

Surgical Centers for Ambulatory Patients – Nevada Administrative Code (NAC)

As everyone is aware, there is a critical shortage of nurses to provide care in hospitals and skilled nursing facilities. However, most of the fifteen different types of medical facilities licensed by the health division are required by regulation to have nurses on their staff. We will discuss the other licensed facilities and the regulations that require nursing services. None of our regulations include ratios of numbers of nurses to patients. Most require sufficient nursing staff to meet the needs of the patients.

Surgical Center for Ambulatory Patients - This is the statutory name of the facility. It will hereafter be referred to as an Ambulatory Surgical Center, or ASC. There are over 50 licensed ASCs in Nevada.

NACs addressing nurse staffing

NAC 449.988 - Nursing Services (1) – Each ambulatory surgical center must have a department of nursing under the direction of a chief nurse who is a registered nurse.

(2) A sufficient number of members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A sufficient number of registered nurses must be on duty at all times to ensure the immediate availability of a registered nurse for the care of any patient. A person who is not a registered nurse may be assigned to care for a patient to the extent consistent with his education, experience and authorized scope of practice.

(3) A surgical technician or licensed practical nurse may be permitted to serve as a scrub technician only under the direct supervision of a registered nurse.

NAC 449.9935 – Operating and Recovery Rooms (2) – A registered nurse experienced in surgical procedures shall supervise the operating room. (3) Only a registered nurse may function as the circulating nurse in the operating room.

NAC 449.9937 – Extended Recovery Units – (2) (e) – Except as otherwise provided in (f) have at least one nurse who is trained in advanced cardiac life support on duty for every two patients in the unit: patient in the unit; (f) Have at least two nurses who are trained in advanced cardiac life support on trained in advanced cardiac life support on duty at all times when there is a patient in the unit;

The ASC regulations require credentialing of physicians, but do not include requirements for other types of personnel with the following exception:

NACs addressing other staffing regulations

NAC 449.9855 – Policies and Requirements for Personnel – (3) (b) 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.

Most ASCs also obtain Medicare Certification. The Medicare regulations also require that ASCs have adequate nursing staff available to meet the patients needs and require the presence of a registered nurse whenever a patient is in the ASC.

Medicare Regulations

EXHIBIT <u>K</u> Committee Name HealthCareDelivery Document consists of 13 Pages . <input checked="" type="checkbox"/> Entire document provided. <input type="checkbox"/> Due to size limitations, pages _____ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@lcb.state.nv.us . <p style="text-align: right;">Meeting Date: <u>1-08-04</u></p>
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Code of Federal Regulations (CFR) addressing Nurse Staffing

42 CFR 416.46 Conditions for Coverage – Nursing Services - The nursing services of the ASC must be directed and staffed to assure that the nursing needs of all patients are met.

(a) Standard Organization and staffing. Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC

An Agency to Provide Nursing in the Home – Nevada Administrative Code (Home Health Agency)

This is the statutory name for home health agencies. These facilities **must** provide skilled nursing and home health aide services to patients in their place of residence. They may offer physical, speech and occupational therapies and medical social services. There are currently approximately 65 licensed home health agencies in the state of Nevada. Because the services provided by a HHA take place in the patient's home, these patients are among the most dependant on the professionalism of the staff assigned to their care. They are also among the most vulnerable to the possibility of criminal or unethical practices. For this reason both state and federal regulations require considerable oversight by the registered nurse for the care provided in the home as well as the daily functioning of the home health agency.

NACs addressing nurse staffing

NAC 449.773 Administrator: Qualifications; duties.

1. The administrator must be a professional registered nurse or licensed physician, either of whom must be licensed in this state, or a person with training or experience in health administration. The administrator must have at least 1 year of supervisory or administrative experience in a field related to health.

2. The administrator shall represent the governing body in the daily operation of the agency. His responsibilities include:

(a) Keeping the governing body fully informed of the conduct of the agency through regularly written reports and by attendance at meetings of the governing body.

(b) Employing qualified personnel and arranging for their orientation and continuing education.

