

**ADOPTED REGULATION OF
THE STATE BOARD OF HEALTH**

LCB File No. R121-16

Effective September 21, 2017

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

AUTHORITY: §§1-33 and 35, NRS 439.200, 449.0302 and 449.0303; §34, NRS 449.0302; §36, NRS 439.150, 439.200 and 449.050.

A REGULATION relating to public health; establishing requirements governing the licensing and operation of recovery centers; establishing the qualifications and duties of an administrator of a recovery center; establishing standards for the construction of a recovery center; imposing certain fees for the issuance and renewal of a license to operate a recovery center; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Health to adopt regulations requiring the licensing of certain facilities if: (1) the facility provides any type of medical care or treatment; and (2) regulation is necessary to protect the health of the general public. (NRS 449.0303)

This regulation sets forth requirements for the licensing and operation of a recovery center, which **section 3** of this regulation defines as any public or private facility that provides not more than 72 hours of short-term care to a person recovering from surgery. **Section 4** of this regulation requires a license to operate or provide the services of a recovery center, and **section 5** of this regulation sets forth the requirements for obtaining such a license. **Sections 6 and 7** of this regulation require the Division of Public and Behavioral Health of the Department of Health and Human Services to conduct an investigation of an applicant before issuing such a license. **Section 8** of this regulation authorizes the Division to suspend or revoke a license or cancel a license and issue a provisional license based upon certain grounds for such action.

Section 9 of this regulation adopts standards for the design, construction, equipping and maintenance of a recovery center. **Section 10** of this regulation establishes requirements: (1) to meet the personal needs of the patients of a recovery center; and (2) relating to the sanitation of a recovery center. **Section 11** of this regulation requires a recovery center to design and equip a patient's room in a manner that allows for adequate nursing care, comfort and privacy.

Section 12 of this regulation prohibits a recovery center from having more patients than the number of beds for which it is licensed at any one time. **Section 12** also requires a recovery center to maintain adequate insurance coverage against certain liabilities.

Sections 13 and 14 of this regulation adopt provisions governing the administration of a recovery center. **Section 13** requires a recovery center to have a governing body that is legally responsible for establishing and carrying out policies and certain programs regarding the management and operation of the center. **Section 14** requires the governing body to appoint a qualified administrator who is responsible for the daily operation of the center and sets forth the qualifications for that administrator.

Section 15 of this regulation requires a recovery center to take certain measures to prepare for an emergency, including, without limitation, creating a written disaster preparedness plan.

Section 16 of this regulation requires the needs of a patient to be assessed by qualified personnel throughout the patient's stay at the center. **Section 17** of this regulation requires a recovery center to develop a plan of care for each patient based on the center's assessment of the patient. **Section 18** of this regulation requires a recovery center to provide any service or treatment identified in a patient's plan of care and necessary to ensure proper care of the patient.

Sections 19, 23, 24 and 30 of this regulation require a recovery center to develop and carry out policies and procedures concerning: (1) the discharge of patients; (2) infection control; and (3) the employment, licensing and certification of personnel at the center.

Sections 20 and 21 of this regulation require a recovery center to maintain medical records for each patient and to allow such records to be inspected upon written request from the patient.

Section 22 of this regulation adopts provisions governing the administration of medication to patients at a recovery center.

Section 25 of this regulation provides that a patient may be admitted to a recovery center only upon the written approval of a physician. **Section 25** also adopts provisions governing the treatment of a patient by a physician or certain other medical professionals.

Section 26 of this regulation requires a recovery center to ensure that there is sufficient staff on duty to provide care and maintain the highest practicable well-being of each patient in the center.

Section 27 of this regulation establishes requirements for the planning, preparation and provision of meals to the patients in a recovery center.

Sections 28, 29, 31 and 32 of this regulation require a recovery center to provide specialized rehabilitative, pharmaceutical, laboratory and radiological and other diagnostic services to each patient of the center, as needed.

Section 33 of this regulation requires a recovery center to enter into an agreement with at least one licensed hospital to provide for the transfer of patients from the center to the hospital. **Section 33** exempts a recovery center from this requirement if it makes a good faith attempt to enter into such an agreement with every licensed hospital reasonably close to the center but is unable to do so.

