



## Plan Review Application Health Facilities

Project type (check multiple as needed):

☐ New Facility    ☐ Bed Change    ☐ Addition    ☐ Remodel    ☐ Remodel & Addition

Facility Name: \_\_\_\_\_

*Must match the name of the facility as submitted on the Licensure Application.*

This Application	Physical Location of Facility	Plan Review Mailing Address <input type="checkbox"/> Same as physical location
Address		
City, State, Zip		
County		
Telephone		
Fax		
Email		

Indicate Facility Type (e.g. Hospital) \_\_\_\_\_

Indicate Existing Facility License Number (if applicable) \_\_\_\_\_

Indicate Amount of fees attached (see Fee Worksheet on page 5) \_\_\_\_\_

☐ Functional Program attached (see instructions on page 4). Indicate Type \_\_\_\_\_

☐ Safety Risk Assessment (includes the Infection Control Risk Assessment (page 4)).

☐ Two rolls of complete, accurate, and stamped plans

☐ Check to identified and selected third party plan reviewer \_\_\_\_\_

Project Description:

(Attach additional description, if necessary.)

Name of Architect and Contact Information:

**Facility Representative/Owner:**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Title

**This application is not complete until you attach all required documents,  
as indicated in the following instructions.**

## Who is subject to Plan Review?

The Nevada Division of Public and Behavioral Health (DPBH) licenses more than 30 types of health care facilities. Not all types are subject to Plan Review.

### ***If you represent any of these types of facilities:***

- Facility for the Care of Adults during the Day
- Residential Facility for Groups with more than ten beds
- Hospital, any type including General, Psychiatric, Rehabilitation, or Critical Access
- Facility for Skilled Nursing
- Obstetric Center
- Facility for Intermediate Care
- Facility for the Treatment of Abuse of Alcohol or Drugs
- Independent Center for Emergency Medical Care
- Recovery Centers
- Surgical Center for Ambulatory Patients
- Facility for Modified Medical Detoxification
- Mobile Unit

### ***... And you are an applicant who is:***

- Applying for a new facility,
- Considered new due to a change of ownership in an existing facility, or
- Making changes to an existing licensed facility

### ***... And you are planning any of the following activities:***

- To build a new facility
- To remodel your facility
- To make an addition to your facility
- To change the use of all or part of your existing facility
- To change from a Category I to a Category II Residential Facility for Group (group care)
- To install an automatic fire sprinkler system
- To install a system to pipe in medical gasses

### ***... Then you are subject to Plan Review***

Follow the instructions in this packet to complete the application and provide supplemental information to appropriate agencies.

If none of the conditions listed above apply to you, then you are not subject to Plan Review.



# Documents needed for this Plan Review application

Your Plan Review documents must be submitted with a DPBH license application, if you are:

- Applying for a new facility, or
- Changing an existing licensed facility.
- Change in number of beds, provision of services or change of use in an existing facility.

The license application is available on DPBH's Bureau of Health Care Quality and Compliance (HCQC)  
<http://dpbh.nv.gov/Reg/HealthFacilities/HealthFacilities - Home/>

The license application is valid for 1 year after it is received. If the construction is finished and the application is complete within one year, then an initial licensure survey will be conducted based on the original application.

If the construction is not finished or the application is not completed within one year after the original application is submitted, then no additional license applications are necessary until the facility is ready to open. An updated license application and new fees would then need to be submitted prior to conducting initial licensure survey.

Please note: If, over time, there are substantial changes to the plans or services to be provided as described in this Plan Review, additional applications and fees may be required.

Once your DPBH license application and fee has been initiated, the Plan Review documents listed below can be submitted.

If you are submitting plans for construction that will not change the information on an existing facility license, then *you need not submit a DPBH license application*, but you must submit the rest of the documentation on the following list.

