

LCB File No. T035-01

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

**NOTICE OF INTENT TO ADOPT A
PROPOSED TEMPORARY REGULATION**

NOTICE OF PUBLIC WORKSHOPS

NOTICE IS HEREBY GIVEN that the State Health Division will hold public hearing and act on amendments to Nevada Administrative Code (NAC) 445A and 449. **There will be two workshops held on the following dates, times, and locations:**

April 2, 2001 RENO NEVADA	April 3, 2001 LAS VEGAS NEVADA
Washoe County Health District South Auditorium Ninth and Wells Reno, NV	Clark County Health District Clemens Room 625 Shadow Lane Las Vegas, NV
Plan Review 8:30 a.m. – 9:00 a.m.	Facilities For The Treatment of Irreversible Renal Disease 9:30 a.m. – 10:00 a.m.
Certification of Environmental Testing Laboratories 9:00 a.m. - 9:30 a.m.	Certification of Environmental Testing Laboratories 10:00 a.m. –10:30 a.m.
Facility For The Treatment of Abuse of Alcohol or Drugs 9:30 a.m. - 10:00 a.m.	Facility For The Treatment of Abuse of Alcohol or Drugs 10:30 a.m. – 11:00 a.m.
Facilities For The Treatment of Irreversible Renal Disease 10:00 a.m. – 10:30 a.m.	Plan Review 11:30 a.m. – 12:00 a.m.

These regulations will be presented at the June 15, 2001, Board of Health meeting. It will be held at Clark County Health District, Clemens Room, 625 Shadow Lane, Las Vegas, Nevada, at 9:00 a.m.

PROPOSED REGULATIONS FOR FACILITIES FOR THE TREATMENT OF IRREVERSIBLE RENAL DISEASE

Currently, there are no regulations for state licensure of Facilities for the Treatment of Irreversible Renal Disease. The proposed regulations will fill that gap. The proposed regulations will affect all areas of service in the Facility for the Treatment of Irreversible Renal Disease. They will incorporate patient rights, minimum standards for space, equipment, water treatment and reuse, and sanitary and hygienic conditions, patient care and treatment, home dialysis, qualifications of staff, training, clinical records, and evaluation of quality. The adoption of the proposed regulations should not create an economic or operational impact on licensed facilities because they parallel federal requirements that all facilities for the treatment of irreversible renal disease have been following. The proposed regulations will have a beneficial impact for the public by providing licensing standards for recipients of renal dialysis that are consistent with current standards of practice. The adoption of the proposed regulations will have no economic impact on the Bureau of Licensure and Certification because the proposed regulations parallel federal regulations that the agency has surveyed under contract with the Health Care Financing Administration. The proposed regulations do not duplicate the regulations of other state or local government entities. They parallel federal regulations of the Health Care financing Administration 42 C.F.R. 405.2102 through 405.2171, inclusive. The proposed regulations contain several sections that are more stringent than the federal regulations: Requirements for Tuberculosis testing for employees, fire protection, training curriculum, bacteriologic testing of product water, and water system requirements. The proposed regulations do not change existing fees or add additional fees.

PLAN REVIEW

The revised regulation is needed to allow payment for a review of architectural documents directly from a provider to the private Sector Company that will be conducting the review for new construction and remodeling of existing buildings. The Health Division pursuant to a recommendation from the State Board of Health has provided an "Intent to Award" notice to "P&D Consultants" in Las Vegas, Nevada to conduct the plan reviews. NAC 449.0165 was revised to require that providers submit two sets of architectural documents and specifications directly to the designated plan review agency of the Health Division. The regulation also states that the costs of the review and any subsequent reviews will be borne by the provider and paid directly to the designated plan review agency. The effects will be long term due to the intent of the Health Division to continue to have a private sector company conduct the plan reviews. The benefit to providers is a faster turn around time for the completion of the plan review and qualified architects and engineers will conduct the review. No anticipated effects on the public. The estimated cost to the agency would include the expenses associated with the request for proposal process every few years. Bureau staff that are currently responsible for completing the plan reviews and life safety code/physical environment surveys will be utilized for monitoring and answering questions for the private sector company. At this time we do not anticipate increased personnel costs associated with this regulation modification. Other local county government agencies also require submittal of architectural documents for review as a condition of receiving a building permit. For example, Clark and Washoe Counties. The State Fire Marshal's office and the Bureau of Health Protection Services require submittal of architectural documents. These agencies all have a fee associated with the review and with the building permit. There is no overlap of a Federal regulation. The Federal regulations do not require a review of architectural documents. The current fee for plan review is \$360.00 and \$130.00 to review any changes or revisions to the plans. This language has been revised to state the following: "All costs incurred for the review of architectural documents and any changes or revisions made to the documents must be borne by the applicant and paid directly to the health division's designee conducting the plan review". The fees will increase, however, they will be equitably based on the size of the building project