Existing law authorizes the State Board of Health to set reasonable fees for the licensing, registration, certification and inspection of, and the granting of permits for, any facility, establishment or service regulated by the Division. (NRS 439.150, 449.050) **Section 36** of this regulation prescribes fees for an applicant for a license to operate a recovery center or to renew such a license.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 33, inclusive, of this regulation.

Sec. 2. *“Recovery center” has the meaning ascribed to it in section 3 of this regulation.*

Sec. 3. *As used in sections 3 to 33, inclusive, of this regulation, “recovery center” or “center” means any public or private facility that provides only short-term care, not to exceed 72 hours, to a person recovering from surgery.*

Sec. 4. *A person or a public or private facility shall not operate or provide the services of a recovery center or represent that the person or the public or private facility operates or provides the services of a recovery center, unless the person or the public or private facility is licensed by the Division pursuant to sections 3 to 33, inclusive, of this regulation to operate the recovery center.*

Sec. 5. *If a person or a public or private facility wants to operate a recovery center, the person or the public or private facility must:*

- 1. File with the Division an application for a license pursuant to NAC 449.011; and*
- 2. Demonstrate that the proposed recovery center is able to comply with the requirements set forth in sections 3 to 33, inclusive, of this regulation.*

Sec. 6. *After the Division receives a properly completed application, accompanied by the appropriate fee, the Division shall conduct an investigation of the applicant and inspect the proposed recovery center.*

Sec. 7. 1. The Division shall issue a license to operate a recovery center to the applicant if, after investigation, the Division finds that the applicant is in substantial compliance with the provisions of sections 3 to 33, inclusive, of this regulation.

2. A license issued pursuant to sections 3 to 33, inclusive, of this regulation expires on the date specified in NRS 449.089 and may be renewed in accordance with that section and NAC 449.0116.

Sec. 8. The Division may suspend or revoke a license issued pursuant to sections 3 to 33, inclusive, of this regulation or cancel such a license and issue a provisional license based upon any grounds for such action set forth in chapter 449 of NRS or NAC 449.002 to 449.99939, inclusive, and sections 3 to 33, inclusive, of this regulation.

Sec. 9. 1. A recovery center must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the recovery center and members of the general public.

2. A recovery center shall comply with all applicable:

(a) Federal and state laws;

(b) Local ordinances, including, without limitation, zoning ordinances; and

(c) Life safety, environmental, health, fire and local building codes,

↪ related to the construction and maintenance of the recovery center. If there is a difference between state and local requirements, the more stringent requirements apply.

3. Except as otherwise provided in this section:

(a) Each recovery center shall comply with the provisions of NFPA 101: Life Safety Code, as adopted by reference pursuant to NAC 449.0105.

(b) Any new construction, remodeling or change in use of a recovery center must comply with the Guidelines for Design and Construction of Hospitals and Outpatient Facilities, as adopted by reference pursuant to NAC 449.0105, unless the remodeling is limited to refurbishing an area within the recovery center, including, without limitation, painting the area, replacing the flooring, repairing windows or replacing window and wall coverings.

4. A recovery center shall be deemed to be in compliance with the provisions of subsection 3 if:

(a) The recovery center:

(1) Was licensed as a facility for intermediate care pursuant to NRS 449.040 to 449.094, inclusive, before the effective date of this regulation;

(2) Is seeking to change its operation as an intermediate care facility to a recovery center;

(3) Does not change the use of the physical space in the recovery center; and

(4) Does not have any deficiencies in the construction of the recovery center that are likely to cause serious injury, harm or impairment to the health and welfare of the public; or

(b) Before the effective date of this regulation the recovery center initially applied for licensure as an intermediate care facility pursuant to NRS 449.040 to 449.094, inclusive, and:

(1) The recovery center submitted building plans to the Division in the manner set forth in NAC 449.0115;

(2) The Division determines that the plans comply with the standards for construction of intermediate care facilities, which are set forth in NAC 449.685 to 449.731, inclusive;

(3) Construction of the recovery center has commenced;

(4) The center is constructed in accordance with such standards; and

(5) There are no deficiencies in the construction of the recovery center that are likely to cause serious injury, harm or impairment to the health and welfare of the public.

5. A recovery center shall submit building plans for new construction or remodeling to the entity designated to review such plans by the Division pursuant to NAC 449.0115. The entity's review of those plans is advisory only and does not constitute approval for the licensing of the recovery center. Before the construction or remodeling may begin, the plans for the construction or remodeling must be approved by the Division. The Division shall not approve a recovery center for licensure until all construction or remodeling has been completed and a survey is conducted at the site of the recovery center.

