

Joe Lombardo
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 INTENT TO ACT UPON A REGULATION

Notice of Hearing for the Amendment of Regulations of the Board of Health
LCB File No. R043-22 relating to Alzheimer's Endorsements and application and approval of medication management training programs.

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Chapter 449 of Nevada Administrative Code (NAC), "Medical Facilities and other related entities." This public hearing is to be held in conjunction with the State Board of Health meeting on June 2, 2023.

The State Board of Health will be conducted via videoconference beginning at 9 am on June 2, 2023, at the following locations:

Physical Meeting Locations:

Southern Nevada Health District (SNHD)
Red Rock Trail Rooms A and B
280 S. Decatur Boulevard
Las Vegas, NV 89107

Division of Public and Behavioral Health (DPBH)
Hearing Room 303
4150 Technology Way
Carson City, NV 89701

Virtual Meeting Information:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NGY3ZGM2ZjUtMmQ5NC00MzI2LWFhMDMtNmJhZmRjNzk1MWE3%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22e2f9f008-841c-437d-b037-927c30ea003e%22%7d

Please Note: If you experience technical difficulties connecting online, please call into the meeting to participate by phone.

Join By Phone:

+1 (775) 321-6111
Phone Conference ID: 286 562 031

The proposed changes to NAC 449 include the following:

Existing law requires the State Board of Health to adopt regulations for the licensing and regulation of residential facilities for groups, including separate regulations for the licensing and regulation of such facilities that provide care to persons with Alzheimer’s disease or other severe dementia. (NRS 449.0302)

- Existing regulations require a caregiver of a residential facility for groups to receive at least 8 hours of annual training related to providing for the needs of residents of the facility. (NAC 449.196) Existing regulations also prescribe specific training requirements for a caregiver at a residential facility for groups whose residents are elderly persons or persons with disabilities or an employee of a residential facility for groups who provides care to persons with dementia. (NAC 449.2758, 449.2768) **Sections 7, 19, 36 and 38** of this regulation revise requirements governing training for such caregivers or employees without changing the total amount of training required. **Section 20** of this regulation prescribes specific requirements concerning the documentation of such training that a residential facility for groups is required to maintain for each employee. **Section 37** of this regulation deems current employees of residential facilities for groups who have received certain training required by existing regulations to meet the training requirements revised by **sections 19 and 36** of this regulation.
- Existing law requires the administrator of a residential facility for groups to cause a qualified provider of health care to conduct: (1) an annual physical examination of each resident of the facility; and (2) an assessment of the conditions and needs of each resident of the facility upon admission and at certain other times. (NRS 449.1845) **Section 8** of this regulation interprets the term “qualified provider of health care” for that purpose, and **section 29** of this regulation revises provisions of existing regulations concerning physical examinations to conform to existing law.
- Existing law requires an employee of a residential facility for groups who assists residents in the administration of controlled substances or dangerous drugs to: (1) complete training approved by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) pass an examination approved by the Division. (NRS 449.0302) **Sections 10 and 11** of this regulation define certain terms relating to such training. **Section 12** of this regulation generally requires a person or entity that proposes to offer a course of training in the administration of medication to apply to the Division. **Section 12** authorizes the Division to approve a nationally recognized organization to offer a course without an application if it determines that the course meets the applicable requirements. **Section 12** provides that the approval of a course is valid for 2 years. **Section 13** of this regulation prescribes the required content of such a course. **Section 13** requires a participant in such a course to achieve a passing score of at least 80 percent on a written examination. **Sections 19 and 30** of this regulation eliminate duplicative requirements. **Section 12** requires an application for the approval of a course of training in the administration of medication to include proof that the instructor has been approved by the Division. **Section 14** of this regulation: (1) prescribes the requirements to apply for approval as an instructor; and (2) provides that the approval of an instructor is valid for 2 years. **Section 15** of this regulation prescribes the required qualifications and ethical duties of a person who teaches a course of training in the administration of medication. **Section 16** of this regulation authorizes the Division to revoke the approval of a course or instructor under certain circumstances. **Section 27** of this regulation makes a conforming change to indicate that a caregiver who administers medication to a resident with diabetes must complete training and an examination approved by the Division.
- **Section 27** also updates the name of a publication adopted by reference pertaining to food substitutions for special diets and establishes a process for the incorporation of future revisions to that publication.
- Existing regulations prohibit the administration of medication to a resident of a residential facility for groups without the approval of a physician. (NAC 449.231) **Sections 21, 24 and 30-33** of this regulation

authorize a physician assistant or advanced practice registered nurse to prescribe medication for a resident. **Section 18** of this regulation makes a conforming change to update terminology used to refer to advanced practice registered nurses.

- Existing regulations require: (1) a residential facility for groups to provide certain supervision for residents and permit a resident to engage in certain activities; and (2) caregivers of the facility to provide each resident with a written program of activities. (NAC 449.259, 449.260) **Section 22** of this regulation requires a residential facility for groups to develop a person-centered service plan for each resident in collaboration with the resident, his or her family and other persons who provide care to the resident. **Section 22** prescribes the required contents of a person-centered service plan, which include required supervision, authorized activities, the written program of activities for the resident and, if the resident has Alzheimer’s disease or another form of dementia, measures to address the dementia and ensure the safety of the resident in the facility. **Section 4** of this regulation defines the term “person-centered service plan,” and **sections 23, 28 and 34** of this regulation make conforming changes related to such a plan.
- Existing regulations require the administrator of a residential facility for groups to provide certain information concerning the services of the facility and the cost of those services in writing upon request. (NAC 449.2704) **Section 26** of this regulation: (1) clarifies that such information must be provided to any person upon request; and (2) requires the administrator to provide a person paying for services or his or her representative with certain information concerning those services upon the admission of the resident receiving those services, upon a change to those services or their cost or upon request. Existing law requires a resident who suffers from dementia to an extent that the resident may be a danger to himself or herself or others under certain circumstances to be placed in a residential facility for groups that meets requirements prescribed by the Board. (NRS 449.1845)
- Existing regulations: (1) require a residential facility which offers or provides care for a resident with Alzheimer’s disease or related dementia to obtain an endorsement on its license; and (2) impose certain requirements governing the operations of such a facility. (NAC 449.2754, 449.2756) **Sections 34 and 35** of this regulation limit those requirements to only apply to a residential facility for groups that provides care to a resident with Alzheimer’s disease or another form of dementia to the extent that the resident may be a danger to himself or herself or others under the circumstances prescribed by existing law. **Section 35** also revises requirements governing equipment to alert the staff of a such a residential facility when a door used to exit the facility is opened. **Section 38** of this regulation repeals an unnecessary definition. Existing regulations authorize a residential facility that provides care to persons with Alzheimer’s disease to admit and retain a resident who requires containment in locked quarters. (NAC 449.2754) **Sections 25 and 34** of this regulation remove this authorization, thereby prohibiting a residential facility that provides care to persons with Alzheimer’s disease or other forms of dementia from admitting and retaining such a patient.
- Existing regulations require the administrator of a residential facility to maintain a record of the medication administered to each resident. (NAC 449.2744) **Section 31** of this regulation expands the information required to be included in such a record.
- Existing regulations require a residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease to obtain an endorsement from the Division. (NAC 449.2766) **Section 38** of this regulation repeals that requirement.

The errata modify the following sections of the proposed regulations:

Section 6 – Verbiage “suffering from” was replaced with “with.”

Section 7 – Language was modified to include that training used by facilities that is listed on the Division’s website would be approved to meet requirements.

Section 13 - Removed “Medication Label, following instructions on a medication label” in the list and did not add any additional language regarding medication change orders so it is not overly specific. Other parts of the regulation already address administering medications as prescribed, which would include if an order was changed by the physician. Modified the language to “If there is a necessity of an ultimate user agreement...” to acknowledge that it may not be necessary in all cases and include consistent verbiage (ultimate user as used in NRS)

Section 20 - Updated to reflect 60 days which is consistent with the previous requirement when this training was noted in repealed text in 449.2758 noted at the end of the document. Verbiage was modified to clarify if training was from one listed on our website, no syllabus would be needed.

Section 22 - Modified to include scheduled and unscheduled verbiage.

Section 23 - Left language that had been previously removed that indicates the facility will provide at least 10 hours of facility wide activities. This covers the individually developed activities which can be scheduled or unscheduled to participate at individual’s leisure as well as ensure at least 10 hours of organized activities are provided to the facility as a whole.

1. Anticipated effects on the business which NAC 449 regulates:

- A. *Adverse effects*: It is anticipated that the following section may or will result in a minor adverse economic effect on small businesses. **Section 7** which requires Tier 2 training to be provided by nationally recognized organizations focused on dementia or accredited colleges/universities. Obtaining Tier 2 training that meets the regulatory criteria outlined may result in an adverse economic effect on some facilities if they are unable to find free or low-cost options to currently accepted dementia related training. Comments included: “If there is staff willing to do the training, it will be at the expense of the group home. The staff will not do the training if they have to pay for it. The estimated cost to me would depend on the cost of the training and endorsement, but with no additional income for me. Any time there is staff turnover, would be that much more cost to me.”; “Meeting Tier 2 training requirements will likely cost an additional \$100-200 per course annually for every caregiver, adding to an already overly burdensome list of training expenses.” The Division website will include links to free or low-cost training options that will be accepted to meet Tier 2 training requirements.
- B. *Beneficial*: **Section 34** removes the sole criteria for facilities being required to obtain an endorsement to provide care to residents with Alzheimer’s Disease and related forms of dementia and revises the requirement of the endorsement for facilities with residents who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 which indicates if the provider of health care determines that the resident 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 and if the health care provider assessment indicates the resident does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. This may encourage the growth of small businesses in these facility types, as it reduces threshold for facilities who would require the endorsement.
- C. *Immediate*: Upon the proposed regulations becoming effective, the Division would develop the necessary procedures to implement the regulations and enforce them as necessary. This may result in

an immediate adverse or beneficial effect, as noted in the above adverse and beneficial effects sections.

- A. *Long-term*: It is anticipated that in the long-term the beneficial impacts may include improved staff training and increased admissions to facilities that no longer require an Alzheimer's endorsement to care for individuals diagnosed with Alzheimer's disease or dementia.

2. Anticipated effects on the public:

- A. *Adverse*: No adverse effects on the public are anticipated.
- B. *Beneficial*: Lowering the threshold for requiring facilities to obtain an endorsement to provide care to residents with Alzheimer's Disease and related forms of dementia could lead to indirect beneficial effects of more options open to consumers for facility choice and offering residents a less restrictive environment with respect to the varying levels and progression of dementia related conditions. Allowing residential facilities for groups to admit and retain residents with mild dementia in the absence of an endorsement for Alzheimer's disease, allows for provision of this level of care without the cost of regulatory compliance with the requirements necessary to obtain the endorsement. **Section 7** – Adding topic specific and requiring nationally recognized organizations focused on dementia and accredited colleges to provide Tier 2 dementia training could increase training quality and caregiver knowledge which could in turn, positively effect care provided to residents.
- C. *Immediate*: As soon as the proposed regulations become effective it would allow for more access to individuals with diagnoses of dementia or Alzheimer's disease to reside in a facility commensurate with the level of care and supervision required for their individual needs in the State of Nevada.
- D. *Long-term*: It is anticipated that in the long-term the beneficial impacts may include increased options to residential facilities for groups and increased quality of care.

3. The Division of Public and Behavioral Health determined the impact on small business by conducting a public workshop on Dec. 6, 2022, and sending small business impact questionnaires to licensed medical and non-medical providers.