CERTIFICATION OF ENVIRONMENTAL TESTING LABORATORIES

The Administrative Code Chapter 445A pertaining to Certification of Environmental Laboratories analyzing drinking water in accordance with the Federal Safe Drinking Water Act as presently constituted has some defects that require resolution. The United States Environmental Protection Agency, along with stakeholders throughout the nation, has developed a consensus standard called the National Environmental Laboratory Accreditation Conference (NELAC) standard. The Bureau of Licensure and Certification has participated in the development of this standard. A program for laboratories to certify according to this nationally accepted standard has been put forth. It is called the National Environmental Laboratory Accreditation Program (NELAP). States may adopt the standard and they may participate in NELAP if they so choose. Participation in NELAP necessitates subscribing to the NELAC standard which is organized in four distinct tiers, namely: 1.) Legal Identity and Mission; 2.) Testing Capability; 3.) Regulatory Program; 4.) Test Methods. Each of these “tiers” are addressed in the current NAC but are not organized efficiently and items referenced therein create areas of confusion due to conflicting instructions or protocols. At one juncture the authority to revoke or downgrade certification based upon information obtained from site surveys was denied the Bureau because not all of the pertinent chapters of the referenced standard were included. Some of the material included in the current NAC, though important, does not apply to laboratory certification. It should be separated from the certification portion of the code. It is proposed that a completely new version of Chapter 445A pertaining to Environmental Laboratory Certification be adopted in accordance with a template provided by NELAC. This code follows the organizational pattern established by the NELAC standard and includes changes that are required for NELAP participation. Standards that are unique to Nevada will be retained. Since this version is new, the section identification numbers will not coincide with or relate to those of the current code. It is proposed to eliminate the current code and replace it with the new wording. Section numbers can be changed to fit into the surrounding code. Anticipated effects on the environmental laboratory business are beneficial and immediate. Adoption of this revision will affect environmentally sensitive businesses in the following ways:

1. EPA involvement with the Performance Testing program has been changed. The NAC will reflect these changes.
2. Nevada will be able to participate in the NELAP program if it elects to do so.
3. Ambiguous language will be replaced so consistency in agency action will be assured.
4. Laboratories electing to participate in NELAP accreditation may do so with Nevada as their sponsoring authority.
5. NELAP accredited laboratories will have automatic reciprocity among all NELAP participation states. (So far twenty states have applied for NELAP participation and several more have committed.) ***Nevada laboratory certification officers recommend that Nevada participate.***
6. NELAP participating laboratories will be held to a common standard.
7. NELAP participating laboratories will be able to participate in Federal contracts.
8. NELAP participating laboratories will not suffer a competitive disadvantage relative to participants.
9. NELAP participating laboratories will be assured a level playing field nationally.
10. NELAP participating laboratories will produce data of known, consistent and comparable quality.
11. Laboratories not electing NELAP accreditation will not be required to do so, but will be held to the NELAC standard in so far as it is appropriate.
12. Agencies and businesses requiring analyses of regulated parameters will be assured that data meet a rigorous nationally accepted standard.

Anticipated effects on the public are beneficial and long-term. The changes will assist in maintaining quality laboratory analytical capacity to ensure that measurements that affect the public health will be trustworthy. The estimated cost to the agency for enforcement of the proposed regulation will not be any different than for the current regulation. In the event Nevada elects to have Bureau of Licensure and Certification Laboratory Certification Officers trained to become NELAP assessors, the cost will be limited to the training expense. The training is required every four years. The regulations do not overlap or duplicate any federal regulations. The regulations will maintain the existing fee structure.

