

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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Lisa Sherych  
Administrator

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

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**To** .....All Residential Facilities for Groups  
**From** .....Bureau of Health Care Quality and Compliance; Phone: 775-684-1030  
**Regarding** .....Residents with Alzheimer's and Other Forms of Dementia Who Are Not a Danger to Themselves or Others and May Be Placed in Any Residential Facility for Groups

**INFORMATIONAL MEMORANDUM**

Pursuant to [Nevada Revised Statutes \(NRS\) 449.1845](#), only residents who suffer dementia to an extent that the resident may be a danger to himself or herself or others if not placed in a secure unit or a facility with not less than one staff member for every six residents must be placed in a facility that meets the regulatory requirements to care for a resident with Alzheimer's or other severe dementia. The regulations regarding Alzheimer's disease can be found in Nevada Administrative Code (NAC) [449.2754](#) and [449.2756](#). These regulations do not apply to residential facilities for groups that care for residents with Alzheimer's disease or other forms of dementia that do not meet the criteria in NRS 449.1845(2)(a), which states that a qualified provider of health care has determined that the resident can be placed in an assisted living facility that does not have a locked unit or provides one staff member for every six residents and does not have an Alzheimer's endorsement.

A residential facility that cares for residents who have Alzheimer's or other forms of dementia that do not meet the criteria in NRS 449.1845(2)(a) must continue to comply with all other applicable regulations, including but not limited to:

- [NAC 449.259](#) .....Supervision and treatment of residents generally;
- [NAC 449.2706](#) .....Transfer of resident whose condition deteriorates;
- [NAC 449.2768](#) .....Residential facility which provides care to persons with dementia: Training for employees; and
- [NAC 449.268](#) .....Rights of residents, including living in a safe and comfortable environment.

Following all applicable statutes and regulations, including those noted above, will help ensure the safety of all residents, including those who have Alzheimer's or other forms of dementia, are not a danger to themselves or others and do not require placement in a secured unit or in a facility that assigns not less than one staff member for every six residents. Pursuant to NAC 449.2706, if a resident's condition deteriorates to such an extent that the residential facility is unable to provide the services necessary to treat the resident properly, the facility shall plan the transfer of the resident to another facility that is able to provide the services necessary to treat the resident properly.

Proof of compliance may include, but is not limited to:

- 1) Adding to the intake assessment completed by a qualified provider of health care a check box with which the qualified provider of health care indicates that the individual does not require a locked unit or staffing levels with a ratio of one staff member for every six residents or is appropriate for admission/placement in the facility.
- 2) A copy of the qualified provider of health care's assessment documentation noting that the resident does not have to be placed in a facility with a locked unit or be staffed in a unit with one staff member for every six residents or is appropriate to be admitted to/placed in the facility.
- 3) Documentation which demonstrates that if a resident's condition has significantly changed or if it is felt that the resident meets the criteria in NRS 449.1845(2)(a), that the resident was evaluated by a qualified provider of health care to determine if the resident meets the placement criteria in NRS 449.1845(2)(a).

All residential facilities for groups, not just those caring for residents with dementia, including Alzheimer's disease, are responsible for carrying out the provisions of NRS 449.1845.

The statutes and regulations discussed in this informational memorandum are noted below for your reference.

## REFERENCES

**NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment.**

1. The administrator of a residential facility for groups shall:

(a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility;

(b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and

(c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2:

(1) Upon admission of the resident to the facility; and

(2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that:

(I) The resident may meet those criteria; or

(II) The condition of the resident has significantly changed.

2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident:

(a) 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, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of [NRS 449.0302](#) for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia.

(b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups.

3. As used in this section, “provider of health care” has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [2019, 2594](#))

**NAC 449.2754 Residential facility which provides care to persons with Alzheimer’s disease: Application for endorsement; general requirements. ([NRS 449.0302](#))**

1. A residential facility which offers or provides care for a resident with Alzheimer’s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer’s disease. 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 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 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. 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 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. The written statement required pursuant to subsection 5 must be available for review by members of the staff of the facility, visitors to the facility and the Bureau.

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

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.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004; R119-10, 1-13-2011)

**NAC 449.2756 Residential facility which provides care to persons with Alzheimer’s disease: Standards for safety; personnel required; training for employees. ([NRS 449.0302](#))**

1. The administrator of a residential facility which provides care to persons with Alzheimer’s disease 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 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.

Ê 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) of subsection 1 of [NAC 449.196](#) for the year in which the training is received.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004; R071-04, 8-4-2004)

**NAC 449.259 Supervision and treatment of residents generally. ([NRS 449.0302](#))**

1. A residential facility shall:

- (a) Provide each resident with protective supervision as necessary;
- (b) Inform all caregivers of the required supervision;
- (c) Provide each resident with the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling;
- (d) Permit a resident to rest in his or her room at any time;
- (e) Permit a 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 with the rules established by the administrator of the facility for leaving the facility;
- (f) Provide laundry services for each resident unless a resident elects in writing to make other arrangements;
- (g) Ensure that each resident’s clothes are clean, comfortable and presentable; and
- (h) Inform each resident or his or her representative of the actions that the resident should take to protect the resident’s valuables.

2. 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. 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.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

**NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. ([NRS 449.0302](#))**

1. The administrator of a residential facility shall ensure that:

(a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility;

(b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility;

(c) The residents are treated with respect and dignity;

(d) The facility is a safe and comfortable environment;

(e) Residents are not prohibited from interacting socially;

(f) Residents are allowed to make their own decisions whenever possible;

(g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such a complaint receives a response in a timely manner;

(h) A resident is informed as soon as practicable that the resident is being moved to a new room or that he or she is receiving a new roommate; and

(i) Residents are afforded the opportunity to initiate an advance directive or power of attorney for health care and that the employees of the facility comply with the wishes contained in such a document.

2. The administrator of a residential facility shall provide a procedure to respond immediately to grievances, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken.

3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2.

**NAC 449.2706 Transfer of resident whose condition deteriorates. ([NRS 449.0302](#))**

1. If a resident's condition deteriorates to such an extent that:

(a) The residential facility is unable to provide the services necessary to treat the resident properly; or

(b) The resident no longer complies with the requirements for admission to the facility,

the facility shall plan for the transfer of the resident pursuant to [NRS 449A.100](#) and [449A.103](#) to another facility that is able to provide the services necessary to treat the resident properly.

2. A resident, his or her next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he or she permanently leaves the facility.