4. There should be no additional costs to the agency to enforce the proposed regulations. It is anticipated that this workload can be incorporated into the Division's current workload to license and regulate medical and non-medical facilities.

5. The proposed regulations do not overlap or duplicate any other Nevada state or federal regulations.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Lisa Sherych, to be received no later than May 28, 2023, at the following address:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706
stateBOH@health.nv.gov

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

- Nevada Division of Public and Behavioral Health: 4150 Technology Way, First Floor Lobby, Carson City, NV 89706
- Nevada Division of Public and Behavioral Health: 4220 S. Maryland Parkway, Building A, Suite 100, Las Vegas, NV 89119
- Nevada State Library and Archives: 100 Stewart Street, Carson City, NV

A copy of the regulations and small business impact statement can be found online by going to:

http://dpbh.nv.gov/Reg/HealthFacilities/State_of_Nevada_Health_Facility_Regulation_Public_Workshops/

A copy of the public hearing notice can also be found at Nevada Legislature's web page:

<https://www.leg.state.nv.us/App/Notice/A/>

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at the contact information listed below:

Tina Leopard, Health Facilities Inspection Manager
Bureau of Health Care Quality and Compliance
Division of Public and Behavioral Health
4220 Maryland Parkway, Building A, Suite 100
Las Vegas, NV 89119
(702) 486-6515
tleopard@health.nv.gov

Copies may also be obtained from the Nevada State Library at the address listed below:

Nevada State Library & Archives
100 N. Stewart Street
Carson City, NV 89701

Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

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Lisa Sherych
Administrator

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

March 10, 2023

MEMORANDUM

TO: Jon Pennell, DVM, Chair, State Board of Health

FROM: Lisa Sherych, Secretary, State Board of Health

RE: Consideration and adoption of proposed regulation amendment(s) to Nevada Administrative Code (NAC) 449, "Medical Facilities and Other Related Entities", LCB File No. R043-22

PURPOSE OF AMENDMENT

During the inception of these modifications to the administrative code regarding residential facilities for groups, which began circa 2019, the Division met with stakeholders including licensed facility operators, the Alzheimer's Association, the Task Force for Alzheimer's Disease, Medicaid and other interested parties as a group as well as separately to discuss current requirements, current facility practices. The purpose of the proposed regulations is to implement revisions that would both support the latest requirements for ensuring a resident's expression of self-determination, yet also establish acceptable levels of mitigated risk as well as establish a standardized method for application and approval of required medication management training.

SUMMARY OF CHANGES TO NEVADA ADMINISTRATIVE CODE (NAC) 449.

Existing law requires the State Board of Health to adopt regulations for the licensing and regulation of residential facilities for groups, including separate regulations for the licensing and regulation of such facilities that provide care to persons with Alzheimer's disease or other severe dementia. (NRS 449.0302)

- Existing regulations require a caregiver of a residential facility for groups to receive at least 8 hours of annual training related to providing for the needs of residents of the facility. (NAC 449.196) Existing regulations also prescribe specific training requirements for a caregiver at a residential facility for groups whose residents are elderly persons or persons with disabilities or an employee of a residential facility for groups who provides care to persons with dementia. (NAC 449.2758, 449.2768) **Sections 7, 19, 36 and 38** of this regulation revise requirements governing training for such caregivers or employees without changing the total amount of training required. **Section 20** of this regulation prescribes specific requirements concerning the documentation of such training that a residential facility for groups is required to maintain for each employee. **Section 37** of this regulation deems current employees of residential facilities for groups who have received certain training required by existing regulations to meet the training requirements revised by **sections 19 and 36** of this regulation.

- Existing law requires the administrator of a residential facility for groups to cause a qualified provider of health care to conduct: (1) an annual physical examination of each resident of the facility; and (2) an assessment of the conditions and needs of each resident of the facility upon admission and at certain other times. (NRS 449.1845) **Section 8** of this regulation interprets the term “qualified provider of health care” for that purpose, and **section 29** of this regulation revises provisions of existing regulations concerning physical examinations to conform to existing law.
- Existing law requires an employee of a residential facility for groups who assists residents in the administration of controlled substances or dangerous drugs to: (1) complete training approved by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) pass an examination approved by the Division. (NRS 449.0302) **Sections 10 and 11** of this regulation define certain terms relating to such training. **Section 12** of this regulation generally requires a person or entity that proposes to offer a course of training in the administration of medication to apply to the Division. **Section 12** authorizes the Division to approve a nationally recognized organization to offer a course without an application if it determines that the course meets the applicable requirements. **Section 12** provides that the approval of a course is valid for 2 years. **Section 13** of this regulation prescribes the required content of such a course. **Section 13** requires a participant in such a course to achieve a passing score of at least 80 percent on a written examination. **Sections 19 and 30** of this regulation eliminate duplicative requirements. **Section 12** requires an application for the approval of a course of training in the administration of medication to include proof that the instructor has been approved by the Division. **Section 14** of this regulation: (1) prescribes the requirements to apply for approval as an instructor; and (2) provides that the approval of an instructor is valid for 2 years. **Section 15** of this regulation prescribes the required qualifications and ethical duties of a person who teaches a course of training in the administration of medication. **Section 16** of this regulation authorizes the Division to revoke the approval of a course or instructor under certain circumstances. **Section 27** of this regulation makes a conforming change to indicate that a caregiver who administers medication to a resident with diabetes must complete training and an examination approved by the Division.
- **Section 27** also updates the name of a publication adopted by reference pertaining to food substitutions for special diets and establishes a process for the incorporation of future revisions to that publication.
- Existing regulations prohibit the administration of medication to a resident of a residential facility for groups without the approval of a physician. (NAC 449.231) **Sections 21, 24 and 30-33** of this regulation authorize a physician assistant or advanced practice registered nurse to prescribe medication for a resident. **Section 18** of this regulation makes a conforming change to update terminology used to refer to advanced practice registered nurses.
- Existing regulations require: (1) a residential facility for groups to provide certain supervision for residents and permit a resident to engage in certain activities; and (2) caregivers of the facility to provide each resident with a written program of activities. (NAC 449.259, 449.260) **Section 22** of this regulation requires a residential facility for groups to develop a person-centered service plan for each resident in collaboration with the resident, his or her family and other persons who provide care to the resident. **Section 22** prescribes the required contents of a person-centered service plan, which include required supervision, authorized activities, the written program of activities for the resident and, if the resident has Alzheimer’s disease or another form of dementia, measures to address the dementia and ensure the safety of the resident in the facility. **Section 4** of this regulation defines the term “person-centered service plan,” and **sections 23, 28 and 34** of this regulation make conforming changes related to such a plan.

- Existing regulations require the administrator of a residential facility for groups to provide certain information concerning the services of the facility and the cost of those services in writing upon request. (NAC 449.2704) **Section 26** of this regulation: (1) clarifies that such information must be provided to any person upon request; and (2) requires the administrator to provide a person paying for services or his or her representative with certain information concerning those services upon the admission of the resident receiving those services, upon a change to those services or their cost or upon request. Existing law requires a resident who suffers from dementia to an extent that the resident may be a danger to himself or herself or others under certain circumstances to be placed in a residential facility for groups that meets requirements prescribed by the Board. (NRS 449.1845)
- Existing regulations: (1) require a residential facility which offers or provides care for a resident with Alzheimer’s disease or related dementia to obtain an endorsement on its license; and (2) impose certain requirements governing the operations of such a facility. (NAC 449.2754, 449.2756) **Sections 34 and 35** of this regulation limit those requirements to only apply to a residential facility for groups that provides care to a resident with Alzheimer’s disease or another form of dementia to the extent that the resident may be a danger to himself or herself or others under the circumstances prescribed by existing law. **Section 35** also revises requirements governing equipment to alert the staff of a such a residential facility when a door used to exit the facility is opened. **Section 38** of this regulation repeals an unnecessary definition. Existing regulations authorize a residential facility that provides care to persons with Alzheimer’s disease to admit and retain a resident who requires containment in locked quarters. (NAC 449.2754) **Sections 25 and 34** of this regulation remove this authorization, thereby prohibiting a residential facility that provides care to persons with Alzheimer’s disease or other forms of dementia from admitting and retaining such a patient.
- Existing regulations require the administrator of a residential facility to maintain a record of the medication administered to each resident. (NAC 449.2744) **Section 31** of this regulation expands the information required to be included in such a record.
- Existing regulations require a residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease to obtain an endorsement from the Division. (NAC 449.2766) **Section 38** of this regulation repeals that requirement.

The errata modifies the following sections of the proposed regulations.

Section 6 – Verbiage “suffering from” was replaced with “with”.

Section 7 – Language was modified to include that training used by facilities that is listed on the Division’s website would be approved to meet requirements.

Section 13 - Removed “Medication Label, following instructions on a medication label” in the list and did not add any additional language regarding medication change orders so it is not overly specific. Other parts of the regulation already address administering medications as prescribed, which would include if an order was changed by the physician. Modified the language to “If there is a necessity of an ultimate user agreement...” to acknowledge that it may not be necessary in all cases and include consistent verbiage (ultimate user as used in NRS)

Section 20 - Updated to reflect 60 days which is consistent with the previous requirement when this training was noted in repealed text in 449.2758 noted at the end of the document. Verbiage was modified to clarify if training was from one listed on our website, no syllabus would be needed.

Section 22 - Modified to include scheduled and unscheduled verbiage.

Section 23 - Left language that had been previously removed that indicates the facility will provide at least 10 hours of facility wide activities. This covers the individually developed activities which can be scheduled or unscheduled to participate at individual's leisure as well as ensure at least 10 hours of organized activities are provided to the facility as a whole.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If the proposed amendments are not approved by the Board of Health, the potential for the positive impacts noted in the purpose of amendment section would not be implemented.

APPLICABILITY OF PROPOSED AMENDMENT

The proposed regulations will apply statewide.

PUBLIC COMMENT RECEIVED

Pursuant to NRS 233B.0608(2)(a), the Division of Public and Behavioral Health has requested input from licensed medical and non-medical facilities.

A Small Business Impact Questionnaire was sent to licensed medical and non-medical providers along with a copy of the proposed regulation changes, on 12/8/21. The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

SUMMARY OF RESPONSE

A public workshop was held on December 6, 2022 and small business impact questionnaires were sent to 392 residential facilities for groups. The testimony, written comments and responses to the small business impact questionnaires are included in the Informational Statement in the attached supporting materials.

STAFF RECOMMENDATION

Staff recommends the State Board of Health adopt the proposed regulation amendments and the proposed errata to Nevada Administrative Code (NAC) 449, "Medical Facilities and Other Related Entities", LCB File No. R043-22.

PRESENTER

Tina Leopard, Health Facilities Inspection Manager

Enclosures

Steve Sisolak
Governor



Richard Whitley, MS
Director

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Chief Medical Officer

SMALL BUSINESS IMPACT STATEMENT

PROPOSED AMENDMENTS TO NEVADA ADMINISTRATIVE CODE (NAC 449) LCB File R043-22

The Division of Public and Behavioral Health (DPBH) has determined that the proposed amendments should have a minimal financial impact upon a small business or prevent the formation, operation or expansion of a small business in Nevada.

A small business is defined in Nevada Revised Statutes (NRS) 233B.0382 as a "business conducted for profit which employs fewer than 150 full-time or part-time employees."