FACILITY FOR THE TREATMENT OF ABUSE OF ALCOHOL OR DRUGS

The proposed revised regulations for a Facility for the Treatment of Abuse for Alcohol and Drugs have had no major revisions since 1976. The revised regulations incorporate current standards for treatment of Abuse for Alcohol and Drugs and allow for a program of Social Model Detoxification. The regulations allow for a 24-hour residential treatment facility to provide treatment for abuse of alcohol or drugs. If the facility chooses, it may have a special designation for a Social Model detoxification program. A social model detoxification program will be a social model with no requirements for medical professionals except for the initial physical assessment. The clients must have a physical assessment and review of their medical and drug history by a physician, nurse practitioner, registered nurse or physician assistant within 24 hours after the client is admitted to assure the clients are appropriate for a psychosocial detoxification program. Case management services are provided rather than social services; thus allowing for certified or licensed Alcohol and Drug Abuse counselors to provide the services. It is anticipated that the revision will have beneficial effects on the business by allowing for greater access for individuals with alcohol and drug addiction problems. It will allow licensed or certified Alcohol and Drug Abuse counselors to provide case management services rather than social services by a licensed social worker. It is anticipated that the revision of these regulations will be beneficial for the public by allowing for a greater number of individuals with alcohol and drug additions access to rehabilitative services/programs. There will be no increase in cost for the Bureau of Licensure and Certification to enforce the proposed regulations. Sections that may overlap other state agencies are outlined below. These overlap with the Bureau of Alcohol and Drug Abuse certification regulations.

- Section 18 NAC 449.088 Policies and Procedures
- Section 24 NAC 449.108 Residential program
- Section 25 NAC 449.111 Administrator: Qualification and duties
- Section 26 NAC 449.114 Employees: General Provisions
- Section 36 NAC 449.150 Records of clients
- Section 37 NAC 449.153 Discrimination prohibited.

The regulations do not overlap or duplicate any federal regulation. The proposed regulations do not have provisions which are more stringent than a federal regulation that regulates the same activity. The proposed regulations do not establish any new fee or increasing an existing fee.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to Shirley A. Rains, Management Assistant IV, no later than March 22, 2001, at the following address:

Bureau of Licensure and Certification
1550 E. College Parkway, Suite #158
Carson City, Nevada 89706

Members of the public who are disabled and require special accommodations or assistance at the workshop are to notify Shirley A. Rains, Management Assistant IV, in writing at the Bureau of Licensure and Certification, 1550 E. College Parkway, Suite 158, Carson City, Nevada 89706, no later than March 22, 2001.

A copy of this notice and the proposed regulation amendments are on file for inspection at the following locations during normal business hours:

Bureau of Licensure and Certification, 1550 E. College Pkwy, Suite 158, Carson City, Nevada (775) 687-4475).

Bureau of Licensure and Certification, 4220 S. Maryland Parkway, Suite 810, Las Vegas, Nevada (702) 486-6515.

Bureau of Licensure and Certification, 1755 E. Plumb Lane, Suite 241, Reno, Nevada (775) 688-2888

Emergency Medical Services, 850 Elm Street, Elko, Nevada (775) 753-1154.

Emergency Medical Services, 100 Frankie, Tonopah, Nevada (775) 482-3722.

Copies may be obtained in person, by mail, or by calling (775) 687-4475. Copies are also available for review at all physical locations of program offices (see above) or the following main public libraries in each county:

Carson City Library, 900 North Roop St. Carson City, NV 89701

Churchill County Library, 533 S. Main St. Fallon, NV 89406

Clark County Library, 4020 Maryland Parkway, Las Vegas, NV 89119

Douglas County Library, 1625 Library Lane, (PO Box 337) Minden, NV 89423

Elko County Library, 720 Court St. Elko, NV 89801

Goldfield Public Library (Esmeralda Co.), Corner of Crook and Ramsey, (PO Box 430) Goldfield, NV 89013

Eureka Branch Library, 10190 Monroe St., Eureka, NV 89316

Humboldt County Library, 85 East 5th St., Winnemucca, NV 89445

Battle Mountain Branch Library (Lander Co.), 6255 Broad St., Battle Mountain, NV 89820

Lincoln County Library, 63 Maine St., (PO Box 330) Pioche, NV 89043

Lyon County Library, 20 Nevin Way, Yerington, NV 89447

Mineral County Library, 125 A St., (PO Box 1390) Hawthorne, NV 89415

Pershing County Library, 125 Central, (PO Box 781) Lovelock, NV 89419

Storey County Library, 95 South R St., (PO Box 14) Virginia City, NV 89440

Tonopah Public Library (Nye Co.), 171 Central, (PO Box 449) Tonopah, NV 89049

Washoe County Library, 301 South Center St., (PO Box 2151) Reno, NV 89505

White Pine County Library, 950 Campton St., Ely, NV 89301

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

LCB File No. T035-01

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

**FACILITY FOR THE TREATMENT OF
ABUSE OF ALCOHOL OR DRUGS**

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

Section 1

NAC 449.019 DEFINITIONS. As used in NAC 449.022 to 449.153, inclusive, unless the context otherwise requires, the words and terms defined in NAC 449.022 to 449.073, inclusive, have the meanings ascribed to them in those sections.