Sec. 10. *A recovery center shall:*

- 1. Provide a safe, functional, sanitary and comfortable environment for the patients in the center, the members of its staff and members of the general public;*
- 2. Care for each patient in the center in a manner that promotes the dignity of the patient and his or her quality of life;*
- 3. Ensure that the environment of the center is free of hazards that would cause accidents;*
- 4. Ensure that each patient in the center receives adequate supervision and devices to prevent accidents;*
- 5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment;*
- 6. Provide adequate and comfortable levels of lighting in all areas of the center;*
- 7. Maintain an effective program to control pests in order to ensure that the center is free from pests and rodents;*

8. *Have adequate outside ventilation by means of windows or mechanical ventilation, or both; and*

9. *Provide safe and comfortable levels of temperature in the center. The temperature of the center must be maintained at a level that is not less than 71 degrees Fahrenheit and not more than 81 degrees Fahrenheit.*

Sec. 11. 1. *A patient's room within a recovery center must be designed and equipped in a manner that allows adequate nursing care to be provided and provides comfort and privacy for the patient.*

2. *A recovery center shall provide to each patient in the center:*

(a) *A separate bed of proper size and height for the convenience of the patient;*

(b) *A clean, comfortable mattress;*

(c) *Bedding that is appropriate for the weather and climate;*

(d) *Clean linens for his or her bed and bath that are in good condition; and*

(e) *Furniture that is appropriate for the patient's needs.*

Sec. 12. 1. *A recovery center shall:*

(a) *Not admit more patients to the facility than the number of beds for which it is licensed at any one time.*

(b) *Maintain a contract of insurance to ensure adequate coverage against liabilities resulting from claims incurred in the course of its operation.*

2. *A certificate of insurance must be furnished to the Division as evidence that the contract of insurance required pursuant to subsection 1 is in force, and a license must not be issued until that certificate is furnished. Each certificate of insurance must contain an*

endorsement providing for 30 days' notice to the Bureau before the effective date of a cancellation or nonrenewal of the policy.

Sec. 13. *A recovery center must have a governing body that is legally responsible for establishing and carrying out policies regarding the management and operation of the center. The governing body shall develop both a quality improvement program and a risk management program for the recovery center and conduct a review of each program at least every 3 months.*

Sec. 14. 1. *The governing body of a recovery center shall appoint a qualified administrator for the center who is responsible to the governing body for the performance of his or her duties.*

2. The administrator must:

(a) Be at least 21 years of age; and

(b) Possess one of the following qualifications:

(1) Be a physician;

(2) Be a registered nurse;

(3) Have a bachelor's or postgraduate degree in administration or a field related to health care; or

(4) Have at least 1 year of administrative experience in a health care setting.

3. The administrator is responsible for the daily operation of the recovery center.

Sec. 15. 1. *A recovery center must have a written disaster preparedness plan for members of the staff and patients to follow in case of fire, explosion or other emergency.*

2. The plan must include, without limitation, written procedures for personnel to follow in an emergency, including:

- (a) The care of the patients in the recovery center and emergency evacuation;*
- (b) The notification of persons responsible for the patients in the recovery center; and*
- (c) Arrangements for transportation for medical care or other appropriate services.*

3. A recovery center shall notify the Bureau of the occurrence of any fire or disaster in the center within 24 hours after the center becomes aware of the fire or disaster.

Sec. 16. *1. A recovery center shall conduct an initial and ongoing assessment of the needs of each patient admitted to the center.*

2. The initial assessment of each patient must be conducted at the time of his or her admission to the recovery center and must include, without limitation:

- (a) Demographic and other pertinent information required to identify the patient;*
- (b) The customary routine of the patient;*
- (c) The physical condition of the patient;*
- (d) Any problems related to the functional or structural physical condition of the patient;*
- (e) Medications required to be taken by the patient;*
- (f) Any special treatments and procedures required by the patient; and*
- (g) The probability of discharging the patient from the center within 72 hours after admission and any other information related to the discharge of the patient from the center.*

3. Any assessment of a patient must be conducted through direct observation and communication with the patient.

4. An assessment conducted pursuant to subsection 1 must be conducted by a registered nurse or coordinated by a registered nurse with the participation of other appropriate health care professionals. Each person who completes a portion of the assessment shall certify the accuracy of that portion. The registered nurse shall certify that the assessment is completed.

