSTRADE
- GLASS ENCLOSURE
- GLASS ENCLOSURE WITH DOOR
- GLASS ENCLOSURE WITH WINDOW
- GLASS ENCLOSURE WITH DOOR AND WINDOW
- GLASS ENCLOSURE WITH DOOR AND WINDOW AND DOOR

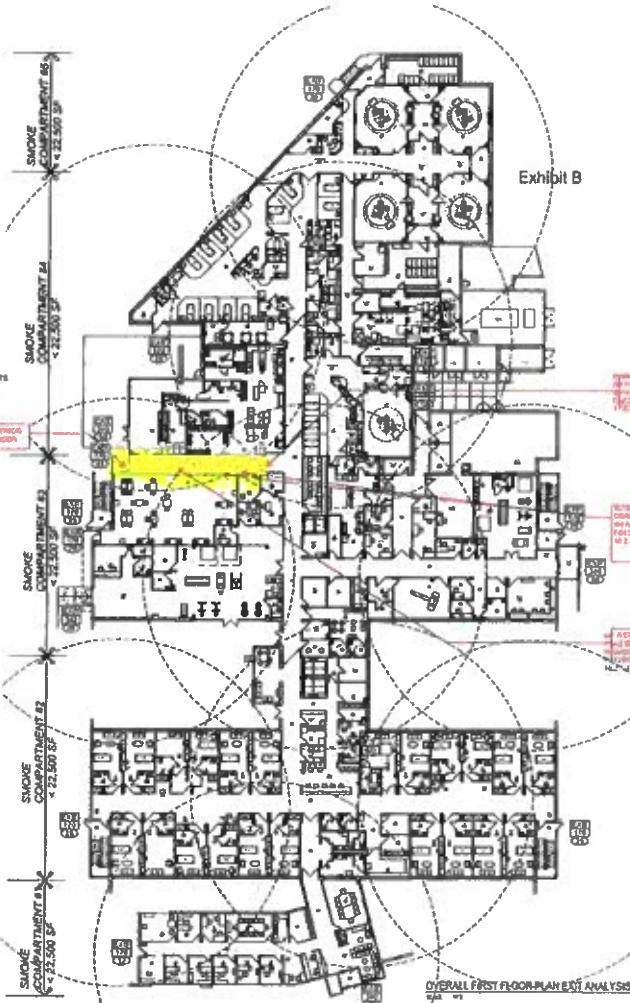


Exhibit B



Scale: 1/8" = 1'-0"

DATE: 08/11/2011



3322 Pop Blvd
 Suite 120
 Las Vegas, NV 89129

Valley Health
 Benedict Hospital
 886 W Park Lane
 Las Vegas, NV 89101

First Floor Exit Analysis

005482.00

REF 3

OVERALL FIRST FLOOR PLAN EXIT ANALYSIS



Variance #724
Appendix D

BEFORE THE STATE BOARD OF HEALTH

IN THE MATTER OF)
SPRING VALLEY HOSPITAL MEDICAL CENTER)
VARIANCE REQUEST: CASE #724)

The Nevada State Board of Health (“Board”), having considered the application of Spring Valley Hospital Medical Center for a variance and all other related documents submitted in support of the application in the above referenced matter, makes the following Findings of Fact, Conclusions of Law and Decision.

FINDINGS OF FACT

1. The Division of Public and Behavioral Health received a request from Spring Valley Hospital Medical Center for a variance from Nevada Administrative Code (NAC) 449.3154(1).
2. NAC 449.3154(1) states:
 1. Except as otherwise provided in this section, a hospital shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to [NAC 449.0105](#).

Further, NAC 449.0105(1)(a) states:

“(1) The State Board of Health hereby adopts by reference:

(a) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <http://www.nfpa.org> or by telephone at (800) 344-3555, for the price of \$88.20 for members or \$98.00 for nonmembers, plus, for a printed copy, \$9.95 for handling.”

The National Fire Protection Association (NFPA) 101, *Life Safety Code (LSC)*, Chapter 18, New Health Care Occupancy Sections provides:

[1] Section 18.2.3.4 states, “Aisles, corridors, and ramps required for exit access in a hospital or nursing home shall be not less than 8 ft (2440 mm) in clear and unobstructed width, unless otherwise permitted by one of the following:”

[2] Section 18.2.3.4(2) States, “(2) Projections from the corridor wall shall be permitted by one of the following:

- (a) Noncontinuous projections not more than 4 in. (100 mm) from the corridor wall, positioned not less than 38 in. (965 mm) above the floor, shall be permitted.
- (b) Noncontinuous projections of more than 4 in. (100 mm) but not more than 6 in. (150 mm) from the corridor wall shall be permitted provided that both of the following are met:
 - (i) The projecting item is positioned not less than 38 in. (965 mm) above the floor.
 - (ii) A vertical extension is provided below the projection such that the extension has a leading edge that is within 4 in. (100 mm) of the leading edge of the projection at a point that is 27 in. (685 mm) maximum above the floor.