Section 2 is amended to read

NAC 449.022 “Administrator” defined. “Administrator” means any person ~~certified by the bureau of alcohol and drug abuse who has the responsibility for the management of the facility~~ *who is appointed by the governing body of the facility. The individual appointed shall have primary responsibility for the overall program operations in accordance with policies established by the governing body.*

Section 3 is amended to read

NAC 449.025 “Alcohol and drug abuse ~~program~~ treatment” defined. “Alcohol and drug abuse ~~program~~ treatment” means a ~~project~~ *program* concerned with ~~education, prevention and~~ *substance abuse* treatment directed towards achieving the mental and physical restoration of alcohol and drug abusers.

Section 4:

“Case Management” defined. “Case management” means a multi-step process for patients of alcohol and drug abuse services that offer assistance in accessing services, including services in the areas of health, mental health, education, vocation, law, child care and employment.”

Section 5 is amended to read

NAC 449.031 “Client” defined. “Client “ means a resident or patient *of a facility.*

Section 6 is amended to read

NAC 440.034 “Detoxification [facility]” defined. [~~“Detoxification facility” means a 24-hour facility, which provides limited medical supervision for substance abuser, including surveillance during detoxification.~~] *“Detoxification” means the process of eliminating the toxic effects of drugs and alcohol from the body.*

Section 7:

“Social Model Detoxification program” defined. “Social Model Detoxification Program” is a treatment programs that concentrate on providing psychosocial services and non-medical detoxification.

Section 8:

Facility for Modified Medical detoxification. Facility for Modified Medical detoxification has the meaning as defined in NRS 449.00385.

Section 9:

“Medically Managed Intensive detoxification program” defined. Medically Managed Intensive detoxification program means a program that provides 24-hour medical monitoring of treatment and detoxification services. This type of program must be provided in a licensed hospital under NAC 449.279 to 449.406 and have life support systems in place or an acute care psychiatric hospital.

Section 10 is amended to read

NAC 449.043 “Facility” defined. “Facility” means *residential facility for the treatment of abuse of alcohol or drugs* ~~[an alcohol or drug treatment facility]~~ as defined in NRS 449.00455.

Section 11 remains unchanged

NAC449.005 “Licensee defined. “Licensee” means any person, corporation, partnership, voluntary association or other public or private entity, including any governmental body, licensed to operate a facility.

Section 12:

“Residential program” defined. “Residential program” means a program for treatment of substance abuse that has been approved by the Bureau of Alcohol and Drug Abuse which meets the criteria as specified in the American Society of Addictive Medicine (ASAM) Patient Placement Criteria, Second Edition. This program takes place in a 24-hour residential setting where clients reside. Residential program encompasses organized services staffed by designated addiction treatment personnel who provide a planned regimen of patient care in a 24-hour live-in setting.

Section 13 remains the same.

NAC 499.070 “Substance abuser” defined. “Substance abuser” means any person incapable of managing himself or his affairs or unable to function adaptively in society due to his use of drugs.

Section 14 is amended to read.

NAC 449.064 “Overall program” defined. “Overall program” means *an alcohol and drug abuse program* including ~~[tasks such as]~~ general fiscal management, fund-raising projects and the general long-term goals of a facility, which are ~~[commonly undertaken by a board of directors]~~ *defined in writing.*

Section 15 is amended to read.

NAC 449.073 “Qualified social worker” defined. “Qualified social worker” means a person ~~[with at least a bachelor’s degree in social work from an accredited school of social work or its equivalent.]~~ *who is licensed by the Nevada State Board of Examiners for Social Workers to practice as a licensed social worker.*

Section 16 is amended to read.