5. An assessment conducted pursuant to subsection 1 must be:

(a) Included in the patient's medical record maintained pursuant to section 20 of this regulation; and

(b) Used to develop, review and revise the patient's plan of care developed pursuant to section 17 of this regulation.

Sec. 17. *1. A recovery center shall develop for each patient admitted to the center a plan of care, which must include, without limitation:*

(a) Measureable objectives and timetables to meet the needs of the patient that are identified in an assessment conducted pursuant to section 16 of this regulation; and

(b) A description of the services that will be provided to the patient.

2. A plan of care must be:

(a) Developed on the same day as the completion of the initial assessment required by section 16 of this regulation and revised as necessary after each subsequent assessment; and

(b) Prepared by a registered nurse.

3. Services provided to a patient admitted to a recovery center must:

(a) Comply with the professional standards of quality applicable to those services; and

(b) Be provided by qualified persons in accordance with the patient's plan of care.

Sec. 18. *A recovery center shall provide to each patient admitted to the center any service or treatment that is:*

1. Identified in the plan of care developed pursuant to section 17 of this regulation; and

2. Necessary to ensure proper care while the person is admitted to the center.

Sec. 19. *1. A recovery center shall prepare a summary of discharge for each patient discharged from the center.*

2. Each summary of discharge must include, without limitation:

(a) A summary of the pertinent information relating to the patient's stay at the recovery center;

(b) A final summary of the patient's physical health at the time of discharge; and

(c) A plan of care for the patient after his or her discharge, including, without limitation, any recommended or necessary follow-up care.

Sec. 20. *1. A recovery center shall maintain a medical record for each patient admitted to the center in accordance with accepted professional principles.*

2. A medical record must be:

(a) Complete;

(b) Accurate;

(c) Organized; and

(d) Readily accessible to those persons who are authorized to review the records.

3. A medical record must include, without limitation:

(a) Sufficient information to identify the patient;

(b) A record of any assessment of the patient conducted pursuant to section 16 of this regulation; and

(c) The patient's plan of care developed pursuant to section 17 of this regulation and the services and treatments provided to the patient during the patient's stay at the recovery center.

4. A recovery center shall maintain the medical records of each patient admitted to the center for at least:

(a) Five years after the discharge of the patient; and

(b) If the patient is a minor, 3 years after the patient reaches 18 years of age.

5. A recovery center shall ensure that:

- (a) Information contained in a medical record is not lost, destroyed or used in an unauthorized manner; and*
- (b) No person willfully and knowingly falsifies or causes another person to falsify information contained in a medical record.*

6. Information contained in a medical record is confidential and must not be released without the written consent of the patient except:

- (a) As required by law;*
- (b) Under a contract involving a third-party payor; or*
- (c) As required upon transfer of the patient to another facility.*

Sec. 21. 1. A person who is or was previously admitted to a recovery center or his or her legal representative may submit an oral or written request to the center to inspect all records relating to the patient maintained by the center. The recovery center shall, within 24 hours after the receipt of such a request, excluding weekends and holidays, allow the patient or his or her legal representative to inspect the patient's records.

2. Upon request, a recovery center shall furnish to a patient who is or was previously admitted to the center or his or her legal representative a copy of the records or any portion thereof at the cost of obtaining records from a custodian of health care records as set forth in NRS 629.061, as amended by section 5 of Senate Bill No. 291, chapter 415, Statutes of Nevada 2017, at page 2758. The copy must be furnished within 48 hours after receipt of the request, excluding weekends and holidays.

Sec. 22. 1. Prescription medications for a patient admitted to a recovery center shall only be administered by the patient, a registered nurse or another licensed health care professional.

2. A recovery center shall ensure that all patients are not subjected to errors in the administration of their medication.

Sec. 23. 1. A recovery center shall establish and maintain a program for the control of infections within the center.

2. The program required pursuant to subsection 1 must:

(a) Be designed to provide a safe, sanitary and comfortable environment and to prevent the development and transmission of disease and infection.

(b) Create infection prevention and control procedures, which must include:

(1) Policies and procedures for preventing, identifying, reporting, investigating and controlling infections and communicable diseases for all residents, staff, volunteers and any other person contracting with the recovery center; and

(2) A surveillance system designed to identify possible infections and communicable diseases before they can spread to other persons in the facility.