(c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and financial position of the agency.

(d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the agency.

(e) Holding periodic meetings to maintain a liaison between the governing body, the advisory groups and the members of the staff.

(f) Other duties as may be assigned.

3. The administrator shall appoint a person authorized to act in his absence. The person appointed by the administrator must possess the qualifications set forth in subsection 1.

NAC 449.776 Director of professional services.

1. The director of professional services must be a physician or a registered professional nurse licensed to practice in this state who is readily available through the agency's office to advise the members of the staff.

2. The director of professional services shall:

- (a) Direct, supervise and coordinate the skilled nursing services and other therapeutic services provided by the agency.
 - (b) Develop and revise written objectives for the care of patients, policies and procedure manuals.
 - (c) Assist in the development of descriptions of jobs.
 - (d) Assist in the recruitment and selection of personnel.
 - (e) Recommend to the administrator the number and levels of members of the nursing staff.
 - (f) Plan and conduct orientations and continuing education for members of the staff engaged in the care of patients.
 - (g) Evaluate the performance of the nursing staff.
 - (h) Assist in planning and budgeting for the provision of services.
 - (i) Assist in establishing criteria for the admission and discharge of patients.
- (Added to NAC by Bd. of Health, eff. 11-13-96)

NAC 449.788 Services to patients. This regulation also defines the qualifications for PT, OT, ST and MSW

1. If needed patient services are not available within the agency, the agency must assist in directing the patient to other community resources.
 2. Services must be supplied only by qualified personnel and under the supervision of a physician licensed to practice in this state. Qualifications include licensure, registration, certification or their equivalent, as required by state or federal law, for each of the following disciplines:
 - (a) The professional registered nurse must hold a state license.
 - (b) The practical nurse must hold a state license.
 - (c) The home health aide must hold a certificate as a nursing assistant issued by the state board of nursing.
 - (d) The physical therapist must be registered in this state.
 - (e) The occupational therapist must meet the requirements of the American Occupational Therapy Association or the equivalent thereof.
 - (f) The speech therapist must hold a certificate from the American Speech-Language-Hearing Association or the equivalent thereof.
 - (g) The social worker must be licensed pursuant to chapter 641B of NRS.
 - (h) The nutritionist must have a bachelor of science degree in home economics in foods and nutrition or the equivalent thereof.
 - (i) The inhalation therapist must be registered by the American Association of Inhalation Therapists or the equivalent thereof.
 3. The agency is responsible for bonding all personnel.
- [Bd. of Health, Home Health Agencies Part II Chap. III § G subsecs. 1-3, eff. 1-10-74]—(NAC A 11-13-96)

NAC 449.791 Duties of personnel. This regulation also defines the duties of the MSW,PT, OT, ST,

1. A registered nurse shall:
 - (a) Provide nursing guidance and care to patients at home.
 - (b) Evaluate the home for its suitability for the patient's care.
 - (c) Teach the patient and those in the home who nurse him how his care is to be given.
 - (d) Supervise and evaluate the patient's care on a continuing basis.
 - (e) Provide necessary professional nursing care.
2. A licensed practical nurse may perform certain nursing procedures under the supervision of the registered nurse.
3. The certified home health aide must be trained to function as a member of the health services team. Under the supervision of a registered nurse, he may:
 - (a) Give the patient personal care, including assistance in the activities of daily living.
 - (b) Perform certain household services to ensure that the patient's nutritional needs are met and to maintain a safe and clean environment for him.

4. The social worker shall:
 - (a) Help the medical team to understand the social and emotional factors affecting the patient and his family.
 - (b) Help the patient and his family to understand the medical team's activities.
 - (c) Assess the social and emotional impact of the program on the patient and his family.
5. The physical therapist shall:
 - (a) Assist the physician in the evaluation of the patient by giving functional ability tests.
 - (b) With the physician, help to develop and implement a plan for physical therapy for the patient.
 - (c) Instruct members of the health care team, the patient and his family in the procedures and techniques needed for his physical rehabilitation and maintenance.
6. The occupational therapist shall:
 - (a) Assist the physician in his evaluation of the patient's level of function and ability to perform activities of daily living.
 - (b) Help to develop and implement the patient's care plan.
 - (c) Instruct members of the health care team and family who participate in the patient's occupational therapy.