This small business impact statement is made pursuant to NRS 233B.0608(3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

Background

During the inception of these modifications to the administrative code regarding residential facilities for groups, which began circa 2019, the Division met with stakeholders including licensed facility operators, the Alzheimer's Association, the Task Force for Alzheimer's Disease, Medicaid and other interested parties as a group as well as separately to discuss current requirements, current facility practices and to develop revisions that would both support the latest requirements for ensuring a resident's expression of self-determination, yet also establish acceptable levels of mitigated risk. While the modifications in LCB File R043-22 were established by consensus of the groups mentioned above, the Division recognizes that comments from public workshops may further shape this language and establish a final version that will better assure person centered care and services in an environment that protects this vulnerable population.

- 1) A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

Pursuant to NRS 233B.0608(2)(a), DPBH has requested input from all licensed residential facilities for groups in Nevada with 150 or fewer employees, and from subscribers to opt-in email lists of persons who are interested in information relative to these health care facilities.

A web-based Small Business Impact Questionnaire and a copy of proposed regulations were sent on July 15, 2022, to email addresses associated with Nevada's residential facilities for groups.

The questions were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Responses

Out of the small-business impact questionnaires sent to 392 residential facilities for groups licensed at the time the questionnaire was distributed, 70 responses were recorded as received.

Will a specific regulation have an adverse economic effect upon your business?	Will the regulation(s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
Yes – 66 No – 2 No Answer - 2	Yes – 3 No – 67	Yes – 67 No – 3	Yes – 3 No – 67
<p>Comments –</p> <p>Meeting Tier 2 training requirements will likely cost an additional \$100-200 per course annually for every caregiver, adding to an already overly burdensome list of training expenses. It is extremely difficult to find caregivers, and this will make it even more difficult. It will likely lead to more small facilities, which offer better care to dementia patients, shutting their doors. This reduction in care options will only result in higher costs of care for residents.</p> <p>Regarding requiring mandatory endorsement for accepting residents with Alzheimer’s disease or related dementia, and specific training requirements for staff: group homes are non-skilled, and therefore hire non- skilled staff. There is already a tremendous amount of training and education required for staff who are not licensed healthcare workers. They would rather leave and work somewhere that doesn’t require them to have all of this additional training. Hiring competent staff is already a struggle, but to require all this training that will not get them an increase in pay, they would rather change fields of employment. If there is staff willing to do the training, it will be at the expense of the group home. The staff will not do the training if they have to pay for it. The</p>	<p>Comments –</p> <p>It will help with admitting more residents with a DX of ALZ/Dementia</p> <p>There will be no beneficial economic effect and no cost savings in adopting this proposed regulation in business. This will cause small group homeowners to close their doors instead due to financial effect of the new proposed regulations.</p> <p>It’s not gonna be beneficial because we will be limited in the kind of clients we take.</p>	<p>Comments –</p> <p>If I have to pay for my staff to have even more training, I’ll have to increase my rates for my residents. If I have to increase my rates, it will be increasingly difficult to find residents who can afford my group home. Group homes are supposed to be a more affordable option for families who don’t need skilled care. We have been in business for 11 years without this extra training and endorsement, why make us do it now?</p> <p>It is extremely difficult to find caregivers, and this will make it even more difficult. It will likely lead to more small facilities, which offer better care to dementia patients, shutting their doors. This reduction in care options will only result in higher costs of care for residents.</p> <p>49 responses to NAC 449.2754 Section 34</p>	<p>Comments –</p> <p>Having an endorsement on the license will be beneficial as previously mentioned, 80% to 95% of residents are diagnosed with Alzheimer’s or other forms of Dementia (Early or advanced stage). If financial help will be offered for the expenses to get endorsement. I’ll take it.</p> <p>No direct or indirect beneficial effects to our business. The proposed regulations will only bring burden to business that caters to the elder population.</p>

estimated cost to me would depend on the cost of the training and endorsement, but with no additional income for me. Any time there is staff turnover, would be that much more cost to me. I think if the resident's doctor feels they are appropriate for a non-skilled group home, we should be able to accept them without getting an endorsement or additional training. If their doctor doesn't think the resident is appropriate for a non-skilled group home, the resident may need a skilled facility or higher level of care. All of this additional training and other requirements that the state keeps putting on these small businesses makes it very difficult to stay in business.

52 responses to NAC 449.2754 Section 34 included the following comments - Strict implementation of this regulation to home care or residential facilities for groups has an adverse impact for the following reasons:

1. 80% to 95% of the present residents population are diagnosed with Alzheimer's disease or other forms of dementia who are living in home care or residential facilities for groups without an endorsement on its license. Before admission of these kind of residents, their physical and mental conditions are being reviewed by their primary physician if they are suitable and safe to be in a Non-Alzheimer's facility despite of their age, related dementia, not wandering and there is no risk of wandering out of the facility. These residents/patients are covered with the signed Physician Placement Determination. If this Physician Placement Determination will not be honored, these residents will be DISPLACED. Where will they live? If they will be at Skilled Nursing Facility in which they cannot afford to pay approximately \$ 5,000 to \$ 9,000 a month, the government (state or federal) needs to shoulder these costs but if the Division of Health will honor the Physician Placement Determination, the government will save millions of dollars.
2. A residential facility without an endorsement on its license will lose 80% to 90% of its present census. A facility licensed for 7 beds for example will lose 4 residents. (e.g. 4 residents times \$ 2,500 monthly rate = \$ 10,000 times 12 months = \$ 120,000 income loses annually.
3. If the Division of Health will DISHONOR the signed Physician Placement Determination and the facility opted to obtain an endorsement on its license to provide care to persons with Alzheimer's disease or other forms of dementia, the following additional operational costs to providers are the following:

included the following comments - If NAC 449.2754 Section 34 is adopted and implemented, the first casualties are the 80% to 95% of the present resident population diagnosed with Alzheimer's disease or other forms of dementia who are now living in home care or residential facilities for groups without an endorsement on its license. These residents/patients are covered with the signed Physician Placement Determination. If this Physician Placement Determination will not be honored, these residents will be DISPLACED. Where will they go?

<p>a) " At least one member of the staff is awake and on duty at the facility at all times" - 12 hours (6 pm to 6 am) times 7 days=84 hours times \$15 rate per hour = \$ 1,260 times 4 weeks = \$ 5,040 an additional monthly salary expenses.</p> <p>b) The premium for the General Liability Insurance of a facility with an endorsement on its license to provide care to persons with Alzheimer's disease or other forms of dementia will become twice higher compared to a residential facility without an endorsement. (A facility licensed for 7 beds without endorsement is paying at present approximately \$ 10,000 and will become around \$ 20,000)</p> <p>c) In order for a facility to obtain an endorsement on its license to provide care to persons with Alzheimer's disease or other forms of dementia, a provider needs to renovate the facility and the costs will be around \$ 50,000.</p>			
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Other interested persons may obtain a copy of the summary by calling, writing or emailing:

Nevada Division of Public and Behavioral Health
 Bureau of Health Care Quality and Compliance
 Attention: Tina Leopard
 4220 S. Maryland Parkway Building A, Suite 100
 Las Vegas, NV 89119
 Phone: 702-486-6515
 Email: tleopard@health.nv.gov

2) Describe the manner in which the analysis was conducted.

A small business impact questionnaire was disseminated to licensed health care facilities through the Division's non-medical facility List Servs, as described in number 1. The data collected from the questionnaire was reviewed, along with a review of the proposed regulations, and applicable statutes. This information was then analyzed by a Health Facilities Inspection Manager to determine the impact of the proposed regulations on small business.

A public workshop will be scheduled to continue to obtain feedback on the proposed regulations during the regulatory development process.

3) The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.

Adverse Economic Effects – It is anticipated that the following section may or will result in a minor adverse economic effect on small businesses. **Section 7** which requires Tier 2 training to be provided by nationally recognized organizations focused on dementia or accredited colleges/universities. Obtaining Tier 2 training that meets the regulatory criteria outlined may result in an adverse economic effect on some facilities if they are unable to find free or low cost options to currently accepted dementia related training. *Comments included: "If there is staff willing to do the training, it will be at the expense of the group home. The staff will not do*

the training if they have to pay for it. The estimated cost to me would depend on the cost of the training and endorsement, but with no additional income for me. Any time there is staff turnover, would be that much more cost to me.”; “Meeting Tier 2 training requirements will likely cost an additional \$100-200 per course annually for every caregiver, adding to an already overly burdensome list of training expenses.”

Indirect Adverse Economic Effects – Feedback on **Section 7** received from the small business impact questionnaire included concerns that requiring Tier 2 training may reduce staff/resident retention and result in rate increases. *Comments included: “If I have to pay for my staff to have even more training, I’ll have to increase my rates for my residents. If I have to increase my rates, it will be increasingly difficult to find residents who can afford my group home.” “It is extremely difficult to find caregivers, and this will make it even more difficult.”*

Beneficial Effects – **Section 34** removes the sole criteria for facilities being required to obtain an endorsement to provide care to residents with Alzheimer’s Disease and related forms of dementia and revises the requirement of the endorsement for facilities with residents who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 which indicates if the provider of health care determines that the resident 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 and if the health care provider assessment indicates the resident does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups.

This may encourage the growth of small businesses in these facility types, as it reduces threshold for facilities who would require the endorsement.

Indirect Beneficial Effects – **Section 34** - Lowering the threshold for requiring facilities to obtain an endorsement to provide care to residents with Alzheimer’s Disease and related forms of dementia could lead to indirect beneficial effects of more options open to consumers for facility choice and offering residents a less restrictive environment with respect to the varying levels and progression of dementia related conditions. Allowing residential facilities for groups to admit and retain residents with mild dementia in the absence of an endorsement for Alzheimer’s disease, allows for provision of this level of care without the cost of regulatory compliance with the requirements necessary to obtain the endorsement. **Section 7** – Adding topic specific and requiring nationally recognized organizations focused on dementia and accredited colleges to provide Tier 2 dementia training could increase training quality and caregiver knowledge which could in turn, positively effect care provided to residents.

4) Provide a description of the methods that the agency considered to reduce the impact of the proposed regulation on small businesses and a statement regarding whether the agency actually used any of those methods.

The Division reviewed met with stakeholder groups including licensed facilities, the Alzheimer’s Association, the Task Force for Alzheimer’s Disease, Medicaid and other interested parties to develop the revised regulations and to establish language that would be acceptable. The total training hours have not increased, changes outline specific topics that must be addressed within the training requirements. Language was added to accept training from nationally recognized organizations 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 and accredited colleges or universities.

The Division will hold a public workshop to obtain further feedback on the proposed regulations. The Division will take the feedback into consideration when determining if further modifications to the proposed regulations are needed, and the impact to small businesses.

5) The estimated cost to the agency for enforcement of the proposed regulation.

None, as it is anticipated that this workload can be incorporated into the Division's current workload to license and regulate residential facilities for groups.

6) If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.

The proposed regulations do not provide for a new fee or increase an existing fee.

7) An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.


There are no other known duplicate or more stringent provisions regulating to the same activity.

8) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

The reasons for the conclusions regarding the impact of a regulation on small business is based on an interpretation of the proposed regulations and how they impact a small business, the feedback provided by small business regarding the impact to their businesses and looking at the different components of the proposed regulations and their individual impact on a small business. These are the reasons why the overall conclusion is that the proposed regulation may have a minor adverse fiscal impact on some small businesses, while having a beneficial financial impact on other small businesses in the industry and may encourage the formation of small businesses. In other cases, the proposed regulations may not have any impact or may have only a minor impact on small business. Some small business may avoid an adverse economic impact by minimally complying with the proposed regulations.