## ***Plan Review documentation that you must submit***

1. Demonstrate that the DPBH license application and fee (if the circumstances above apply to you) has been submitted and paid.
2. The Plan Review application in this package, which begins on page 1.
3. The Plan Review fee associated with this application. See the Fee Worksheet, which begins on page 5.
4. Two sets of accurate and complete plans stamped by a Nevada licensed architect, engineer or residential designer. Include structural and geotechnical calculations if facility is in a jurisdiction with no local building department.
5. Two sets of the Functional Program, if applicable. See page 4 for instructions.
6. Two sets of the Safety Risk Assessment, which includes the Infection Control Risk Assessment. See page 4 for instructions.

## ***Submit all initial documentation to for tracking purposes to***

Attention: Plan Review  
Division of Public and Behavioral Health  
727 Fairview Drive, Suite E  
Carson City, Nevada 89701

**or**

Attention: Plan Review  
Division of Public and Behavioral Health  
4220 S. Maryland Pkwy.  
Suite 810, Bldg. D  
Las Vegas, Nevada 89119



## **Attachments:**

- 1. Functional Program**
- 2. Safety Risk Assessment, which includes the Infection Control Risk Assessment**

If you are submitting plans for any type of facility types required to be designed and constructed with the Facility Guidelines Institute (FGI) for “Design & Construction of Health Care Facilities,” then you must submit a **Functional Program and Safety Risk Assessment (includes Infection Control Risk Assessment)**. Follow the guidance in Part 1 Chapter 1.2-2 and Chapter 1.5-2 respectively. To obtain a copy of the FGI Guidelines, see Compliance Resources on page 9.

Please check here the type of facility subject to this requirement for which you are submitting attachments:

- ☐ Ambulatory Surgery Center
- ☐ Hospital
- ☐ Psychiatric Hospital
- ☐ Rehabilitation Hospital
- ☐ Skilled Nursing
- ☐ Intermediate Care Facility
- ☐ Obstetric Centers
- ☐ Recovery Centers
- ☐ Mobile Units

Please refer to Guidelines for Design and Construction of Facility Guidelines Institute for Instructions for each of those functional programs.

Please be sure to include your Functional Program and Infection Control Risk Assessment with your Plan Review Application, when required.



# Plan Review Fee Calculation Worksheet

The Board of Health has adopted regulations to provide for a private company to review plans for new construction and remodeling as required under NAC 449.0115. DPBH is working with four certified plan reviewers/firms our providers can choose from:

PSWC Architects 1930 Village Center Circle, Ste 3-475 Las Vegas, NV 89134			
Contact:	Title:	Phone #:	Email:
Corey Wissenback	Principal Architect	W: 702-259-0011 C: 702-374-4512	<a href="mailto:corey@pswcarchitects.com">corey@pswcarchitects.com</a>
KGA Architecture 9075 West Diablo Dr., Ste 300 Las Vegas, NV 89148			
Contact:	Title:	Phone #:	Email:
Darris Peterson	Partner/Project Manager	702-367-6900	<a href="mailto:dpeterson@kgaarchitecture.com">dpeterson@kgaarchitecture.com</a>
IN 2 IT 5135 S Durango Dr. #103 Las Vegas, NV 89113			
Contact:	Title:	Phone #:	Email:
Larry Staples	President/Principal in Charge	W: 702-852-2252	<a href="mailto:Larry.staples@in2itarchitecture.com">Larry.staples@in2itarchitecture.com</a>

Please identify your chosen plan reviewer below:

---

Your plans must be submitted to the Division of Public and Behavioral Health with a check made payable to **the plan reviewer chosen from the above list** along with this worksheet. Please provide all information requested. For assistance with calculations or for other inquiries, contact your chosen plan reviewer.