Medicare regulations for home health agencies require that registered nurses be involved in all aspects of patient care, supervision of home health aides, and assessment of the patient. As with state licensure regulations, Medicare requires that a registered nurse or physician take the responsibilities of administration of the agency and direction of professional services.

Medicare Regulations

Code of Federal Regulations (CFR) addressing nurse staffing

42 CFR 484.14(d) – Standard: Supervising physician or registered nurse The skilled nursing and other therapeutic services are under the supervision and direction of a physician or a registered nurse (who preferably has at least 1 year of nursing experience and is a public health nurse).

This person or a similarly qualified alternate is available at all times during operating hours and participates in all activities relevant to the professional services furnished including the development of qualifications and the assignment of personnel.

42 CFR 484.30 – Condition of Participation: skilled nursing services The HHA furnishes skilled nursing services by or under the supervision of a registered nurse; and in accordance with the plan of care.

42 CFR 484.30(a) Standard: Duties of the registered nurse. The registered nurse makes the initial evaluation visit, regularly re-evaluates the patient's nursing needs, initiates the plan of care and necessary revisions, furnishes those services requiring substantial and specialized nursing skill, initiates appropriate preventative rehabilitative nursing procedures, prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs, counsels the patient and family in meeting nursing and related needs, participates in in-service programs and supervises and teaches other nursing personnel.

42 CFR 484.36 (c) Standard: Assignment and duties of the home health aide. (1) Assignment. The home health aide is assigned to a specific patient by the registered nurse. Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.

42 CFR 484.36(d) Standard: Supervision (1) If the patient receives skilled nursing care, the registered nurse must perform the supervisory visit

Provision of Hospice Care – Nevada Administrative Code

Hospice is a program that offers care and palliative assistance to the terminal patient. It also provides support and bereavement counseling for the family. When a patient elects the hospice benefit under Medicare regulations, he agrees not to seek curative measures. Hospice care is provided in the patient's home with only brief inpatient admissions for management of pain and medication adjustment. It also allows for inpatient placement for respite for the family. Care is directed by an interdisciplinary team that consists of a physician, a registered nurse, a social worker, and a bereavement counselor. Most of the direct patient care is provided by RN, LPNs, and CNAs that are trained in the hospice philosophy. There are currently 15 licensed programs of hospice care in Nevada.

NACs for nurse staffing

NAC 449.0185 Requirements for program of hospice care.

4. Nursing care must be provided by a registered nurse or under the supervision of a registered nurse.
7. Home health aide and homemaker services must be available to each patient and provided at intervals which meet the needs of each patient. A registered nurse must:
 - (a) Supervise the persons providing such services; and
 - (b) Prepare written instructions for the persons providing such services which identify the duties they are to perform.

NAC 449.0187 Requirements for operation of facility for hospice care.

2. Nursing services must be provided 24 hours per day in accordance with the plan of care for each patient.
7. At least one registered nurse must be on duty for each work shift, providing direct care to patients.

Medicare Regulations

Code of Federal Regulations (CFR) addressing nurse staffing

42 CFR 418.50(b) Standard Required Services (1) Make nursing services, physician's services and drugs and biologicals routinely available on a 24 – hour basis.

42 CFR 418.80 Condition of Participation – Furnishing of Core Services. Except as permitted in 418.83, a hospice must ensure that substantially all core services described in this subpart are routinely provided directly by hospice employees.

42 CFR 418.82 – Condition of Participation – Nursing Services. The hospice must provide nursing care and services by or under the supervision of a registered nurse. (a) Nursing services must be directed and staffed to assure that the nursing needs of patients are met. (b) Patient care responsibilities of nursing personnel must be specified. (c) Services must be provided in accordance with recognized standards of practice.