(c) Establish the procedures that will be followed if a patient becomes infectious, including, without limitation, the circumstances under which a patient may be isolated. A recovery center shall isolate any patient if required to prevent the spread of infection. The type and duration of such isolation should depend on the infectious agent or organism involved and always be the least restrictive as possible.

(d) Provide for the maintenance of records of infections and the corrective actions taken when infections occur.

3. *A recovery center shall ensure that:*

(a) An employee with a communicable disease or an infected skin lesion does not come into direct contact with persons admitted to the center or their food if such contact may result in the transmission of the disease.

(b) Employees wash their hands after any direct contact with a patient admitted to the center.

(c) Linens are handled, stored, processed and transported in a manner which prevents the spread of infection.

Sec. 24. *1. A recovery center shall adopt written policies for the personnel employed by the center.*

2. The written policies required pursuant to subsection 1 must:

(a) Include the duties and responsibilities of, and the qualifications required for, each position at the recovery center;

(b) Include the conditions of employment for each position at the recovery center;

(c) Include the policies and objectives of the recovery center related to training while on the job and the requirements for continuing education; and

(d) Be periodically reviewed and made available to each person employed by the recovery center.

3. A current and accurate personnel record for each person employed by the recovery center must be maintained at the center. The record must include, without limitation:

(a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee;

(b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and

(c) Documentation that the recovery center has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174.

4. A recovery center shall make its personnel records available to the Bureau for inspection upon request.

Sec. 25. 1. A patient may be admitted to a recovery center only upon the written approval of a physician. Upon a patient's admission to the recovery center, the center shall ensure that orders for the care of the patient have been received from the patient's attending physician.

2. A recovery center shall ensure that the medical care of each patient is supervised by a physician.

3. After the initial visit with a patient by a physician at the recovery center, every other visit with the patient at the center may be made by a physician assistant, nurse practitioner or clinical nurse specialist on behalf of the physician if the physician assistant, nurse practitioner or clinical nurse specialist is acting:

(a) Within the authorized scope of his or her practice and under the supervision of the physician; and

(b) In accordance with state law and the policies of the recovery center.

4. Any orders for the treatment of the patient must be signed and dated by the health care professional ordering the treatment.

Sec. 26. A recovery center shall ensure that there is a sufficient number of members of the staff on duty at all times to provide care to and attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient in the center in accordance with his or her plan of care developed pursuant to section 17 of this regulation.

Sec. 27. 1. A recovery center shall ensure that each patient admitted to the center receives:

(a) Meals at regular intervals; and

(b) A therapeutic diet if such a diet is prescribed by the attending physician of the patient.

2. A recovery center shall provide to each patient admitted to the center:

(a) Food that is prepared to conserve the nutritional value and flavor of the food.

(b) Food that is nourishing, palatable, attractive and served at the proper temperature.

(c) A well-balanced diet that meets the daily nutritional and special dietary needs of the patient.

3. A recovery center shall provide each patient in the center with sufficient fluids to maintain proper hydration and health.

4. A recovery center shall:

(a) Comply with the applicable provisions of chapter 446 of NRS and chapter 446 of NAC and obtain such permits as are necessary from the Division for the preparation and service of food;

(b) Maintain a report of each inspection concerning the sanitation of the center for at least 1 year after the date of the inspection;

(c) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (b) for at least 1 year after the date of the corrective action;

(d) Procure food from sources that are approved or considered satisfactory by federal, state and local authorities;

(e) Store, prepare and serve food under sanitary conditions; and

(f) Dispose of refuse and garbage properly.

Sec. 28. 1. A recovery center shall provide to a patient in the center, according to his or her plan of care developed pursuant to section 17 of this regulation, specialized rehabilitative services, including, without limitation, physical therapy and occupational therapy. Such services must be provided by the recovery center or obtained from a qualified outside source pursuant to section 30 of this regulation.

2. Specialized rehabilitative services may be provided to a patient admitted to a recovery center only upon the written order of a physician.

Sec. 29. 1. A recovery center shall provide such pharmaceutical services, including, without limitation, acquiring, receiving, dispensing and administering drugs and biologicals, as are required to meet the needs of the patients admitted to the center. The recovery center shall provide such drugs and biologicals as are needed or obtain them from a qualified outside source pursuant to section 30 of this regulation.