<b>A.</b>	<b>Facility Name</b>	
<b>B.</b>	<b>Street Address</b>	
	<b>City, State, Zip</b>	
	<b>County</b>	
<b>C.</b>	<b>Facility license Type</b>	



## Facility Cost Factor

Code	Type of Facility	Cost Factor per square foot
ADC	Adult Day Care Facility	\$85.00
ADA	Alcohol and Drug Care	\$82.50
ASC	Ambulatory Surgery Center	\$90.00
CTC	Community Triage Center	\$90.00
HFS	Hospice Facilities Freestanding	\$125.00
HOS	Hospital	\$150.00
ICE	Independent Center for Emergency Medical Care	\$90.00
ICF	Intermediate Care Facility	\$90.00
IMR	Intermediate Care Facility for Mentally Retarded	\$90.00
LSK	Lasik Surgery Center	\$90.00
MBU	Mobile Unit	Stated Value
MDX	Modified Medical Detox Facility	\$90.00
REC	Recovery Center	\$90.00
RFG	Residential Facility for Groups	\$90.00
OBC	Obstetric Center	\$90.00
SNF	Skilled Nursing Facility	\$90.00

D.	Facility Cost Factor from Facility Cost Factor table (next page)	
E.	New Square Footage. Square Footage of New Facility or Project Addition from project plans	
F.	Valuation of Project	
G.	Valuation of Addition (D. Cost Factor x E. New Square Footage)	
H.	Valuation of Remodel (if applicable): Fair estimate from contractor	
I.	Total Valuation of Project (Addition + Remodel)	

## Building Permit Fee worksheet

Refer to Table 1-A of the 1997 Building Code, shown on the next page, to complete this worksheet

1.	Total Valuation of Project (from line I, above)	
2.	Table Valuation Category Base Amount (from Table 1-A, below)	
3.	Base Fee Amount (before additional fees, from Table 1-A, below)	
4.	Valuation subject to Additional fee (Line 1 minus Line 2)	
5.	Divisor: if Line 1 less than \$2,001, enter \$100 otherwise enter \$1,000	
6.	Valuation subject to Incremental Fee (Line 4 divided by Line 5)	
7.	Multiplier: if Line 1 less than \$501, enter zero, otherwise enter amount from Table 1-A, below	
8.	Incremental Fee Amount (Line 6 multiplied by Line 7)	
9.	Total Fees (Line 3 + Line 8+ Line 9). Enter here and on Line J (below)	

J.	Building Permit Fee from Building Permit Fee worksheet (next page)	
----	--------------------------------------------------------------------	--

Help in Carson City (775) 684-1030

Help in Las Vegas (702) 486-6515

Plan Review Application Packet, rev. 1/31/2018



[www.dpbh.nv.gov](http://www.dpbh.nv.gov)  
Division of Public and Behavioral Health

<b>K.</b>	<b>Plan Review fee</b> (use one of the following methods) 1. For counties with a building department that conducts the plan review for local building and fire codes, enter 50% of J. Building Permit Fee. 2. For counties without such a building department, enter 70% of J. Building Permit Fee.	
<b>L</b>	<b>FedEx Shipping Fee</b> from FedEx Shipping Schedule below or enter your own shipping account information here: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> DHL <input type="checkbox"/> Other _____	
<b>M.</b>	<b>Total Plan Review Fee</b> (K. Plan Review Fee + L. FedEx Shipping Fee)	

**Table 1-A, 1997 Uniform Building Code – Building Permit Fees**

TOTAL VALUATION	FEE
\$1.00 to \$500.00	\$23.50
\$501.00 to \$2,000.00	\$23.50 for the first \$500.00 plus \$3.05 for each additional \$100.00, or fraction thereof, to and including \$2,000.00.
\$2,001.00 to \$25,000.00	\$69.25 for the first \$2,000.00 plus \$14.00 for each additional \$1,000.00, or fraction thereof, to and including \$25,000.00.
\$25,001.00 to \$50,000.00	\$391.25 for the first \$25,000.00 plus \$10.10 for each additional \$1,000.00, or fraction thereof, to and including \$50,000.00.
\$50,001.00 to \$100,000.00	\$643.75 for the first \$50,000.00 plus \$7.00 for each additional \$1,000.00, or fraction thereof, to and including \$100,000.00.
\$100,001.00 to \$500,000.00	\$993.75 for the first \$100,000.00 plus \$5.60 for each additional \$1,000.00, or fraction thereof, to and including \$500,000.00.
\$500,001.00 to \$1,000,000.00	\$3,233.75 for the first \$500,000.00 plus \$4.75 for each additional \$1,000.00, or fraction thereof, to and including \$1,000,000.00.
\$1,000,001.00 and up	\$5,608.75 for the first \$1,000,000.00 plus \$3.65 for each additional \$1,000.00, or fraction thereof.