Facilities for the Treatment of Irreversible Renal Disease – Nevada Administrative Code

These facilities are also known as dialysis centers or ESRDs. They provide dialysis to patients with end stage renal disease. Each patient must be dialyzed for 3-4 hours three times a week to remove the toxic wastes that build up because the kidneys are not functioning correctly. These facilities normally run three shifts of patients every day. The regulations require that all care be supervised by a Registered nurse and further require that any

RN in a charge position have experience in Dialysis. There are currently 22 licensed Facilities for the treatment of end stage renal disease in Nevada, including a newly certified pediatric dialysis facility at Sunrise Hospital in Las Vegas.

NACs addressing nurse staffing

NAC 449.541 Interdisciplinary teams; plans for care of patients.

1. Each facility shall establish and comply with a policy which specifies that the services provided to each patient of the facility are coordinated using an interdisciplinary team. The interdisciplinary team must consist of:

- (a) The primary dialysis physician of the patient;
- (b) A registered nurse;
- (c) A social worker; and
- (d) A dietitian

NAC 449.5435 Nursing services; physicians and other staff.

1. Each facility shall provide nursing services to each patient of the facility to prevent or reduce complications and to maximize the functional status of the patient.

2. Each facility shall employ a full-time registered nurse to supervise and manage the care provided to patients of the facility.

3. The registered nurse employed pursuant to the provisions of subsection 2 shall:

- (a) Conduct an assessment of a patient during the admission of the patient to the facility;
- (b) Conduct an assessment of a patient if requested by the patient or if required because of a change in the medical status of the patient;
- (c) Participate in a team review of the progress of the patient pursuant to the provisions of NAC 449.541;
- (d) Recommend changes in treatment, if appropriate, based on the immediate requirements of the patient;
- (e) Facilitate communication between the patient, the patient's family and each member of the interdisciplinary team established for the patient to ensure the delivery of care required for the patient;
- (f) Provide oversight and direction to dialysis technicians and licensed practical nurses; and
- (g) Participate in activities conducted by the facility to ensure the quality of the facility.

4. Each facility shall ensure that a registered nurse or a physician is present at the site of the facility and available to the treatment area to provide care at all times during which treatment is provided to a patient of the facility in that area.

5. Nursing services at the facility must be provided or supervised by a registered nurse. The registered nurse may be the charge nurse of the facility. Each facility shall ensure that a sufficient number of registered nurses, licensed practical nurses and other qualified persons are available to satisfy the requirements for nursing care of each patient of the facility.

6. Each facility shall ensure that a sufficient number of the members of the staff of the facility are available at the site of the facility to provide care directly to each patient of the facility and to satisfy the requirements of each of those patients.

7. A licensed nurse or dialysis technician shall evaluate each patient before and after treatment is provided to the patient in accordance with the policy of the facility and the amount of training received by the licensed nurse or dialysis technician.

8. A registered nurse shall conduct an initial nursing assessment of each patient of the facility at the time the patient receives his first treatment at the facility. The assessment must be completed by the registered nurse within 2 weeks after the beginning of that treatment.

NAC 449.5535 Nurses.

1. Each nurse employed by a facility must be licensed to practice nursing in this state.

2. Except as otherwise provided in subsection 3, each nurse of a facility who is assigned charge responsibilities must:

- (a) Be a registered nurse; and
- (b) Have at least 6 months of experience as a nurse in performing hemodialysis or in providing nursing care for a patient with permanent kidney failure. The experience required pursuant to the provisions of this paragraph must be obtained within the 2 years immediately preceding the date on which the nurse is assigned charge responsibilities by the facility.

3. The provisions of paragraph (b) of subsection 2 do not apply to a registered nurse who holds a current certificate in nephrology nursing or hemodialysis issued by a board that is nationally recognized.

4. Each charge nurse of a facility shall:

- (a) Make daily assignments based on the requirements of each patient of the facility for treatment;
- (b) Provide immediate supervision of the care provided to each of those patients;
- (c) Conduct an assessment of a patient of the facility if required by the circumstances concerning the treatment of the patient; and
- (d) Communicate with the patient's physician and the social worker and dietitian of the facility concerning the treatment of the patient.