Certification by Person Responsible for the Agency

I, Lisa Sherych, Administrator of the Division of Public and Behavioral Health certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature  Date: 08/30/2022

Errata – LCB File No. R043-22

Blue italic = Proposed language found in LCB File No. R043-22

Red-italic in bold = Proposed omitted material found in LCB File No. R043-22

Green italic = New language proposed as Errata

Section 6 proposed changes are as follows:

Sec. 6. *“Tier 2 training” means training for employees of a residential facility that includes, without limitation, training in:*

- 1. The psychosocial aspects of dementia;*
- 2. Current science concerning dementia;*
- 3. Signs and symptoms of dementia; and*
- 4. Working with persons ~~suffering from~~ *with* dementia, including, without limitation:*
 - (a) Communication;*
 - (b) Providing person-centered care;*
 - (c) Assessment of persons with dementia;*
 - (d) Planning the provision of care; and*
 - (e) Assisting with activities of daily living.*

Section 7 proposed changes are as follows:

Sec. 7. 1. *Tier 2 training must be:*

- (a) A training included on the list compiled pursuant to subsection 2; or*
- (b) A training provided by:*
 - (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;*
 - (2) An accredited college or university located in the District of Columbia or any state or territory of the United States; or*
 - (3) The Federal or State Government.*
- 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.*
- 3. If a course taken pursuant to subsection (a) or (b) of section 1 does not provide a post test and certificate of completion, then the facility must provide a post-test and certificate of completion.*

Section 13 proposed changes are as follows:

Sec. 13. 1. *A course must:*

- (a) Be conducted entirely in English and consist of:*
 - (1) 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; or*
 - (2) At least 8 hours of refresher or remedial training in the management of medication.*
- (b) Include, without limitation, instruction concerning:*
 - (1) The duties, responsibilities and authorized activities of a caregiver who administers or assists with the administration of medication to residents;*
 - (2) Common abbreviations used by physicians, physician assistants, advanced practice registered nurses and pharmacists when writing prescriptions and instructions for using medications;*
 - (3) Following a plan for managing the administration of medications maintained by a residential facility pursuant to paragraph (d) of subsection 1 of NAC 449.2742 and any other policies concerning ordering new prescriptions, reordering existing prescriptions, requesting refills,*

storage and handling of different types of medication, destruction of medication in accordance with subsection 9 of NAC 449.2742 and maintaining a log of medication deliveries;

(4) Common classifications of medications, including, without limitation, generic, brand name, statins, blood thinners, nitroglycerin, laxatives, antihistamines, antibiotics, bronchodilators, diuretics, antihypertensives, analgesics, antidepressants, anti-anxiety, sedatives, hypnotics, antipsychotics, anti-ulcer, anti-osteoporosis, eye drops and ear drops;

(5) Controlled substances and other medications commonly prescribed to residents;

(6) Types of orders commonly given by physicians, physician assistants and advanced practice registered nurses;

(7) Routes by which medication can be administered, including, without limitation, oral, sublingual, transdermal, topical, otic and ophthalmic;

(8) Types of packaging for medication, including, without limitation, bottles, bubble packs, blister packs and patches;

(9) Forms of medication, including, without limitation, tablet, capsule, cream, elixir, enteric-coated tablet, fast-dissolving tablet, gel capsule, powder, inhaler, ointment, solution, suspension and transdermal patch;

(10) Allergies, interactions between drugs, contraindications, side effects, adverse reactions and toxicity;

(11) Reading the medication label;

(12) The importance of:

~~*(I) Following the instructions on a medication label;*~~

~~*(II) Administering medications as prescribed, including, without limitation, the effect of the manner in which medication is administered on the level of medication in the bloodstream and the therapeutic effect of the medication; and*~~

~~*(III) Ensuring that over-the-counter medications and dietary supplements are administered only as authorized by NAC 449.2742;*~~

(13) Determining the schedule for administering a medication based on the instructions provided by the prescribing physician, physician assistant or advanced practice registered nurse;

~~*(14) The necessity of an agreement entered into by a resident pursuant to paragraph (i) of subsection 1 of NRS 453.375 or paragraph (p) of subsection 1 of NRS 454.213 and the rights of a resident concerning the administration of medication;*~~

(15) Verifying before and during the administration of medication that:

(I) The medication is being administered to the correct resident;

(II) The correct medication is being administered to the resident;

(III) The dosage of the medication is correct;

(IV) The medication is being administered according to the schedule established by the prescribing physician, physician assistant or advanced practice registered nurse;

(V) The medication is being administered through the correct route; and

(VI) The administration of the medication is documented properly;

(16) Checking the name of the resident receiving medication, the strength and dosage of the medication and the frequency of administration against the order or prescription, the record of the administration of the medication maintained pursuant to NAC 449.2744 and the instructions on the container of the medication;

(17) When to cut or crush a pill and the proper procedure for cutting or crushing a pill;

(18) When and how to administer a liquid medication, including, without limitation, measuring the amount of a liquid medication;

(19) Antibiotic therapy and achieving therapeutic levels of an antibiotic in blood serum;

- (20) Situations where it is appropriate to administer topical solutions, including, without limitation, antibiotic cream, without an order from a physician, physician assistant or advanced practice registered nurse;*
- (21) Determining when to administer a medication if the directions provide for administration as needed;*
- (22) Maintaining a record of medication administration in accordance with NAC 449.2744;*
- (23) Actions to take if an error is made in the administration of medication;*
- (24) Signs and symptoms of an allergic reaction to medication and other changes in the condition of a resident to whom medication is administered that must be reported to a physician, physician assistant or advanced practice registered nurse;*
- (25) Situations where it is necessary to seek the assistance of providers of emergency medical services;*
- (26) Assisting residents who use oxygen, residents who receive kidney dialysis and residents with diabetes, dementia, Parkinson's disease and asthma;*
- (27) Dealing with medication-seeking behavior and other problematic behavior of residents relating to medication;*
- (28) Assisting residents with the self-administration of medication;*
- (29) Preventing infectious diseases, including, without limitation, proper procedures for hand washing and actions to take when exposed to blood-borne pathogens; and*
- (30) Finding necessary information concerning medications.*
- (c) Require a participant in the course to demonstrate competency in:*
 - (1) Washing hands;*
 - (2) Putting on and removing gloves;*
 - (3) Pouring medication and passing the medication to a resident while performing the duties described in subparagraphs (15) and (16) of paragraph (b);*
 - (4) Assisting with the administration of medication orally, sublingually, topically or through eye drops, ear drops, nose drops or spray and inhalers;*
 - (5) Cutting and crushing pills;*
 - (6) Reading and interpreting the label of a prescription medication;*
 - (7) Labeling over-the-counter medications and nutritional supplements;*
 - (8) Counting the amount of a controlled substance;*
 - (9) Properly storing medications;*
 - (10) Recording the administration of medication in a record of medication administration maintained pursuant to NAC 449.2744 if:*
 - (I) The medication is administered pursuant to a routine schedule; and*
 - (II) The instructions of the prescribing physician, physician assistant or advanced practice registered nurse provide for administration as needed;*
 - (11) Recording an order to discontinue medication in a record of medication administration maintained pursuant to NAC 449.2744;*
 - (12) Completing a report documenting an error in the administration of medication;*
 - (13) Documenting the delivery and destruction of medication in a log maintained pursuant to NAC 449.2744;*
 - (14) Completing a form to notify the physician, physician assistant or advanced practice registered nurse who prescribed or ordered a medication for a resident if the resident refuses or otherwise misses an administration of the medication as required by subsection 7 of NAC 449.2742;*
 - (15) Recording a change to an order or prescription in the record of medication administration and on the container of the medication; and*
 - (16) Destroying unused medication in accordance with subsection 9 of NAC 449.2742.*

(d) Require a participant in the course to achieve a passing score of at least 80 percent on an examination in order to receive a certificate of completion. The examination must:

- (1) Consist of questions prescribed by the Division; and*
- (2) Be administered in a manner approved by the Division.*

(e) Result in the award of a certificate of completion approved by the Division to each person who successfully completes the course, including, without limitation, successfully completing the competency demonstration described in paragraph (c) and achieving a passing score on the examination described in paragraph (d). The certificate must be signed by the instructor and must include, without limitation:

- (1) The number of hours of training completed;*
- (2) The names of the person who completed the course and the instructor;*
- (3) The date of the training;*
- (4) The approval code issued by the Division pursuant to section 12 of this regulation; and*
- (5) The approval code issued by the Division to the instructor of the course pursuant to section 14 of this regulation.*

2. A person or entity that offers a course shall:

- (a) Ensure that, upon the request of a participant in a course, the participant is provided with the written evaluation of the content and presentation of the course provided to the Division pursuant to paragraph (d) of subsection 1 of section 12 of this regulation to the participant;*
- (b) Allow the participant to complete the evaluation; and*
- (c) Review and consider the completed evaluation.*

3. The person or entity that offers a course shall maintain attendance records for the course for at least 2 years after the final date on which the course took place and provide to the Division upon request.

Section 15 proposed changes are as follows:

Sec. 15. 1. An instructor must:

- (a) Be authorized to use a curriculum concerning the management of medication that is approved by the Division pursuant to section 12 of this regulation;*
- (b) Have completed:*
 - (1) 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, approved by the Division pursuant to section 12 of this regulation within the year immediately preceding the submission of an application pursuant to section 14 of this regulation; or*
 - (2) 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 approved by the Division pursuant to section 12 of this regulation, at any time and at least 8 hours of refresher or remedial training in the management of medication approved by the Division pursuant to section 12 of this regulation within the year immediately preceding the submission of an application pursuant to section 14 of this regulation;*
- (c) Have the ability to speak, read, write and teach the entire course in the English language;*
- (d) Have at least 3 years of experience administering medication or supervising the administration of medication in a medical facility or a facility for the dependent or be licensed in good standing as a physician, physician assistant, advanced practice registered nurse, registered nurse or licensed practical nurse; and*
- (e) In addition to passing the examination administered pursuant to paragraph (d) of subsection 1 of section 13 of this regulation at the conclusion of the course completed pursuant to paragraph (b), have achieved a score of at least 80 percent on a comprehensive examination concerning:*

- (1) The curriculum that the applicant proposes to teach;*
 - (2) Regulations concerning the management of medication; and*
 - (3) Skills for presenting information in person or by videoconference.*
- 2. When teaching a course, the instructor shall:*
- (a) Utilize and follow the curriculum approved by the Division pursuant to section 12 of this regulation while providing comprehensive instruction concerning each topic in the curriculum;*
 - (b) Issue certificates of completion only to persons who meet the requirements of paragraph (e) of subsection 1 of section 13 of this regulation;*
 - (c) Protect the integrity of the examination administered pursuant to paragraph (d) of subsection 1 of section 13 of this regulation by refraining from sharing the questions on the examination and the answers to those questions with any person who is not authorized to view such questions and answers;*
 - (d) Educate himself or herself concerning the provisions of NAC 449.196, 449.2742, 449.2744 and 449.2746 and provide accurate information concerning those provisions to participants in the course;*
 - (e) Notify the Division of any changes in the information submitted to the Division as part of an application pursuant to section 14 of this regulation;*
 - (f) Verify the identity of each person who participates in a course of training for which the person provides instruction;*
 - (g) Administer and supervise the examination described in paragraph (d) of subsection 1 of section 13 of this regulation in a manner approved by the Division;*
 - ~~*(h) Not later than 10 days after the conclusion of a course, provide electronically to the Division a list of the names of each participant in the course; and*~~
 - ~~*(i) Allow employees of the Division to attend the course, with or without prior notice.*~~

Section 19 proposed changes are as follows:

Sec. 19. NAC 449.196 is hereby amended to read as follows:

449.196 1. A caregiver of a residential facility must:

- (a) Be at least 18 years of age;*
 - (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;*
 - (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, **and sections 2 to 16, inclusive, of this regulation** and sign a statement that he or she has read those provisions;*
 - (d) Demonstrate the ability to read, write, speak and understand the English language;*
 - (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility;*
 - ~~*(f) Not later than 40 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*~~
 - ~~*(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.***~~
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.