[3] Section 18.3.7.6(3) states, “Doors in smoke barriers shall be substantial doors, such as nonrated 1³/₄ in. (44 mm) thick, solid-bonded wood-core doors, or shall be of construction that resists fire for a minimum of 20 minutes, and shall meet the following requirements:

(3) The swinging doors addressed by 18.3.7.6(2) shall be arranged so that each door swings in a direction opposite from the other.

[4] Section 18.3.7.6(4) states, “Doors in smoke barriers shall be substantial doors, such as nonrated 1³/₄ in. (44 mm) thick, solid-bonded wood-core doors, or shall be of construction that resists fire for a minimum of 20 minutes, and shall meet the following requirements:

- (4) The minimum clear width of swinging doors shall be as follows:
 - (a) Where the corridor is required to be a minimum of 8 ft (2440 mm) wide – 41¹/₂ inches (1055 mm)
 - (b) Where the corridor is required to be a minimum of 6 ft (1830 mm) wide – 32 inches (810 mm)

3. Spring Valley Hospital Medical Center (SVHMC) is located on 5400 South Rainbow Blvd., Las Vegas, Nevada. SVHMC acquired a remote hospital building located at 8656 West Patrick Lane, Las Vegas, Nevada, which closed with a previous operator in September 2020. SVHMC acquired the building and decided to make the remote hospital building an extension of their existing SVHMC departments, rather than create a new licensed hospital at the West Patrick location, pursuant to NAC 449.370 regarding Outpatient Departments and Nevada Revised Statutes 449.080 for state licensing.

SVHMC had increased their bed count with 10 medical/surgical beds and 56 rehabilitation beds (converted from previous medical surgical beds and rooms) with remodeling of the West Patrick location. As part of the remodeling and redesign, SVHMC removed a major east-west corridor by absorbing it into one of the rehabilitation services department on the first level. SVHMC tried to re-establish another corridor location and resulted with four corridor deficiencies.

4. By granting this variance, this hospital would be allowed to correlate the noncompliant fire-safety features found in the “New Health Care Occupancy” chapter to at least match the fire safety features within the “Existing Health Care Occupancy” chapter of NFPA 101, *Life safety Code*, as a means of establishing relative fire safety “equivalency” as allowed in other existing hospitals and not have to make impractical physical changes to the building.

5. Compliance with NAC 449.0105(1)(a) would cause exceptional and undue hardship for the applicant. The facility’s Architect indicated that to correct (1) to enlarge the newly created corridor to a width of eight feet at a cost of approximately \$230,750.00 and 31 weeks; (2) to minimize protrusions from the corridor walls to cost approximately \$122,000.00 and 28 weeks; and (3) and (4) to enlarge the cross-corridor, smoke barrier doors widths to be 41.5 inches, and

to have these two doors swing in the opposing directions to cost approximately \$259,250.00 and 31 weeks.

CONCLUSIONS OF LAW

1. This matter is properly before the Nevada State Board of Health pursuant to Nevada Revised Statutes (NRS) 439.200 and determination of the matter on the merits is properly within the subject matter jurisdiction of the board.

2. NRS 439.200 provides:

The State Board of Health may grant a variance from the requirements of a regulation if it finds that:

(a) Strict application of that regulation would result in exceptional and undue hardship to the person requesting the variance; and

(b) The variance, if granted, would not:

(1) Cause substantial detriment to the public welfare; or

(2) Impair substantially the purpose of the regulation.

3. The Board finds that strict application of the regulation would result in an exceptional and undue hardship.

4. The Board finds that granting this variance would not impair the purpose of the regulation or cause a substantial detriment to the public welfare.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing, therefore, IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that the variance from NAC 449.3154(1) is APPROVED as presented; specifically, the hospital will be allowed to not have to enlarge the newly created corridor width to eight feet, not to remove the protrusion around the occupational therapy doorway from the newly created corridor, not to enlarge the cross-corridor doors to 41.5 inches in width and not to change these doors to swing in the opposite direction of each other. Lastly, the facility must not store and clean the dietary carts in this newly created corridor to prevent any additional corridor width reductions.

DATED this ____3rd_____ day of _December_____, 2021

Lisa Sherych, Secretary

Nevada State Board of Health

CERTIFICATE OF MAILING

I hereby certify that I am employed by the Department of Health & Human Services,
Division of Public and Behavioral Health, and that on the _____ day of _____, 2021,
I served the foregoing FINDINGS OF FACT AND DECISION by mailing a copy thereof to:

Spring Valley Hospital Medical Center

5400 South Rainbow Blvd.

Las Vegas, Nevada 89118