5. If a facility provides training concerning self-care for patients of the facility, a registered nurse who has at least 12 months of experience in performing dialysis and experience in the applicable dialysis modality must:

- (a) Be responsible for training the patient and each member of the family of the patient who intends to assist the patient in providing care for the patient; and
- (b) Supervise other members of the staff of the facility who assist in providing that training.

NACs addressing other staffing regulations

NAC 449.544 Nutrition services.

1. Each facility shall provide nutrition services to each patient of the facility and the provider of care for that patient to maximize the nutritional status of the patient.

2. The dietitian for a patient of a facility shall:

- (a) Conduct an assessment of the nutrition of the patient;
- (b) Participate in a team review of the progress of the patient in accordance with the provisions of NAC 449.541;
- (c) After consulting with the physician of the patient, recommend a therapeutic diet for the patient based on:
 - (1) The cultural preferences of the patient;
 - (2) Changes in the treatment of the patient; and
 - (3) The nutritional requirements of the patient;
- (d) Except as otherwise provided in subsection 7:
 - (1) Counsel the patient and the provider of care for that patient, if required, concerning any diet prescribed for the patient at the facility; and
 - (2) Monitor the patient's adherence and response to that diet;
- (e) Refer the patient for assistance with any resources that are available to the patient, including, without limitation, financial assistance, community resources or assistance at the residence of the patient;
- (f) Participate in activities conducted at the facility to ensure the quality of the facility; and
- (g) Monitor the nutritional status of the patient to determine the need for intervention and follow-up by the facility. In making that determination, the dietitian shall consider:
 - (1) Changes in the weight of the patient;
 - (2) The chemistry of the blood of the patient;
 - (3) The adequacy of the dialysis treatment provided to the patient; and
 - (4) Changes in the medication prescribed for the patient.

3. Each facility shall collect data to assess the nutritional status of a patient of the facility not later than 2 weeks after the patient is admitted to the facility or immediately after the patient receives seven treatments at the facility, whichever occurs later. A comprehensive assessment of the nutritional status of the patient must be

completed within 30 days after the patient is admitted to the facility or immediately after the patient receives 13 treatments at the facility, whichever occurs later. Such an assessment must include a determination by the dietitian of the degree to which the patient understands the diet prescribed for him by the facility.

4. Each facility shall, annually or more often if required by the circumstances concerning the treatment of the patient, revise the comprehensive assessment of the nutritional status of each patient specified in subsection 3.

5. Each facility shall employ or contract with a dietitian to provide nutrition services for each patient of the facility. If a facility provides treatment for 100 or more patients, the facility shall ensure that one full-time equivalent dietitian is available at the facility.

6. Nutrition services must be available at each facility during scheduled periods for treatment. The facility may require a patient to obtain an appointment with a dietitian before receiving those services.

7. The provisions of paragraph (d) of subsection 2 do not apply to a correctional institution.

(Added to NAC by Bd. of Health by R130-99, eff. 8-1-2001)

NAC 449.5445 Social services.

1. Each facility shall provide social services to each patient of the facility and to the provider of care for the patient, if required. The facility shall ensure that the social services support and maximize the adjustment, social functioning and rehabilitation of each patient of the facility.

2. The social worker shall:

(a) Conduct a psychosocial evaluation of each patient of the facility;

(b) Participate in a team review of the progress of the patient in accordance with the provisions of NAC 449.541;

(c) Recommend changes in the treatment of the patient based on the psychosocial requirements of the patient;

(d) Except as otherwise provided in subsection 7, provide casework and group work services to the patient and, if needed, to members of his family concerning the problems associated with treating end-stage renal disease;

(e) Except as otherwise provided in subsection 7, identify public agencies that may provide social services for the patient or other resources that are available to the patient and assist the patient and each member of his family in the use of those resources; and

(f) Participate in activities conducted at the facility to ensure the quality of the facility.