**Other hourly fees:** Contact your chosen plan reviewer when necessary for hourly fees

### **FedEx Shipping Schedule**

Plan Valuation	FedEx Shipping Fee
Up to \$250,000	\$25.00
\$250,001 to \$500,000	\$50.00
\$500,001 to \$2,000,000	\$75.00
\$2,000,001 to \$5,000,000	\$150.00



## What happens next?

This fee and documentation will be forwarded to your selected plan reviewer. Exchange of comments with your chosen plan reviewer will be between you and your chosen plan reviewer until they have approved the plans. Once approved the plans will be returned to the division to close this process for the project.

Your plan review will typically be conducted within 15 working days of the receipt of all the required application documents listed above. A written report of the plan review and of any deficiencies found during the review will be provided to you in the comment letter from your plan reviewer. A timeline of events appears on the following page.

If you have submitted your Plan Review with a DPBH license application, your plans will be reviewed for compliance while your license application is being processed, but your license may not be issued until the Plan Review is complete.

Completion of the Plan Review does not constitute approval of your Nevada Department of Health and Human Services license, nor does it constitute approval of the completed construction, addition, renovation or remodel. In addition to the Plan Review, it is your responsibility to ensure that you are in compliance with all local, state and federal statutes and regulations that may apply to your project.

As part of the approval process for your Nevada license application, HCQC staff will conduct an on-site survey after the construction is completed prior to issuing any license.

### Plan Review Process Timeline

Day	Elapsed Time (Calendar Days)	Event	Description
1	0	Date of submission	All items required have been provided; see Building Construction Plan Review Instruction for complete list of items for submittal.
21	21 (15 working days)	Initial Comment Letter Sent	Plan reviewer makes an initial review of the plans and sends either a letter of completion or list of deficiencies that require correction.
49	28	Applicant's response to Initial Comments Letter	The applicant responds to the initial plan reviewer's Comment Letter and includes changes from the architect.
63	14	Second Comment Letter	Plan reviewer, if necessary, issues another comment letter.
77	14	Applicant's response to Second Comment Letter	The applicant responds to the Second plan reviewer's Comment Letter including changes from the architect.
87	10	Plan reviewer issues one of 3 recommendations:	<ol style="list-style-type: none"><li>1. Recommend approval to DPBH</li><li>2. Mutually agree to an extension and notify DPBH</li><li>3. Notify DPBH in writing that the applicant does not formally agree to an extension.</li></ol>
97		DPBH Notification	DPBH will notify the applicant of possible adverse action for failure to comply.
107		Applicant Response	Applicant must respond to avert possible adverse action.





## Compliance Resources

Nevada Administrative Code (NAC) Chapter 449 describes the required provision of services and construction for each facility type subject to plan review. NAC 449 is available online at:

<http://www.leg.state.nv.us/NAC/NAC-449.html>

Specific sections of NAC 449 relating to each facility type are indicated here:

	<b><u>Type</u></b>	<b><u>NAC</u></b>
Facility for the Care of Adults during the Day	ADC	<a href="#">449.4063</a>
Residential Facility for Groups	AGC	<a href="#">449.179</a>
Hospital	HOS	<a href="#">449.3154</a>
Facility for Skilled Nursing	SNF	<a href="#">449.74543</a>
Obstetric Center	OBC	<a href="#">449.6114</a>
Facility for Intermediate Care	ICF	<a href="#">449.685</a>
Facility for the Treatment of Abuse of Alcohol or Drugs	ADA	<a href="#">449.081</a>
Independent Center for Emergency Medical Care	ICE	<a href="#">449.685</a>
Recovery Centers	REC	
Surgical Center for Ambulatory Patients	ASC	<a href="#">449.9843</a>
Facility for Modified Medical Detoxification	MDX	<a href="#">449.15359</a>
Mobile Unit	MBU	<a href="#">449.97026</a>

More detailed statutory citations and guidelines are described in Table 1 “Applicable Codes by Facility Type” on page 11.

### ***NFPA and FGI Guidelines***

As referenced in NAC 449, your architectural plans for construction or remodeling must meet standards published by nationally recognized organizations. You may obtain those reference standards by contacting those organizations directly:

“National Fire Protection Association (NFPA) 101, Life Safety Code”

“National Fire Protection Association (NFPA) 99, Health Care Facility Code”

National Fire Protection Association  
(see website for regional offices)

(800) 344-3555

[www.nfpa.org](http://www.nfpa.org) or <http://catalog.nfpa.org>

“The Guideline for Design and Construction of Hospital and Healthcare Facilities” (FGI Guidelines)

<https://www.fgiguideines.org/>

### ***Local Building and Local Fire Codes***

Submit the architectural plans to the city or county in which the entity will be constructed for construction requirements, approvals and a building permit.

You do not need your local building permit before you submit your plans with this Plan Review application; however, changes required after you submit your Plan Review application may incur additional fees.



## ***Fire and Life Safety Code Requirements***

Per NRS 449.0307, for review of fire and life safety code requirements, for construction anywhere in Nevada, contact:

Nevada State Fire Marshal  
107 Jacobsen Way  
Carson City, NV 89711  
(775) 684-7500  
[www.fire.nv.gov](http://www.fire.nv.gov)

**NOTE:** To obtain a **Certificate of Compliance** from the State Fire Marshal (SFM), **first** submit your application to DPBH, which will generate a request to the SFM for inspection. You must submit the fee for the Certificate of Occupancy or Certificate of Compliance to the SFM.

## ***Certificate of Need***

If your health facility is located in a county with a population fewer than 100,000 and the construction project exceeds \$2,000,000, then you may need a Certificate of Need approval, pursuant to Nevada Revised Statutes (NRS) [439A.100](#). Contact:

Bureau of Health Statistics, Planning and Emergency Response  
4150 Technology Way, Suite 104  
Carson City, NV 89706  
(775) 684-4169  
[www.dpbh.nv.gov](http://www.dpbh.nv.gov)

## ***Food Establishment Permit – Plan Review NRS Chapter 446***

NRS Chapter 446.930 requires review of plans for construction or remodeling of food establishments before construction begins. Review and approval is conducted by a DPBH Environmental Health specialist. Submit the plans to the office locations listed below. This specific plan review is not conducted by our plan reviewers.

Please note that health care facilities and dependent care facilities with more than 10 beds are required to have a Food Establishment Permit. Therefore, all plans for new construction or remodeling must be reviewed before construction begins. The plan review is advisory only; a Food Establishment Permit will not be issued until an on-site inspection is conducted and determined to be compliant with NAC chapter 446.

Division of Public and Behavioral Health  
727 Fairview Drive, Suite E  
Carson City, NV 89701  
(775) 684-1030  
[www.dpbh.nv.gov](http://www.dpbh.nv.gov)

Division of Public and Behavioral Health  
500 E. Warm Springs Road, Suite 200  
Las Vegas, NV 89119

(702) 486-6515

## ***Americans with Disabilities Act (ADA)***

For questions regarding Americans with Disabilities Act (ADA) compliance, ADA Nevada may be able to assist you with your plans.