2. A recovery center shall employ or otherwise obtain the services of a registered pharmacist who shall:

(a) Provide consultations on all matters relating to the pharmaceutical services provided by the center;

(b) Establish a system of records for the receipt and disposition of all controlled substances in the center in sufficient detail to ensure an accurate reconciliation; and

(c) Ensure that those records are in order and that an account of all controlled substances in the center is maintained and periodically reconciled.

3. The regimen of drugs for each patient admitted to the recovery center must be reviewed at least once each month by a registered pharmacist. The pharmacist shall report any irregularities he or she discovers to the patient's attending physician and the chief administrative nurse of the recovery center. The physician and chief administrative nurse shall take such actions as they deem necessary in the response to the report.

4. Drugs and biologicals provided by a recovery center must be:

(a) Labeled in accordance with state and federal law and accepted professional standards. Each label must include the appropriate accessory and cautionary instructions and the expiration date, if applicable.

(b) Stored in accordance with state and federal law in locked compartments with proper controls for the temperature. Only authorized personnel may have access to the keys to unlock such compartments. Substances listed as schedule II controlled substances pursuant to chapter 453 of NRS and other drugs that have the potential for abuse must be stored separately in a locked compartment that is immovable, unless the recovery center uses a system to distribute the substances or drugs in single-unit packages, the quantity stored is minimal and any dosage that is missing can be readily detected.

Sec. 30. *1. A recovery center shall employ full-time, part-time or as consultants such health care professionals as are necessary to provide adequate care for each patient admitted to the center and to carry out the provisions of sections 3 to 33, inclusive, of this regulation.*

2. A health care professional employed by a recovery center shall comply with accepted professional standards applicable to the services provided by the health care professional.

3. If a recovery center does not employ a person to furnish a service required by the center, the center shall obtain that service from a qualified outside source. An agreement for obtaining such services must specify, in writing, that the center assumes responsibility for:

(a) Obtaining services that comply with accepted professional standards applicable to the services being obtained; and

(b) The timely delivery of such services.

Sec. 31. *1. A recovery center shall provide laboratory services to meet the needs of the patients admitted to the center or contract with a laboratory to obtain such services.*

2. If a recovery center has its own laboratory, it must be a licensed laboratory under the provisions of chapter 652 of NRS and comply with the provisions of 42 C.F.R. Part 493. The provisions of this subsection do not prohibit a licensed nurse from performing laboratory tests pursuant to NRS 652.217.

3. If a recovery center contracts with a laboratory for its services, that laboratory must be:

(a) A laboratory licensed pursuant to the provisions of chapter 652 of NRS; and

(b) Certified in the specialties and subspecialties required by the center in accordance with the provisions of 42 C.F.R. Part 493.

4. A recovery center shall:

(a) Provide or obtain only such laboratory tests as are ordered by the attending physician of a patient admitted to the center;

(b) Promptly notify the attending physician of the results of any laboratory tests ordered for a patient;

(c) Arrange transportation for a patient to obtain laboratory tests ordered by the patient's attending physician, if the patient requires such assistance; and

(d) Include in the medical records of a patient all reports of the results of laboratory tests ordered for the patient. The reports must include, without limitation:

- (1) The date on which the tests were performed; and*
- (2) The name and address of the laboratory performing the tests.*

Sec. 32. *1. A recovery center shall provide radiological and other diagnostic services to meet the needs of the patients admitted to the center or contract with qualified outside sources to obtain such services.*

2. If a recovery center provides radiological and other diagnostic services pursuant to this section, it shall comply with all applicable state law related to the provision of such services.

3. A recovery center shall:

(a) Provide or obtain only such radiological and other diagnostic tests as are ordered by the attending physician of a patient in the center;

(b) Promptly notify the attending physician of the results of any radiological and other diagnostic tests ordered for the patient;

(c) Arrange transportation for a patient to obtain radiological and other diagnostic tests ordered by the patient's attending physician, if the patient requires such assistance; and

(d) Include in the medical records of a patient all reports of the results of radiological and other diagnostic tests ordered for the patient. The reports must:

- (1) Include the date on which the tests were performed; and*
- (2) Be signed by the person performing the tests.*

Sec. 33. *1. Except as otherwise provided in subsection 2, a recovery center shall enter into an agreement with at least one licensed hospital that provides for the transfer of patients from the center to the licensed hospital. The agreement must provide for the timely admittance*

of a patient transferred from the center to the licensed hospital if the transfer is medically appropriate as determined by the patient's attending physician.