3. Each facility shall ensure that the initial contact between the social worker and each patient of the facility occurs and is documented in writing not more than 2 weeks after the patient is admitted to the facility or immediately after the patient receives seven treatments at the facility, whichever occurs later. A comprehensive psychosocial assessment of the patient must be completed within 30 days after the patient is admitted to the facility or immediately after the patient receives 13 treatments at the facility, whichever occurs later.

4. Each facility shall, annually or more often if required by the circumstances concerning the treatment of the patient, revise the comprehensive psychosocial assessment of each patient specified in subsection 3.

5. Each facility shall employ or contract with a social worker to meet the psychosocial requirements of each patient of the facility. If a facility provides treatment for 100 or more patients, the facility shall ensure that one full-time equivalent social worker is available at the facility.

6. Social services must be available at each facility during scheduled periods for treatment. The facility may require a patient to obtain an appointment with a social worker before receiving those services.

7. The provisions of paragraphs (d) and (e) of subsection 2 do not apply to a correctional institution.

NAC 449.546 Patient care: Advanced practitioners of nursing and physician assistants; medical emergencies.

1. If an advanced practitioner of nursing or a physician assistant provides treatment for a patient of a facility, the facility shall ensure that there is evidence of communication with the treating physician of the patient if the advanced practitioner of nursing or physician assistant changes any order for treatment in accordance with the provisions of chapter 630 or 632 of NRS.

2. An advanced practitioner of nursing or a physician assistant specified in subsection 1 may not replace the treating physician of the patient concerning:

- (a) Participation in planning for the care of the patient; or
- (b) Activities conducted at the facility to ensure the quality of the facility.

3. If a medical emergency occurs concerning a patient of a facility, the treating physician for that patient:

- (a) Must be immediately notified; and
- (b) Shall direct the provision of care for the patient during the emergency.

NAC 449.5465 Patient care: Licensed practical nurses and dialysis technicians.

1. The provisions of NAC 449.501 to 449.5795, inclusive, do not prohibit a licensed practical nurse from practicing in accordance with the regulations adopted by the state board of nursing. If a licensed practical nurse acts in the capacity of a licensed practical nurse during the treatment of a patient of a facility, the licensed practical nurse must be certified to give intravenous injections by a board that is approved by the state board of nursing.

2. A member of the staff of a facility who acts in the capacity of a dialysis technician at the facility must be qualified in accordance with the provisions of NAC 449.5705 to 449.5775, inclusive. If the facility determines that the member of the staff is not qualified pursuant to those provisions, the facility shall not allow the member of the staff to act in the capacity of a dialysis technician until the member of the staff becomes qualified pursuant to those provisions

NAC 449.5715 Program of training: Qualifications of instructors. Each instructor who provides instruction pursuant to a program of training specified in NAC 449.571 must be:

- 1. A physician who is qualified as a medical director in accordance with the provisions of NAC 449.5505;
- 2. A registered nurse who:

(a) Has at least 12 months of experience in performing hemodialysis obtained within the 2 years immediately preceding the date he begins instruction pursuant to the program; and

(b) Has provided to the facility a current written list concerning his knowledge and skills that is prepared pursuant to the provisions of NAC 449.5745;

3. A registered nurse who provides instruction for a course of training for a dialysis technician at an accredited college or university; or

4. A qualified dietitian or social worker who provides instruction within his area of expertise.

The Medicare regulations do not require the level of involvement of registered nurses that our state licensure regulations require.

Medicare Regulations

Code of Federal Regulations (CFR) addressing nurse staffing

42 CFR 404.2162 (a) Standard: Registered nurse. The dialysis facility employees at least one full time qualified nurse responsible for nursing services. (b) Whenever patients are undergoing dialysis: (1) One currently licensed professional (e.g. Physician, registered nurse, or licensed practical nurse (experienced in rendering ESRD care is on duty to oversee ESRD patient care must

Nursing Pools - Nevada Administrative Code

Nevada is one of the few states that require licensure of Nursing Pools. The majority of these facilities function as staffing agencies for licensed medical facilities. A hospital or skilled nursing facility that is short of staff will call the nursing pool and request additional staff to be sent to their facility. There are

currently 52 licensed nursing pools in Nevada – 5 are located in Reno. The remainder are located in Las Vegas. We also have 7 pending applications for nursing pools in Las Vegas.