ADA Nevada is sponsored by the Nevada University Center for Excellence in Developmental Disabilities at the University of Nevada, Reno, campus and helps people with disabilities and businesses to better understand the Americans with Disabilities Act. ADA Nevada is committed to assisting with the development and implementation of accessible programs, services, facilities and employment practices. Contact:

ADA Nevada MS0285  
University of Nevada, Reno  
Reno, NV 89557  
Email: [swyoungs@me.com](mailto:swyoungs@me.com)  
Website: [https://www.unr.edu/nced/projects/nced\\_ada](https://www.unr.edu/nced/projects/nced_ada)  
Phone: (775) 682-9056



## Table 1. Building and Design Codes by Facility Type

Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes (Refer to local codes)	FGI for Hospitals and Health Care Facilities
Ambulatory Surgery Center	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.0105 NAC 449.983 NAC 449.9843 NAC 449.9935 NAC 449.9937 NAC 449.9965 NAC 449.997  2015 NFPA 101 2015 NFPA 99	2012 NFPA 101 & 2012 NFPA 99	Current Local Building/Fire Codes	2014 Edition – Outpatient Facilities Chapter Functional Program Requirement Infection Control Risk Assessment



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes (Refer to local codes)	FGI for Hospitals and Health Care Facilities
Adult Day Care	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.4063 NAC 449.4074 NAC 449.4082 NAC 446.010 to 446.844  2012 Local Building/Fire Codes	None	Current Local Building/Fire Codes	Not applicable at this time.



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes (Refer to local codes)	FGI for Hospitals and Health Care Facilities
Alcohol and Drug Care	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.123 NAC 449.129(1)-(4) NAC 449.132 NAC 449.135 NAC 449.147(6)(10) NAC 446.010 to 446.844 2015 NFPA 101 Facilities housing 17 or more client's use "Existing Hotel and Dormitories" Facilities housing 16 or fewer client' use "Lodging or Rooming Houses"  2012 Local Building/Fire Codes	None	Current Local Building/Fire Codes	Not applicable at this time



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes (Refer to local codes)	FGI for Hospitals and Health Care Facilities
Community Triage Centers	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.74357 to 449.74373 NAC 446.010 to 446.844  2015 NFPA 101	None	Current Local Building/Fire Codes	Not applicable at this time
Hospice	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.0187 For Free Standing Hospice for acute inpatients  2015 NFPA 101	2012 NFPA 101 & 2012 NFPA 99	Current Local Building/Fire Codes	Not applicable at this time



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes (Refer to local codes)	FGI for Hospitals and Health Care Facilities
Hospitals	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.0105 NAC 449.312 NAC 449.3154 NAC 449.3156 NAC 449.338 NAC 446.010 to 446.844 2015 NFPA 101 2015 NFPA 99	2012 NFPA 101, 2011 NFPA 70 & 2012 NFPA 99	Current Local Building/Fire Codes	2014 Edition – General Hospital, Psychiatric or rehabilitation Hospital Chapters Functional Program Requirement Infection Control Risk Assessment
Independent Center for Emergency Care	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.0105 NAC 449.61352 NAC 449.61354 NAC 449.6138  2015 NFPA 101 2012 Local Building/Fire Codes 2015 NFPA 99	None	Current Local Building/Fire Codes	Not applicable at this time



Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes (Refer to local codes)	FGI for Hospitals and Health Care Facilities
Intermediate Care	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.0105 NAC 449.716 NAC 446.010 to 446.844  2015 NFPA 101 2012 Local Building/Fire Codes 2015 NFPA 99	2012 NFPA 101	Current Local Building/Fire Codes	Chapter - Nursing Facilities 2014 Edition Functional Program Requirement Infection Control Risk Assessment
Intermediate Care Facility for the Developmentally Disabled	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.732 to 449.743 NAC 446.010 to 446.844 2015 NFPA 101	2012 NFPA 101 2012 NFPA 99	Current Local Building/Fire Codes	Not applicable at this time
Mobile Unit	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.0105 NAC 449.97026 NAC 449.97028 NAC 449.9703  2003 Local Building/Fire Codes	None	Current Local Building/Fire Codes	2014 Edition – Mobile, Transportable and Relocatable Chapter