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:

(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;

(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; *and*

(c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742 . [; *and*

(d) Annually pass an examination relating to the management of medication approved by the Bureau.]

Section 20 proposed changes are as follows:

Sec. 20. NAC 449.200 is hereby amended to read as follows:

449.200 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:

(a) The name, address, telephone number and social security number of the employee;

(b) The date on which the employee began his or her employment at the residential facility;

(c) Records relating to the training received by the employee [;], *including, without limitation:*

(1) Certificates of completion for all training completed by the employee; and

(2) If a certificate of completion for tier 2 training is not from a course listed on the Internet website maintained by the Division ~~does not~~ it must include a list of topics covered by the training, the syllabus, or an outline for the training;

(d) The health certificates required pursuant to chapter 441A of NAC for the employee;

(e) Evidence that the references supplied by the employee were checked by the residential facility; and

(f) Evidence of compliance with NRS 449.122 to 449.125, inclusive.

2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1:

(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and

(b) Proof that the caregiver is 18 years of age or older.

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 requests to review the files.

Section 22 proposed changes are as follows:

Sec. 22. NAC 449.259 is hereby amended to read as follows:

449.259 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.

2. A person-centered service plan developed pursuant to this section must include, without limitation:

(a) [Provide each resident with protective] 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 [;

(b) Inform] for the resident;

(c) The manner in which all caregivers will be informed of the required supervision [;

(c) Provide each resident with] 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;

[(d) Permit a]

(e) Permission for the resident to rest in his or her room at any time;

[(e) Permit a]

(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) [The resident complies] Complies with the rules established by the administrator of the facility for leaving the facility;

[(f) Provide laundry]

(g) Laundry services for [each] the resident unless [a] the resident elects in writing to make other arrangements;

[(g) Ensure]

(h) The manner in which the facility will ensure that [each] the resident's clothes are clean, comfortable and presentable; [and

(h) Inform each]

(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 ~~at least 10 hours each week of~~ scheduled and unscheduled activities that are suited to his or her interests and capacities; and

(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.

[2.] 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 or her departure and return.

[3.] 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 or her own, whenever possible.

Section 23 proposed changes are as follows:

Sec. 23. NAC 449.260 is hereby amended to read as follows:

449.260 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;
- (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests;
- (c) Plan recreational opportunities that are suited to the interests and capacities of the residents;
- (d) Provide each resident with a written program of activities;
- (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;
- (f) Encourage **[the residents]** *each resident* to participate in the activities scheduled pursuant to **[paragraph (e);]** *his or her person-centered service plan;* and
- (g) ~~(e)~~ 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.

2. The administrator of a residential facility with at least 20 residents shall appoint a member of the staff of the facility who will be responsible for the organization, conduct and evaluation of activities for the residents. The person so appointed shall ensure that the activities are suited to the interests and capacities of the residents.

3. The administrator of a residential facility with 50 or more residents shall, in addition to appointing a member of the staff of the facility pursuant to subsection 2, appoint such other members of the staff as the administrator deems necessary to assist the person who is responsible for conducting the activities.

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.

**REVISED PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R043-22

June 28, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1-4, 9-18, 21-28 and 30-33, NRS 439.200 and 449.0302; §§ 5-7, 19, 20, 36 and 37, NRS 439.200, 449.0302 and 449.094; §§ 8, 29, 34 and 35, NRS 439.200, 449.0302 and 449.1845; § 38, NRS 439.200, 449.0302, 449.094 and 449.1845.

A REGULATION relating to residential facilities for groups; revising requirements concerning training for certain employees; requiring a facility to develop a person-centered service plan for each resident; revising the persons authorized to conduct a physical examination of a resident; authorizing a physician assistant or advanced practice registered nurse to prescribe medication for a resident; removing requirements that certain facilities must obtain an endorsement; revising provisions governing the operation of certain such facilities; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the State Board of Health to adopt regulations for the licensing and regulation of residential facilities for groups, including separate regulations for the licensing and regulation of such facilities that provide care to persons with Alzheimer’s disease or other severe dementia. (NRS 449.0302) **Sections 2 and 3** of this regulation define the terms “Alzheimer’s disease” and “dementia,” respectively.

Sections 4-6 of this regulation define certain terms relevant to residential facilities for groups.

Section 17 of this regulation indicates the placement of **sections 2-16** of this regulation in the Nevada Administrative Code.

Existing regulations require a caregiver of a residential facility for groups to receive at least 8 hours of annual training related to providing for the needs of residents of the facility. (NAC 449.196) Existing regulations also prescribe specific training requirements for a caregiver at a residential facility for groups whose residents are elderly persons or persons with disabilities or an employee of a residential facility for groups who provides care to persons with dementia. (NAC 449.2758, 449.2768) **Sections 7, 19, 36 and 38** of this regulation revise requirements governing training for such caregivers or employees without changing the total amount of training required. **Section 20** of this regulation prescribes specific requirements concerning the documentation of such training that a residential facility for groups is required to maintain for each employee. **Section 37** of this regulation deems current employees of residential facilities for groups who have received certain training required by existing regulations to meet the training

requirements revised by **sections 19 and 36** of this regulation.

Existing law requires the administrator of a residential facility for groups to cause a qualified provider of health care to conduct: (1) an annual physical examination of each resident of the facility; and (2) an assessment of the conditions and needs of each resident of the facility upon admission and at certain other times. (NRS 449.1845) **Section 8** of this regulation interprets the term “qualified provider of health care” for that purpose, and **section 29** of this regulation revises provisions of existing regulations concerning physical examinations to conform to existing law.

Existing law requires an employee of a residential facility for groups who assists residents in the administration of controlled substances or dangerous drugs to: (1) complete training approved by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) pass an examination approved by the Division. (NRS 449.0302) **Sections 10 and 11** of this regulation define certain terms relating to such training. **Section 12** of this regulation generally requires a person or entity that proposes to offer a course of training in the administration of medication to apply to the Division. **Section 12** authorizes the Division to approve a nationally recognized organization to offer a course without an application if it determines that the course meets the applicable requirements. **Section 12** provides that the approval of a course is valid for 2 years. **Section 13** of this regulation prescribes the required content of such a course. **Section 13** requires a participant in such a course to achieve a passing score of at least 80 percent on a written examination. **Sections 19 and 30** of this regulation eliminate duplicative requirements.

Section 12 requires an application for the approval of a course of training in the administration of medication to include proof that the instructor has been approved by the Division. **Section 14** of this regulation: (1) prescribes the requirements to apply for approval as an instructor; and (2) provides that the approval of an instructor is valid for 2 years. **Section 15** of this regulation prescribes the required qualifications and ethical duties of a person who teaches a course of training in the administration of medication. **Section 16** of this regulation authorizes the Division to revoke the approval of a course or instructor under certain circumstances. **Section 27** of this regulation makes a conforming change to indicate that a caregiver who administers medication to a resident with diabetes must complete training and an examination approved by the Division. **Section 27** also updates the name of a publication adopted by reference pertaining to food substitutions for special diets and establishes a process for the incorporation of future revisions to that publication.

Existing regulations prohibit the administration of medication to a resident of a residential facility for groups without the approval of a physician. (NAC 449.231) **Sections 21, 24 and 30-33** of this regulation authorize a physician assistant or advanced practice registered nurse to prescribe medication for a resident. **Section 18** of this regulation makes a conforming change to update terminology used to refer to advanced practice registered nurses.

Existing regulations require: (1) a residential facility for groups to provide certain supervision for residents and permit a resident to engage in certain activities; and (2) caregivers of the facility to provide each resident with a written program of activities. (NAC 449.259, 449.260) **Section 22** of this regulation requires a residential facility for groups to develop a person-centered service plan for each resident in collaboration with the resident, his or her family and other persons who provide care to the resident. **Section 22** prescribes the required contents of a person-centered service plan, which include required supervision, authorized activities, the written program of activities for the resident and, if the resident has Alzheimer’s disease or

another form of dementia, measures to address the dementia and ensure the safety of the resident in the facility. **Section 4** of this regulation defines the term “person-centered service plan,” and **sections 23, 28 and 34** of this regulation make conforming changes related to such a plan.

Existing regulations require the administrator of a residential facility for groups to provide certain information concerning the services of the facility and the cost of those services in writing upon request. (NAC 449.2704) **Section 26** of this regulation: (1) clarifies that such information must be provided to any person upon request; and (2) requires the administrator to provide a person paying for services or his or her representative with certain information concerning those services upon the admission of the resident receiving those services, upon a change to those services or their cost or upon request.

Existing law requires a resident who suffers from dementia to an extent that the resident may be a danger to himself or herself or others under certain circumstances to be placed in a residential facility for groups that meets requirements prescribed by the Board. (NRS 449.1845) Existing regulations: (1) require a residential facility which offers or provides care for a resident with Alzheimer’s disease or related dementia to obtain an endorsement on its license; and (2) impose certain requirements governing the operations of such a facility. (NAC 449.2754, 449.2756) **Sections 34 and 35** of this regulation limit those requirements to only apply to a residential facility for groups that provides care to a resident with Alzheimer’s disease or another form of dementia to the extent that the resident may be a danger to himself or herself or others under the circumstances prescribed by existing law. **Section 35** also revises requirements governing equipment to alert the staff of a such a residential facility when a door used to exit the facility is opened. **Section 38** of this regulation repeals an unnecessary definition.

Existing regulations authorize a residential facility that provides care to persons with Alzheimer’s disease to admit and retain a resident who requires containment in locked quarters. (NAC 449.2754) **Sections 25 and 34** of this regulation remove this authorization, thereby prohibiting a residential facility that provides care to persons with Alzheimer’s disease or other forms of dementia from admitting and retaining such a patient.

Existing regulations require the administrator of a residential facility to maintain a record of the medication administered to each resident. (NAC 449.2744) **Section 31** of this regulation expands the information required to be included in such a record.

Existing regulations require a residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease to obtain an endorsement from the Division. (NAC 449.2766) **Section 38** of this regulation repeals that requirement.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 16, inclusive, of this regulation.

Sec. 2. *“Alzheimer’s disease” 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.*

Sec. 3. *“Dementia” 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.*

Sec. 4. *“Person-centered service plan” 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.*

Sec. 5. *“Tier 1 training” means basic training for employees of a residential facility that includes, without limitation:*

- 1. Training in responding to emergencies;*
- 2. Training in working with residents, including, without limitation, residents with dementia, and their families; and*
- 3. An introduction to person-centered care.*

Sec. 6. *“Tier 2 training” means training for employees of a residential facility that includes, without limitation, training in:*

- 1. The psychosocial aspects of dementia;*
- 2. Current science concerning dementia;*
- 3. Signs and symptoms of dementia; and*
- 4. Working with persons suffering from dementia, including, without limitation:*
 - (a) Communication;*
 - (b) Providing person-centered care;*
 - (c) Assessment of persons with dementia;*
 - (d) Planning the provision of care; and*

(e) Assisting with activities of daily living.