NAC 449.079 Compliance with regulations; proof of ~~[accreditation and]~~ certification; unlawful operation of a facility; revocation of license

~~[1.—As a condition of the issuance of a license, the investigation conducted by the health division pursuant to NAC 449.0112 must show that the facility satisfactorily complies with NAC 449.019 to 449.153, inclusive, and the facility must provide proof that it is accredited and certified by the bureau.~~

~~2.— Any person who operates an accredited alcohol and drug treatment facility which receives federal or state funds, and does not have a license issued by the Health Division is guilty of a misdemeanor under NRS 449.210.~~

~~3.— Whenever the health division has reason to believe that an accredited facility is operating without a license, or a license facility is not conforming to the condition of the license or the regulations for alcohol or drug abuse treatment facilities, the health division or the Bureau may inspect the premises where the violation is alleged to have occurred and conduct such other investigations as may be indicated.~~

4.] If the Bureau *of Alcohol and Drug Abuse* revokes or does not renew the ~~[accreditation]~~ *certification* of a facility, the Health Division will revoke the license of the facility subject to the appeals procedure set forth in chapter 449 of NAC.

Section 17 is amended to read.

NAC 449.081 New construction or remodeling Submission and review of building plans; approval of plans for licensing.

1. Building plans for new construction or remodeling ~~[may]~~ *must* be submitted to the health division for review pursuant to the provisions of NAC 449.0165.
2. The health division shall not approve the plans for licensing until all construction has been completed and a survey is conducted at the site.

Section 18 is amended to read.

NAC 449.085 Governing body; bylaws

1. Every alcohol or drug abuse facility must have a governing body which has the ultimate authority for the administration of the overall program.

2. The governing body shall adopt written bylaws and policies that define the powers and duties of the governing body, its committees, the administrator and any advisory group.

3. The bylaws and policies must:

(a) Identify the overall goals.

(b) Include an organizational chart.

(c) Define the major lines of authority and areas of responsibility within the treatment program.

(d) Define the membership of the governing body, the types of membership, the method of selection or appointment of members, offices or committees and their terms of office.

(e) Define the frequency of meetings of the governing body and attendance requirements.

4. The duties of the governing body include, but are not limited to, the following items:

(a) Appointment of a qualified administrator with authority and responsibilities appropriate to the requirements of the program;

(b) Adoption, review and revision of the governing body's bylaws and policies;

(c) Adoption of controls designed to achieve and maintain maximum standards of service; and

(d) Review and approval of an annual budget to carry out the objectives of the program.

5. New facilities must show sufficient resources to operate for 120 days.

6. The governing body shall retain the ultimate responsibility for the overall program and its objectives.

7. ~~【The governing body shall issue an annual report available to the public which discloses ownership as required in NAC 449.076.】~~

~~[8]~~. The governing body shall meet at least semiannually. Minutes must be kept of the meetings, including the date of the meeting, those in attendance, topics discussed, decisions made and actions taken, target dates for the implementation of recommendations and all program reports.

Section 19 is amended to read.

NAC 449.088 Policies and procedures

1. A facility must have written policies and procedures available to members of the staff, clients and public which govern the operation of the facility and services provided by the facility.

2. The policies must:

(a) Ensure that only those persons are accepted as clients whose needs can be met by the facility directly or in cooperation with community resources or other providers of treatment with which it is affiliated. ~~[or has contacts.]~~

(b) Ensure that a client whose physical or mental condition has changed to such an extent that he can no longer be adequately served by the facility will be transferred promptly to an appropriate facility. ~~[Written transfer agreements with such other facilities must be maintained at the facility.]~~

(c) Set forth the rights of clients and members of the staff and provide for the registration and disposition of complaints without threat of discharge or reprisal against any employee or client.

Section 20 is amended to read.

NAC 449.091 Transfers

1. Except in the case of an emergency, the transfer of a client *to another facility* must not be effected until the client, attending physician, if any, and responsible agency are ~~[consulted]~~ *notified* in advance.

2. ~~[Written arrangements must be made to assure that a reasonable continuum of care is met in the new facility and made a part of the client's file.]~~ *If a client is transferred to a hospital or other medical facility, information required for appropriate continuation of care must be released to the receiving facility in compliance with standards set forth in 42 C.F. R. Part 2.*

3. ~~[4]~~. The admission agreement must not permit the licensee or his designee a power of attorney.

Section 21 is amended to read.

NAC 449.094 Money of clients

1. If a facility handles a client's money, a written ledger account of all deposits, disbursements or other transactions must be maintained. A record must be made available to the client at least quarterly.