Facility Type	Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)	Code of Federal Regulations (Medicare Codes)	Building Codes (Refer to local codes)	FGI for Hospitals and Health Care Facilities
Modified Medical Detoxification	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.15355 NAC 449.15365 NAC 449.15351(6) NAC 446.010 to 446.844 2015 NFPA 101	None	Current Local Building/Fire Codes	Not applicable at this time
Obstetric Centers	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.6113 to 449.61178 2012 Local Building/Fire Codes	None	Current Local Building/Fire Codes	Not applicable at this time
Open Heart Surgery Centers	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.0105 NAC 449.61226 NAC 449.61228 NAC 449.6123 NAC 449.61234 NAC 449.61238 ** NAC 449.6124 NAC 449.61242 ** NAC 449.61244  **Refer to NRS & NAC 652 for laboratory licensure regulations.			Refer to the General Hospital Chapter in the 2014 edition of the FGI guidelines for hospital requirements and more information related to open heart surgery rooms.



<b>Facility Type</b>	<b>Nevada Revised Statutes (NRS) Nevada Administrative Code (NAC)</b>	<b>Code of Federal Regulations (Medicare Codes)</b>	<b>Building Codes (Refer to local codes)</b>	<b>FGI for Hospitals and Health Care Facilities</b>
Residential Facility for Groups	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.156 to 449.2766 NAC 446.010 to 446.844 2012 Local Building/Fire Codes	None	Current Local Building/Fire Codes	Not applicable at this time
Skilled Nursing	UPC 2012 Edition NRS 444.340 & 444.350  NAC 449.0105 NAC 449.74525(8) NAC 499.74543 NAC 449.74549 NAC 446.010 to 446.844 2015 NFPA 101 2015 NFPA 99	2012 NFPA 101 & 2012 NFPA 99 2011 NFPA 70	Current Local Building/Fire Codes	Chapter – Nursing Facilities 2014 Edition Functional Program Requirement Infection Control Risk Assessment
Structural Standards for All Medicare Certified Facilities		2012 NFPA 101 2012 NFPA 99	Current Local Building/Fire Codes	

Websites: <http://www.dpbh.nv.gov/>  
<https://www.leg.state.nv.us/>



# Index

<b>Plan Review Application .....</b>	<b>1</b>
<b>Who is subject to Plan Review? .....</b>	<b>2</b>
If you represent any of these types of facilities .....	2
... And you are an applicant who is.....	2
... And you are planning any of the following activities.....	2
... Then you are subject to Plan Review.....	2
<b>Documents needed for this Plan Review application.....</b>	<b>3</b>
Plan Review documentation that you must submit.....	3
Submit all documentation to .....	3
<b>Attachments: 1. Functional Program 2. Infection Control Risk Assessment.....</b>	<b>4</b>
<b>Plan Review Fee Calculation Worksheet.....</b>	<b>5</b>
Facility Cost Factor.....	<b>Error! Bookmark not defined.</b>
Building Permit Fee worksheet.....	6
Table 1-A, 1997 Uniform Building Code – Building Permit Fees .....	7
Summary of Table 1-A, 1997 Uniform Building Code – Building Permit Fees.....	<b>Error! Bookmark not defined.</b>
<b>What happens next? .....</b>	<b>8</b>
Plan Review Process Timeline .....	8
<b>Compliance Resources.....</b>	<b>9</b>
NFPA and FGI Guidelines.....	9
Local Building and Local Fire Codes .....	9
Fire and Life Safety Code Requirements.....	10
Certificate of Need.....	10
Food Establishment Permit – Plan Review NRS Chapter 446 .....	10
Americans with Disabilities Act (ADA).....	10
<b>Table 1. Building and Design Codes by Facility Type.....</b>	<b>11</b>
<b>Index.....</b>	<b>190</b>