NACs addressing nurse staffing

NAC 449.7475 Administrator: Qualifications and duties.

1. The administrator of a nursing pool must be a physician or professional registered nurse, licensed to practice in this state, or a person having at least 1 year of supervisory or administrative experience in a field related to the provision of health care.

2. The administrator of a nursing pool shall represent the licensee in the daily operation of the nursing pool and appoint a person to exercise his authority in his absence. The administrator's responsibilities include:

- (a) Keeping the licensee fully informed of the activities of the nursing pool through regularly written reports;
- (b) Employing qualified personnel and arranging for their orientation and continuing education;
- (c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the nursing pool;
- (d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the nursing pool;
- (e) Holding periodic meetings to maintain a liaison between the licensee and members of the staff of the nursing pool; and
- (f) Performing such other duties as may be assigned.

NAC 449.7476 Director of professional services: Qualifications and duties.

1. The director of professional services must be a physician, or a professional registered nurse, who is licensed to practice in this state. The director must be readily available through the office of the nursing pool to advise members of the staff of the nursing pool.

2. The director of professional services shall:

- (a) Direct, supervise and coordinate the skilled nursing services provided by the nursing pool;
- (b) Develop and revise written objectives, policies and procedural manuals for the care of patients;
- (c) Assist in the development of descriptions of jobs;
- (d) Assist in the recruitment and selection of personnel;
- (e) Recommend to the administrator the number and levels of members of the nursing staff;
- (f) Plan and conduct orientations and continuing education for members of the staff engaged in the care of patients;
- (g) Evaluate the performance of the nursing staff; and
- (h) Assist in planning and budgeting for the provision of services.

NAC 449.748 Duties of registered nurse; provision of nursing care by practical nurse or nursing assistant.

1. A registered nurse employed by a nursing pool shall:

- (a) Provide nursing guidance and care to patients;
- (b) If care is to be provided to a patient at his home, evaluate the home regarding its suitability for the provision of that care;
- (c) Teach patients and those who provide them with care regarding the appropriate methods of providing that care;
- (d) Supervise and evaluate the care given to patients on a continuing basis; and
- (e) Provide any necessary professional nursing care.

2. A practical nurse or nursing assistant employed by a nursing pool may provide nursing care if he is authorized to practice in this state and supervised by a registered nurse.

There are no Federal regulations for nursing pools.

Facilities for Refractive Laser Surgery – Nevada Administrative Code

These regulations do not specifically require registered nurses, but do require personnel who are trained to meet the care needs and safety requirements of clients.

NACs addressing staffing

NAC 449.4506 Staffing requirements; personnel files. The administrator of a facility shall ensure that:

1. The facility is adequately staffed with qualified personnel who:
 - (a) Meet the needs of and ensure the safety of each person who visits the facility; and
 - (b) Satisfy any applicable statutory requirements for the provision of care.
2. Each member of the staff who provides patient care is adequately trained in emergency procedures and is currently certified to perform first aid and cardiopulmonary resuscitation. At least one member of the staff who is trained in emergency procedures and who has obtained the advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification must be in the facility whenever patients are present in the facility.
3. A separate personnel file is established and maintained for each member of the staff of the facility that includes:
 - (a) Proof of any training relating to emergency response required by the facility pursuant to the policies and procedures established by the facility pursuant to NAC 449.451;
 - (b) Such health records as are required by chapter 441A of NAC which include evidence that the member of the staff employed by the facility or under contract with the facility has had a skin test for tuberculosis in accordance with NAC 441A.375; and
 - (c) Evidence that the member of the staff employed by the facility or under contract with the facility has obtained any license, certificate or registration, and possesses the experience and qualifications, required

There are no Federal requirements for Laser Eye surgery facilities

Facilities for Modified Medical Detoxification – Nevada Administrative Code

These facilities provide medically supervised detoxification for persons addicted to alcohol and/or drugs.