Sec. 7. 1. Tier 2 training must be:

(a) A training included on the list compiled pursuant to subsection 2; or

(b) A training provided by:

(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;

(2) An accredited college or university located in the District of Columbia or any state or territory of the United States; or

(3) The Federal or State Government.

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.

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.*

Sec. 9. *As used in sections 9 to 16, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 10 and 11 of this regulation have the meanings ascribed to them in those sections.*

Sec. 10. *“Course” means a course of training in the administration of medication offered to satisfy the requirements of NAC 449.196, 449.2726 and 449.2742 and section 15 of this regulation.*

Sec. 11. *“Instructor” means the instructor of a course.*

Sec. 12. *1. To obtain the approval of the Division for a course, the person or entity that proposes to offer the course must apply to the Division in the form prescribed by the Division.*

The application must include, without limitation:

(a) Certification that the course will be taught by an instructor who has been approved by the Division pursuant to section 14 of this regulation;

(b) The proposed syllabus of the course;

(c) The information that will be provided to participants in the course;

(d) A written evaluation of the content and presentation of the course that will be completed by each participant in the course;

(e) A statement of the purpose of the course and the requirements for attendance; and

(f) Any additional proof necessary to demonstrate that the course meets the requirements of section 13 of this regulation.

2. The Division may request from an applicant any additional information that the Division determines necessary to evaluate the course that the applicant proposes to offer.

3. The Division shall consider the information provided pursuant to paragraph (c) of subsection 1 to be proprietary and shall not release such information without the consent of the applicant.

4. The Division may approve a nationally recognized organization to offer a course without an application pursuant to this section if the Division determines that the course meets the requirements of section 13 of this regulation.

5. The Division may approve a course if it determines that the course:

(a) Meets the requirements of section 13 of this regulation; and

(b) Will be taught by an instructor who has been approved by the Division pursuant to section 14 of this regulation.

6. Upon approving a course, the Division shall issue to the person or entity that offers the course an approval code.

7. Approval of a course expires 2 years after the date on which the approval was granted unless the person or entity offering the course reapplies for approval in the manner prescribed by this section at least 60 days before the date on which the approval is scheduled to expire. If approval of a course expires, the person or entity that offers the course must cancel any training scheduled to be provided as part of the course.

Sec. 13. 1. A course must:

(a) Be conducted entirely in English and consist of:

(1) 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; or

(2) At least 8 hours of refresher or remedial training in the management of medication.

(b) Include, without limitation, instruction concerning:

(1) The duties, responsibilities and authorized activities of a caregiver who administers or assists with the administration of medication to residents;

(2) Common abbreviations used by physicians, physician assistants, advanced practice registered nurses and pharmacists when writing prescriptions and instructions for using medications;

(3) Following a plan for managing the administration of medications maintained by a residential facility pursuant to paragraph (d) of subsection 1 of NAC 449.2742 and any other policies concerning ordering new prescriptions, reordering existing prescriptions, requesting refills, storage and handling of different types of medication, destruction of medication in accordance with subsection 9 of NAC 449.2742 and maintaining a log of medication deliveries;

(4) Common classifications of medications, including, without limitation, generic, brand name, statins, blood thinners, nitroglycerin, laxatives, antihistamines, antibiotics, bronchodilators, diuretics, antihypertensives, analgesics, antidepressants, anti-anxiety, sedatives, hypnotics, antipsychotics, anti-ulcer, anti-osteoporosis, eye drops and ear drops;

(5) Controlled substances and other medications commonly prescribed to residents;

(6) Types of orders commonly given by physicians, physician assistants and advanced practice registered nurses;

(7) Routes by which medication can be administered, including, without limitation, oral, sublingual, transdermal, topical, otic and ophthalmic;

(8) Types of packaging for medication, including, without limitation, bottles, bubble packs, blister packs and patches;

(9) Forms of medication, including, without limitation, tablet, capsule, cream, elixir, enteric-coated tablet, fast-dissolving tablet, gel capsule, powder, inhaler, ointment, solution, suspension and transdermal patch;

(10) Allergies, interactions between drugs, contraindications, side effects, adverse reactions and toxicity;

(11) Reading the medication label;

(12) The importance of:

(I) Following the instructions on a medication label;

(II) Administering medications as prescribed, including, without limitation, the effect of the manner in which medication is administered on the level of medication in the bloodstream and the therapeutic effect of the medication; and

(III) Ensuring that over-the-counter medications and dietary supplements are administered only as authorized by NAC 449.2742;

(13) Determining the schedule for administering a medication based on the instructions provided by the prescribing physician, physician assistant or advanced practice registered nurse;

(14) The necessity of an agreement entered into by a resident pursuant to paragraph (i) of subsection 1 of NRS 453.375 or paragraph (p) of subsection 1 of NRS 454.213 and the rights of a resident concerning the administration of medication;

(15) Verifying before and during the administration of medication that:

(I) The medication is being administered to the correct resident;

(II) The correct medication is being administered to the resident;

(III) The dosage of the medication is correct;

(IV) The medication is being administered according to the schedule established by the prescribing physician, physician assistant or advanced practice registered nurse;

(V) The medication is being administered through the correct route; and

(VI) The administration of the medication is documented properly;

(16) Checking the name of the resident receiving medication, the strength and dosage of the medication and the frequency of administration against the order or prescription, the record of the administration of the medication maintained pursuant to NAC 449.2744 and the instructions on the container of the medication;

(17) When to cut or crush a pill and the proper procedure for cutting or crushing a pill;

(18) When and how to administer a liquid medication, including, without limitation, measuring the amount of a liquid medication;

(19) Antibiotic therapy and achieving therapeutic levels of an antibiotic in blood serum;

(20) Situations where it is appropriate to administer topical solutions, including, without limitation, antibiotic cream, without an order from a physician, physician assistant or advanced practice registered nurse;

(21) Determining when to administer a medication if the directions provide for administration as needed;

(22) Maintaining a record of medication administration in accordance with NAC 449.2744;

(23) Actions to take if an error is made in the administration of medication;

(24) Signs and symptoms of an allergic reaction to medication and other changes in the condition of a resident to whom medication is administered that must be reported to a physician, physician assistant or advanced practice registered nurse;

(25) Situations where it is necessary to seek the assistance of providers of emergency medical services;

(26) Assisting residents who use oxygen, residents who receive kidney dialysis and residents with diabetes, dementia, Parkinson's disease and asthma;

(27) Dealing with medication-seeking behavior and other problematic behavior of residents relating to medication;

(28) Assisting residents with the self-administration of medication;

(29) Preventing infectious diseases, including, without limitation, proper procedures for hand washing and actions to take when exposed to blood-borne pathogens; and

(30) Finding necessary information concerning medications.

(c) Require a participant in the course to demonstrate competency in:

(1) Washing hands;

(2) Putting on and removing gloves;

(3) Pouring medication and passing the medication to a resident while performing the duties described in subparagraphs (15) and (16) of paragraph (b);

(4) Assisting with the administration of medication orally, sublingually, topically or through eye drops, ear drops, nose drops or spray and inhalers;

(5) Cutting and crushing pills;

(6) Reading and interpreting the label of a prescription medication;

(7) Labeling over-the-counter medications and nutritional supplements;

(8) Counting the amount of a controlled substance;

(9) Properly storing medications;

(10) Recording the administration of medication in a record of medication administration maintained pursuant to NAC 449.2744 if:

(I) The medication is administered pursuant to a routine schedule; and

(II) The instructions of the prescribing physician, physician assistant or advanced practice registered nurse provide for administration as needed;

(11) Recording an order to discontinue medication in a record of medication administration maintained pursuant to NAC 449.2744;

(12) Completing a report documenting an error in the administration of medication;

(13) Documenting the delivery and destruction of medication in a log maintained pursuant to NAC 449.2744;

(14) Completing a form to notify the physician, physician assistant or advanced practice registered nurse who prescribed or ordered a medication for a resident if the resident refuses or otherwise misses an administration of the medication as required by subsection 7 of NAC 449.2742;

(15) Recording a change to an order or prescription in the record of medication administration and on the container of the medication; and

(16) Destroying unused medication in accordance with subsection 9 of NAC 449.2742.

(d) Require a participant in the course to achieve a passing score of at least 80 percent on an examination in order to receive a certificate of completion. The examination must:

(1) Consist of questions prescribed by the Division; and

(2) Be administered in a manner approved by the Division.

(e) Result in the award of a certificate of completion approved by the Division to each person who successfully completes the course, including, without limitation, successfully completing the competency demonstration described in paragraph (c) and achieving a passing score on the examination described in paragraph (d). The certificate must be signed by the instructor and must include, without limitation:

- (1) The number of hours of training completed;*
- (2) The names of the person who completed the course and the instructor;*
- (3) The date of the training;*
- (4) The approval code issued by the Division pursuant to section 12 of this regulation;*

and

(5) The approval code issued by the Division to the instructor of the course pursuant to section 14 of this regulation.

2. A person or entity that offers a course shall:

(a) Ensure that, upon the request of a participant in a course, the participant is provided with the written evaluation of the content and presentation of the course provided to the Division pursuant to paragraph (d) of subsection 1 of section 12 of this regulation to the participant;

(b) Allow the participant to complete the evaluation; and

(c) Review and consider the completed evaluation.

3. The person or entity that offers a course shall maintain attendance records for the course for at least 2 years after the final date on which the course took place.

Sec. 14. *1. To obtain the approval of the Division as an instructor, a person must apply to the Division in the form prescribed by the Division. The application must include, without limitation:*

(a) The name and address of the applicant;

(b) The resume of the applicant;

(c) Proof that the applicant meets the requirements of subsection 1 of section 15 of this regulation; and

(d) A statement signed by the applicant agreeing to comply with the requirements of subsection 2 of section 15 of this regulation if the application is approved.

2. The Division may approve an instructor if it determines that the instructor meets the requirements of subsection 1 of section 15 of this regulation. Upon approving an instructor, the Division shall issue an approval code to the instructor.

3. Approval of an instructor expires 2 years after the date on which the approval was granted unless the instructor reapplies for approval in the manner prescribed by this section at least 60 days before the date on which the approval is scheduled to expire. If the approval of an instructor expires, the person or entity that offers the course must cancel any training scheduled to be taught by the instructor or reassign an approved instructor to teach the training.

Sec. 15. 1. An instructor must:

(a) Be authorized to use a curriculum concerning the management of medication that is approved by the Division pursuant to section 12 of this regulation;

(b) Have completed:

(1) 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, approved by the Division pursuant to section 12 of this regulation within the year immediately preceding the submission of an application pursuant to section 14 of this regulation; or

(2) 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 approved by the Division pursuant to section 12 of this regulation, at any time and at least 8 hours of refresher or remedial training in the management of medication approved by the Division

pursuant to section 12 of this regulation within the year immediately preceding the submission of an application pursuant to section 14 of this regulation;

(c) Have the ability to speak, read, write and teach the entire course in the English language;

(d) Have at least 3 years of experience administering medication or supervising the administration of medication in a medical facility or a facility for the dependent or be licensed in good standing as a physician, physician assistant, advanced practice registered nurse, registered nurse or licensed practical nurse; and

(e) In addition to passing the examination administered pursuant to paragraph (d) of subsection 1 of section 13 of this regulation at the conclusion of the course completed pursuant to paragraph (b), have achieved a score of at least 80 percent on a comprehensive examination concerning:

(1) The curriculum that the applicant proposes to teach;

(2) Regulations concerning the management of medication; and

(3) Skills for presenting information in person or by videoconference.