2. A recovery center that attempts in good faith to enter into an agreement pursuant to subsection 1 with every licensed hospital reasonably close to the center but is unable to enter into such an agreement is not required to comply with subsection 1.

Sec. 34. NAC 449.0105 is hereby amended to read as follows:

449.0105 1. The State Board of Health hereby adopts by reference:

(a) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address **<http://www.nfpa.org>** or by telephone at (800) 344-3555, for the price of \$55.80 for members or \$62 for nonmembers, plus \$7.95 for shipping and handling.

(b) *NFPA 99: Standard for Health Care Facilities*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address **<http://www.nfpa.org>** or by telephone at (800) 344-3555, for the price of \$41.63 for members or \$46.25 for nonmembers, plus \$7.95 for shipping and handling.

(c) *Guidelines for Design and Construction of ~~Hospital~~ Hospitals and ~~Health Care~~ Outpatient Facilities*, in the form most recently published by the American *Facility Guidelines* Institute , ~~of Architects,~~ unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from

the American *Facility Guidelines* Institute ~~{of Architects}~~ at ~~{the AIA Store, 1735 New York Avenue, NW, Washington, D.C. 20006-5292,}~~ *AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283*, at the Internet address ~~{<http://www.aia.org>}~~ <http://www.fgiguilines.org> or by telephone at ~~{(800) 242-3837,}~~ *(800) 242-2626* for the price of ~~{*\$52.50 for members or \$75 for nonmembers, plus \$9 for shipping and handling.*}~~ *\$200.*

2. The State Board of Health will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

Sec. 35. NAC 449.012 is hereby amended to read as follows:

449.012 As used in NAC 449.012 to 449.0169, inclusive, *and section 2 of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 449.01205 to 449.0127, inclusive, *and section 2 of this regulation* have the meanings ascribed to them in those sections.

Sec. 36. NAC 449.016 is hereby amended to read as follows:

449.016 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities must pay to the Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility	\$2,252	\$108
(b) A hospital, other than a rural hospital	14,606	110
(c) A rural hospital	9,530	62
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability.....	2,018	280
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability	946	72
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	2,386	200
(g) A facility for the treatment of abuse of alcohol or drugs	782	190
(h) A facility for hospice care	3,988	352
(i) A home for individual residential care	1,764	184
(j) A facility for modified medical detoxification.....	9,960	494
(k) A community triage center	782	136
(l) A facility for the treatment of irreversible renal disease	4,178	120
(m) A halfway house for recovering alcohol and drug abusers	2,800	368
(n) A facility for transitional living for released offenders	3,990	146
(o) A psychiatric residential treatment facility.....	9,530	62

	Fee per facility	Fee per bed in the facility
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(p) A recovery center 946 72

2. An applicant for the renewal of such a license must pay to the Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility	\$1,126	\$54
(b) A hospital, other than a rural hospital	7,303	55
(c) A rural hospital	4,765	31
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability	1,009	140
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability	473	46
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	1,193	100
(g) A facility for the treatment of abuse of alcohol or drugs	391	95
(h) A facility for hospice care	1,994	176

(i) A home for individual residential care	500	92
(j) A facility for modified medical detoxification.....	4,980	247
(k) A community triage center	391	68
(l) A facility for the treatment of irreversible renal disease	2,089	60
(m) A halfway house for recovering alcohol and drug abusers	1,400	184
(n) A facility for transitional living for released offenders	1,995	73
(o) A psychiatric residential treatment facility.....	4,765	31
(p) A recovery center	473	46

3. An applicant for a license or for the renewal of a license for a residential facility for groups shall pay a fee of \$35 for each bed in the facility if the facility is paid less than \$1,000 per month for services provided to each bed in the facility.

4. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he or she submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

5. Pursuant to NRS 449.050, if an application for a license to operate a facility for transitional living for released offenders or the renewal of such a license is denied, any amount of a fee paid pursuant to paragraph (n) of subsection 1 or paragraph (n) of subsection 2 that exceeds the expenses and costs incurred by the Division must be refunded to the applicant.