NACs addressing nurse staffing

NAC 449.15337 Program: Requirements; review.

4. Each facility shall provide case management services as needed by a client through a social worker or a registered nurse or by written agreement with a social worker or a registered nurse.

NAC 449.15343 Nursing services.

1. Each facility shall have an organized plan for nursing service that provides nursing services 24 hours per day. The nursing services must be provided or supervised by a registered nurse in compliance with state law, including, without limitation, chapter 632 of NRS and chapter 632 of NAC.
2. The nursing service shall have a sufficient number of registered nurses, licensed practical nurses and other personnel to provide nursing care to all clients as needed.
3. The facility shall ensure that the nursing staff develops and keeps current a plan for nursing care for each client.

4. The administrator shall appoint a chief administrative nurse to direct the nursing service. The chief administrative nurse must:

- (a) Be a registered nurse;
- (b) Be knowledgeable, skilled and competent in clinical practice and the management of nurses;
- (c) Be authorized by state law to provide alcohol and drug counseling; and
- (d) Comply with the provisions of chapter 632 of NRS and chapter 632 of NAC and follow professional standards established for organized nursing services.

NAC 449.15345 Health services.

3. Before a client is admitted to a facility, a general medical and drug history of the client must be taken by a physician or designated member of the nursing staff of the facility. The history must include, without limitation:

- (a) Drugs used in the past;
- (b) Drugs used recently;
- (c) Drugs of preference;
- (d) Frequently used drugs;
- (e) Drugs used in combination;
- (f) Dosages used;
- (g) Date of first usage;
- (h) Incidents of overdose, withdrawal or adverse drugs reactions; and
- (i) Previous history of treatment.

4. Except as otherwise provided in this subsection, a physical examination and review of the medical and drug history of a client must be conducted by a physician, registered nurse or physician assistant within 48 hours after the client is admitted to a facility. If the assessment performed by a physician or a member of the nursing staff before a client is admitted to the facility concludes that a physical examination of the client should be completed within less than 48 hours after the client is admitted to the facility to ensure that the needs of the client are met, the physical examination must be conducted within the time recommended in the assessment.

NAC 449.15347 Pharmaceutical services.

1. Each facility shall have a pharmacy directed by a registered pharmacist or a drug room supervised by no less than a currently licensed professional nurse. The pharmacy or drug room must be administered in accordance with all applicable state and federal laws. The facility shall have a full-time, part-time or consulting pharmacist who is responsible for developing, supervising and coordinating all of the activities of the pharmacy service.

2. Each facility shall have and implement policies and procedures that minimize errors in the administration of drugs. The medical director of the facility and the pharmacist who is responsible for the pharmacy service shall approve the policies and procedures.

3. Drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice and state and federal laws.

4. When a pharmacist is not available at the facility, drugs and biologicals may be removed from the pharmacy or drug area only by a member of the staff who is authorized to remove such substances by the policies and procedures of the facility, which must be established in accordance with state and federal laws.

5. Errors in administering a drug, adverse reactions by a client to a drug and incompatibilities between a drug and a client must be immediately reported to the attending physician of the client.

6. Abuses and losses of controlled substances must be reported to the pharmacist who is responsible for the pharmacy service, the administrator and the chief administrative nurse of the facility, in accordance with all applicable state and federal laws.

7. Information relating to drug interactions and information on drug therapy, side effects, toxicology, dosage indications for use and routes of administration must be available to the professional members of the staff of the facility.

There are no Federal requirements for these facilities.

Mobile Units – Nevada Administrative Code

Mobile units do not specifically discuss staffing requirements but rather defer to the type of mobile facility. i.e. if the mobile unit is going to be a mobile ambulatory surgical center, it must meet the staffing requirement of those regulations.

There are no Federal Requirements for these facilities.

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