2. When teaching a course, the instructor shall:

(a) Utilize and follow the curriculum approved by the Division pursuant to section 12 of this regulation while providing comprehensive instruction concerning each topic in the curriculum;

(b) Issue certificates of completion only to persons who meet the requirements of paragraph (e) of subsection 1 of section 13 of this regulation;

(c) Protect the integrity of the examination administered pursuant to paragraph (d) of subsection 1 of section 13 of this regulation by refraining from sharing the questions on the

examination and the answers to those questions with any person who is not authorized to view such questions and answers;

(d) Educate himself or herself concerning the provisions of NAC 449.196, 449.2742, 449.2744 and 449.2746 and provide accurate information concerning those provisions to participants in the course;

(e) Notify the Division of any changes in the information submitted to the Division as part of an application pursuant to section 14 of this regulation;

(f) Verify the identity of each person who participates in a course of training for which the person provides instruction;

(g) Administer and supervise the examination described in paragraph (d) of subsection 1 of section 13 of this regulation in a manner approved by the Division;

(h) Not later than 10 days after the conclusion of a course, provide electronically to the Division a list of the names of each participant in the course; and

(i) Allow employees of the Division to attend the course, with or without prior notice.

Sec. 16. 1. *The Division may revoke the approval of a course or an instructor upon a determination that the course or instructor, as applicable, has:*

(a) Failed to comply with the requirements of sections 9 to 16, inclusive, of this regulation;

(b) Presented false, misleading or materially incomplete information to the Division; or

(c) Engaged in other unlawful conduct relating to a course or the ability to offer or teach, as applicable, such a course.

2. *Before denying an application for the approval of a course or instructor or revoking such approval, the Division shall notify the person or entity that offers the course or the instructor, as applicable, in accordance with NAC 439.345. A person or entity that is aggrieved*

by the denial or revocation of approval may appeal the denial or revocation in accordance with NAC 439.346.

Sec. 17. NAC 449.156 is hereby amended to read as follows:

449.156 As used in NAC 449.156 to 449.27706, inclusive, *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.

Sec. 18. NAC 449.169 is hereby amended to read as follows:

449.169 “Medical professional” means a physician or a physician assistant, *advanced practice registered* nurse, ~~practitioner,~~ 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.

Sec. 19. NAC 449.196 is hereby amended to read as follows:

449.196 1. A caregiver of a residential facility must:

- (a) Be at least 18 years of age;
- (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;
- (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, *and sections 2 to 16, inclusive, of this regulation* and sign a statement that he or she has read those provisions;
- (d) Demonstrate the ability to read, write, speak and understand the English language;
- (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility;

(f) Not later than 40 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

~~[(f)]~~ *(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.*

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.

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:

(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;

(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; *and*

(c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742. ~~[(c) and~~

~~—(d) Annually pass an examination relating to the management of medication approved by the Bureau.]~~

Sec. 20. NAC 449.200 is hereby amended to read as follows:

449.200 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:

- (a) The name, address, telephone number and social security number of the employee;
- (b) The date on which the employee began his or her employment at the residential facility;
- (c) Records relating to the training received by the employee ~~{}~~, *including, without*

limitation:

(1) Certificates of completion for all training completed by the employee; and

(2) If a certificate of completion for tier 2 training does not include a list of topics covered by the training, the syllabus for the training;

- (d) The health certificates required pursuant to chapter 441A of NAC for the employee;
- (e) Evidence that the references supplied by the employee were checked by the residential facility; and
- (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive.

2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1:

- (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and
- (b) Proof that the caregiver is 18 years of age or older.

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 requests to review the files.

Sec. 21. NAC 449.231 is hereby amended to read as follows:

449.231 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.

2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation:

- (a) A germicide safe for use by humans;
- (b) Sterile gauze pads;
- (c) Adhesive bandages, rolls of gauze and adhesive tape;
- (d) Disposable gloves;
- (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and
- (f) A thermometer or other device that may be used to determine the bodily temperature of a person.

3. Except for first aid in an emergency, no treatment or medication may be administered to a resident without the approval of a physician ~~or~~, *physician assistant or advanced practice registered nurse*.

Sec. 22. NAC 449.259 is hereby amended to read as follows:

449.259 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.*

2. *A person-centered service plan developed pursuant to this section must include, without limitation:*

(a) ~~{} Provide each resident with protective~~ *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* ~~{};~~

~~{} Inform~~ *for the resident;*

(c) *The manner in which all caregivers will be informed of the required supervision* ~~{};~~

~~{} Provide each resident with~~ *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;*

~~{} Permit a~~

(e) *Permission for the resident to rest in his or her room at any time;*

~~{} Permit a~~

(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) ~~[(The resident complies)]~~ *Complies* with the rules established by the administrator of the facility for leaving the facility;

~~[(f) Provide laundry]~~

(g) *Laundry* services for ~~[each]~~ *the* resident unless ~~[a]~~ *the* resident elects in writing to make other arrangements;

~~[(g) Ensure]~~

(h) *The manner in which the facility will ensure* that ~~[each]~~ *the* resident's clothes are clean, comfortable and presentable; ~~[and]~~

~~[(h) Inform each]~~

(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 at least 10 hours each week of scheduled activities that are suited to his or her interests and capacities; and*

(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.*

~~{2.}~~ 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 or her departure and return.

~~{3.}~~ 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 or her own, whenever possible.

Sec. 23. NAC 449.260 is hereby amended to read as follows:

449.260 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;

(b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests;

(c) Plan recreational opportunities that are suited to the interests and capacities of the residents;

(d) ~~{Provide each resident with a written program of activities;~~

~~—(e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;~~

~~—(f)}~~ Encourage ~~{the residents}~~ *each resident* to participate in the activities scheduled pursuant to ~~{paragraph (e);}~~ *his or her person-centered service plan;* and

~~{(g)}~~ (e) 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.

2. The administrator of a residential facility with at least 20 residents shall appoint a member of the staff of the facility who will be responsible for the organization, conduct and evaluation of activities for the residents. The person so appointed shall ensure that the activities are suited to the interests and capacities of the residents.

3. The administrator of a residential facility with 50 or more residents shall, in addition to appointing a member of the staff of the facility pursuant to subsection 2, appoint such other members of the staff as the administrator deems necessary to assist the person who is responsible for conducting the activities.

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.

Sec. 24. NAC 449.262 is hereby amended to read as follows:

449.262 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.

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.

3. The members of the staff of a residential facility shall not:

(a) Use restraints on any resident;

(b) Lock a resident in a room inside the facility; or

(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.

Sec. 25. NAC 449.2702 is hereby amended to read as follows:

449.2702 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.

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.

3. A person who is admitted to a residential facility must be at least 18 years of age.

4. Except as otherwise provided in NAC 449.275 , ~~and 449.2754,~~ a residential facility shall not admit or allow to remain in the facility any person who:

(a) Is bedfast;

(b) Requires restraint;

(c) Requires confinement in locked quarters; or

(d) Requires skilled nursing or other medical supervision on a 24-hour basis.

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.

6. As used in this section:

(a) “Bedfast” means a condition in which a person is:

(1) Incapable of changing his or her 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;

(2) A manual method for restricting a resident’s freedom of movement or the resident’s normal access to his or her body; or

(3) A device or material or equipment which is attached to or adjacent to a resident’s body that cannot be removed easily by the resident and restricts the resident’s freedom of movement or the resident’s normal access to his or her body.

Sec. 26. NAC 449.2704 is hereby amended to read as follows:

449.2704 **1.** The administrator of a residential facility shall, upon *the* request ~~of~~ *of any person*, make the following information available in writing:

~~1.~~ **(a)** The basic rate for the services provided by the facility;

~~2.~~ **(b)** The schedule for payment;

~~3.~~ **(c)** The services included in the basic rate;

~~4.~~ **(d)** The charges for optional services which are not included in the basic rate; and

~~5.~~ **(e)** The residential facility’s policy on refunds of amounts paid but not used.

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.

Sec. 27. NAC 449.2726 is hereby amended to read as follows:

449.2726 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

(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.

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.

(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.

(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.

(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.

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;

(b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place; and

(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.

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 ~~[Exchange]~~ *Choose Your Foods: Food Lists For [Meal Planning,] Diabetes,* published by the American Diabetes Association, Incorporated, and the ~~[American Dietetic Association,]~~ *Academy of Nutrition and Dietetics,* which is hereby adopted by reference. A copy of the publication may be obtained ~~[from the American Diabetes Association, Incorporated, Order Fulfillment Department, P.O. Box 930850, Atlanta, Georgia 31193-0850,]~~ *at the Internet address <https://www.eatrightstore.org/product-type/brochures-handouts/choose-your-foods-food-lists-for-diabetes>* at a cost of ~~[\$2.50.]~~ *\$2.99 for members and \$3.89 for nonmembers.*

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.

Sec. 28. NAC 449.2732 is hereby amended to read as follows:

449.2732 1. Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

- (a) The resident is able to follow instructions;
- (b) The resident is able to make his or her needs known to the caregivers employed by the facility;
- (c) The resident can be protected from harming himself or herself and other persons; and
- (d) The caregivers employed by the facility can meet the needs of the resident ~~and~~, *as documented in the person-centered service plan established for the resident.*

2. If a person who requires protective supervision is unable to follow instructions or has difficulty making his or her needs known to the employees of the facility, the person may be admitted to the facility or be permitted to remain as a resident of the facility if the facility complies with the provisions of NAC 449.2754 and 449.2756.

3. The administrator of a residential facility with a resident who requires protective services shall ensure that:

- (a) The caregivers employed by the facility are capable of providing the supervision for that resident without neglecting the needs of the other residents of the facility; and
- (b) ~~There is a written plan for providing~~ *The person-centered service plan developed for that resident provides for* protective supervision for that resident.

Sec. 29. NAC 449.274 is hereby amended to read as follows:

449.274 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 arrangements 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.

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 or she is unavailable, by another licensed physician.

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; and

(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.

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.

5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by ~~his or her physician.~~ *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 ~~[resident's physician.]~~ *qualified provider of health care.*

6. The members of the staff of the facility shall:

(a) Ensure that the resident receives the personal care that he or she requires.

(b) Monitor the ability of the resident to care for his or her own health conditions and document in writing any significant change in his or her ability to care for those conditions.

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 or her 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.

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.

Sec. 30. NAC 449.2742 is hereby amended to read as follows:

449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:

(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:

(1) Reviews for accuracy and appropriateness, at least once every 6 months, the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and

(2) Provides a written report of that review to the administrator of the facility.

(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report.

(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).

(d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation:

(1) Preventing the use of outdated, damaged or contaminated medications;

(2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages;

(3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744;

(4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident;

(5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.0302 and NAC 449.196;

(6) Ensuring that each caregiver who administers a medication is adequately supervised;

(7) Communicating routinely with the prescribing physician , *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

(8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications.

(e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers.

(f) In his or her first year of employment as an administrator of the residential facility, receive, from a ~~[program]~~ *course* approved by the ~~[Bureau.]~~ *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.

(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.

~~[(h) Annually pass an examination relating to the management of medication approved by the Bureau.]~~

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.

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.

4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met.

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 **[H]**, *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 **[H]**, *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.

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 **[H]**, *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:

(a) The caregiver responsible for assisting in the administration of the medication shall:

(1) Comply with the order;

(2) Indicate on the container of the medication that a change has occurred; and

(3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744;

(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

(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, ~~the~~ *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.

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.

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.

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.

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.

Sec. 31. NAC 449.2744 is hereby amended to read as follows:

449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain:

(a) A log for each medication received by the facility for use by a resident of the facility. The log must include:

- (1) The type and quantity of medication received by the facility;
- (2) The date of its delivery;
- (3) The name of the person who accepted the delivery;
- (4) The name of the resident for whom the medication is prescribed; and
- (5) The date on which any unused medication is removed from the facility or destroyed.

(b) A record of the medication administered to each resident. The record must include:

- (1) The type of medication administered;
- (2) The date and time that the medication was administered;
- (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; ~~and~~

(4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician ~~H~~, *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;*

(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;

(6) Any time when the resident is out of the facility; and

(7) Any mistakes made in the administration of medication.

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.

Sec. 32. NAC 449.2746 is hereby amended to read as follows:

449.2746 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless:

- (a) The resident is able to determine his or her need for the medication;
- (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or
- (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.

2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:

- (a) The reason for the administration;
- (b) The date and time of the administration;

- (c) The dose administered;
- (d) The results of the administration of the medication;
- (e) The initials of the caregiver; and
- (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician ~~H~~, *physician assistant or advanced practice registered nurse*.

Sec. 33. NAC 449.2748 is hereby amended to read as follows:

449.2748 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 or herself without supervision may keep the resident's medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key.

2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.

3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:

- (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and
- (b) Kept in its original container until it is administered.

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 or she is transferred.

5. If a resident is transferred to a hospital or skilled nursing facility, the residential facility shall hold the resident's medications until the resident returns or for 30 days after the transfer, whichever is less, unless the hospital or skilled nursing facility requests the residential facility to provide the hospital or skilled nursing facility with the medications. If the resident does not return within 30 days after the transfer, the residential facility shall promptly dispose of any remaining medications. Upon the return of the resident from the hospital or skilled nursing facility, the residential facility shall, if there has been any change in the resident's medication regimen:

(a) Contact a physician, *physician assistant or advanced practice registered nurse* within 24 hours after the resident returns, to clarify the change; and

(b) Document the ~~physician~~ 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.

Sec. 34. NAC 449.2754 is hereby amended to read as follows:

449.2754 1. A residential facility which offers or provides care for a resident with Alzheimer's disease or ~~related~~ *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 ~~authorizing it to operate~~ as a residential facility which provides care to persons with Alzheimer's disease ~~or~~ *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.

~~2. [If a residential facility is authorized to operate as a residential facility which provides care to persons with Alzheimer's disease and as another type of facility, the entire facility must comply with the requirements of this section or the residents who suffer from Alzheimer's disease or other related dementia must be located in a separate portion of the facility that complies with the provisions of this section.~~

~~—3.— A residential facility which provides care to persons with Alzheimer's disease may admit or retain a resident who requires confinement in locked quarters.~~

~~—4.]~~ 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:

- (a) Has not less than 3 years of experience in caring for residents with Alzheimer's disease or ~~[related]~~ *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).

~~[5.]~~ **3.** The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes:

- (a) The facility's policies and procedures for providing care to its residents;
- (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;

(c) A description of:

- (1) The basic services provided for the needs of residents who suffer from dementia;
- (2) The activities developed for the residents by the members of the staff of the facility;
- (3) The manner in which ~~the behavioral problems~~ *behavior* will be managed;
- (4) The manner in which ~~the~~ medication for residents will be managed;
- (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

- (6) The steps the members of the staff of the facility will take to:
 - (I) Prevent residents from wandering from the facility; and
 - (II) Respond when a resident wanders from the facility; and

(d) The criteria for admission to and discharge and transfer from the facility.

~~[6.]~~ 4. The written statement required pursuant to subsection ~~[5.]~~ 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.

~~[7.]~~ 5. The administrator shall ensure that the facility complies with the provisions of the statement required pursuant to subsection ~~[5.]~~ 3.

~~[8.— The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the residents. The following activities must be conducted at least weekly:~~

- ~~—(a) Activities to enhance the gross motor skills of the residents;~~
- ~~—(b) Social activities;~~
- ~~—(c) Activities to enhance the sensory abilities of the residents; and~~
- ~~—(d) Outdoor activities.]~~

Sec. 35. NAC 449.2756 is hereby amended to read as follows:

449.2756 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.

(b) Operational alarms, buzzers, horns or other ~~audible devices which are activated~~ *technology for notifying staff* when a door is opened are installed on all doors that may be used to exit the facility.

(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.

(e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.

(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.

(g) All toxic substances are not accessible to the residents of the facility.

2. The training required pursuant to NAC 449.2768 may be used to satisfy the requirement of paragraph ~~(f)~~ (g) of subsection 1 of NAC 449.196 for the year in which the training is received.

Sec. 36. NAC 449.2768 is hereby amended to read as follows:

449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which ~~[provides care to persons with any form]~~ *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:*

(1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of *tier 2* training. ~~[in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family.]~~

(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* training. ~~[in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.]~~

(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.

(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).

(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.

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 or she has completed that training within the previous 12 months.

Sec. 37. This regulation is hereby amended by adding thereto the following transitory language which has the force and effect of law but which will not be codified in the Nevada Administrative Code:

1. An employee of a residential facility for groups who is employed on the effective date of this regulation and has received the training required by NAC 449.2758, as that section existed before the effective date of this regulation, shall be deemed to meet the requirements of paragraph (f) of subsection 1 of NAC 449.196, as amended by section 19 of this regulation.

2. An employee of a residential facility for groups who is employed on the effective date of this regulation and has received the training required by subparagraph (1), (2), (3) or (4) of paragraph (a) of subsection 1 of NAC 449.2768, as that section existed before the effective date of this regulation, shall be deemed to meet the requirements of subparagraph (1), (2), (3) or (4), as applicable, of paragraph (a) of subsection 1 of NAC 449.2768, as amended by section 36 of this regulation.

Sec. 38. NAC 449.173, 449.2758 and 449.2766 are hereby repealed.

TEXT OF REPEALED SECTIONS

449.173 “Residential facility which provides care to persons with Alzheimer’s disease” defined. “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.

449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers.

1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents.

2. As used in this section, “residential facility for elderly persons or persons with disabilities” means a residential facility that provides care to elderly persons or persons with disabilities who require assistance or protective supervision because they suffer from infirmities or disabilities.

449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees.

1. A residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with chronic illnesses. The 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.

2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections.

3. Evidence of training received pursuant to subsection 2 must be included in the employee’s personnel file.

4. As used in this section, “residential facility for persons with chronic illnesses” means a residential facility that provides care and protective supervision for persons with chronic illnesses or progressively debilitating diseases, including, without limitation, acquired immunodeficiency syndrome and cancer.

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 WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC) Chapter 449 as proposed in LCB File No. R043-22.

The workshop will be conducted via videoconference beginning at 2 p.m. on Dec. 6, 2022. at the following locations:

- [Click here to join the meeting](#)
 - Meeting ID: 268 620 681 36
 - Passcode: MvkgDo
- Call in: 775-321-6111 (Phone Conference ID: 201 772 370#)

These workshops will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code Chapter 449
3. Public Comment

During the inception of these modifications to the NAC regarding residential facilities for groups, which began circa 2019, the Division met with stakeholders including licensed facility operators, the Alzheimer's Association, the Task Force for Alzheimer's Disease, Medicaid and other interested parties as a group as well as separately to discuss current requirements, current facility practices and to develop revisions that would both support the latest requirements for ensuring a resident's expression of self-determination, yet also establish acceptable levels of mitigated risk.

Pursuant to NRS 233B.0608(2)(a), DPBH has requested input from all licensed residential facilities for groups in Nevada with 150 or fewer employees, and from subscribers to opt-in email lists of persons who are interested in information relative to these health care facilities.

The LCB File No. R043-22 proposed changes will revise NAC Chapter 449 and are being proposed in accordance with [NRS 449.0302](#).

The proposed regulations provide provisions for the following:

- 1) Section 34 removes the sole criteria for facilities being required to obtain an endorsement to provide care to residents with Alzheimer's Disease and related forms of dementia and revises the requirement of the endorsement for facilities with residents who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 which indicates if the provider of health care

determines that the resident 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 and if the health care provider assessment indicates the resident does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups.

- 2) Section 7 adds topic-specific training to Tier 2 dementia training and requires that the training be provided by nationally recognized organizations focused on dementia, an accredited college or university or federal or state government. The total training hours have not increased, changes outline specific topics that must be addressed within the training requirements.
- 3) Section 20 prescribes specific requirements concerning the documentation of Tier 2 training that a residential facility for groups is required to maintain for each employee.
- 4) Section 37 deems current employees of residential facilities for groups who have received certain training required by existing regulations to meet the training requirements revised by sections 19 and 36 of this regulation.
- 5) Existing law requires an employee of a residential facility for groups who assists residents in the administration of controlled substances or dangerous drugs to: (1) complete training approved by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) pass an examination approved by the Division. (NRS 449.0302) Sections 10 and 11 of this regulation define certain terms relating to such training.
- 6) Section 12 generally requires a person or entity that proposes to offer a course of training in the administration of medication to apply to the Division.

Section 12 authorizes the Division to approve a nationally recognized organization to offer a course without an application if it determines that the course meets the applicable requirements.

Section 12 provides that the approval of a course is valid for 2 years.

- 7) Section 13 prescribes the required content of such a course and requires a participant in such a course to achieve a passing score of at least 80 percent on a written examination.
- 8) Sections 19 and 30 eliminate duplicative requirements.
- 9) Section 22 prescribes the required contents of a person-centered service plan, which include required supervision, authorized activities, the written program of activities for the resident and, if the resident has Alzheimer's disease or another form of dementia, measures to address the dementia and ensure the safety of the resident in the facility.
- 10) Section 4 defines the term "person-centered service plan," and sections 23, 28 and 34 of this regulation make conforming changes related to such a plan.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Tina Leopard, Health Facilities Inspection Manager at the following address:

Division of Public and Behavioral Health
4220 S. Maryland Parkway, Building A, Suite 100
Las Vegas, NV 89119
702-486-6520 (fax)

Members of the public who require special accommodations or assistance at the workshops are required to notify Tina Leopard in writing to the Division of Public and Behavioral Health, 4220 S. Maryland Parkway, Building A, Suite 100, Las Vegas or by calling 702-486-6515 at least five (5) working days prior to the date of the public workshop.

You may contact Tina Leopard by calling 702-486-6515 for further information on the proposed regulations or how to obtain copies of the supporting documents.

A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Nevada Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite 100, Building A
Las Vegas, NV 89119

Nevada Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV 89701

Southern Nevada Health District (SNHD)
280 S. Decatur Boulevard
Las Vegas, Nevada 89107

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

Washoe County Administration Complex
1001 E 9th St.
Reno, NV 89512

Nevada State Library and Archives
100 Stewart Street
Carson City, NV 89701

A copy of the regulations and small business impact statement can be found on the Division of Public and Behavioral Health's web page:

https://dpbh.nv.gov/Reg/HealthFacilities/State_of_Nevada_Health_Facility_Regulation_Public_Workshops/

A copy of the public workshop notice can also be found at Nevada Legislature's web page:

<https://www.leg.state.nv.us/App/Notice/A/>

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at (775) 684-1030 in Carson City or (702) 486-6515 in Las Vegas.

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.