2. A client's money must be given to him within ~~[48]~~ 24 hours of his exit from the facility.

3. Large sums of money must be maintained in a financial institution in the community where the facility is located in a separate trustee account apart from the facility's operational accounts and must be clearly designated.

Section 22 remains the same.

NAC 449.098 Plan for disasters A written plan for disasters must be posted in residential facilities which outlines procedures for members of the staff and clients to follow in case of fire or other emergencies and provides for meeting the needs of clients if the facility is destroyed.

Section 23 remains the same.

NAC 449.102 Inventory of client's belongings If a residential facility holds or stores a client's belongings, there must be an inventory of the belongings on admission, made a part of the client's record, and updated as needed. These belongings must be returned to the client upon his exit.

Section 24 remains the same

NAC 449.105 Insurance Liability insurance in a sufficient amount to protect clients, members of the staff, volunteers, and visitors, must be maintained. A certificate of insurance must be furnished to the Health Division. The certificate must include provision for 30 days notice to the division of cancellation or the nonrenewal of the policies.

Section 25 is amended to read.

NAC 449.108 Residential Program.

1. Copies of Patient Placement Criteria for the Treatment of Substance-Related Disorders, 2nd Edition (ASAM-PPC-2) may be purchased from Publication's Department, American Society of Addiction Medicine, Inc., 4601 North Park Ave., Upper Arcade Suite 101, Chevy Chase, MD 20815. Cost is \$100.00.

2. At the time of admission, documentation shall be made that the client has been informed of:

- (a) General nature and goals of the program;*
- (b) Rules governing client conduct and infractions that can lead to disciplinary action or discharge from the programs;*
- (c) Treatment costs to be borne by the client, if any;*
- (d) Client's rights and responsibilities; and*
- (e) Confidentiality laws, rules and regulations.*

~~[1. Every facility must have a written residential program outlining short term and long term objectives and goals. These goals must be realistic, attainable, and clearly and operationally defined.~~

~~2. Each component of the program must develop objectives which complement the goals of the overall program.]~~

3. The program must be periodically evaluated by the Bureau *of Alcohol and Drug Abuse*. ~~[A report of the evaluation must be prepared and distributed to the management and staff.]~~

4. The facility must provide *access to* medical, dental, psychological and rehabilitative services ~~[needed to fulfill the goals of the program and]~~ to meet the needs of all its clients *to the extent that is possible with assistance from available community resources*.

5. If a facility provides services through outside sources~~[, formal,]~~ written arrangements must be made assuring that the services are supplied directly by, or under the supervision of, qualified persons.

6. ~~[In residential facilities:~~

~~(a)]~~ The facility must provide *case management* ~~[social]~~ services as needed by the client either directly or by written agreement with a qualified social worker, *registered nurse or a counselor certified or licensed by the Board of Examiners for Alcohol and Drug Abuse Counselors*.

~~(b) A designated member of the staff who is qualified by training or experience must be responsible for implementing and coordinating social services.]~~

7. ~~[e]~~ A plan for *case management* ~~[social]~~ services must be recorded in the client's record and must be periodically evaluated in conjunction with the client's treatment plan.

~~[7 The facility must provide an activities program. An independent and group activities program must be developed for each client in accordance with his needs and interests. The plan must be recorded in the client's overall treatment plan and reviewed by the client and members of the staff and updated as needed.]~~

8. Each facility must review the ~~[general]~~ program at least annually. Areas reviewed must include, but need not be limited to, appropriateness of admissions, lengths of stay, discharge planning, use of services and utilization of the components of the program and outside services. Written reports of the reviews must be evaluated by the governing body, administrator and such committees as they designate. Documentation of the evaluation process must be maintained at the facility.

9. The program takes place in a 24-hour residential setting where clients reside. The residential program encompasses organized services staffed by designated addiction treatment personnel who provide a planned regimen of client care in a 24-hour live-in setting.

Section 26 is amended to read.

NAC 449.111 Administrator: Qualifications and duties

~~1. The administrator must be certified by the bureau.~~

~~2.]~~ The administrator is responsible to the governing body for the operation of the facility in accordance with established policy.

2. The administrator shall:

(a) Organize the administrative functions of the program, delegate duties and establish a formal means of accountability on the part of subordinates.

(b) *Ensure* ~~[Assure]~~ that a written manual defining program policies and procedures is prepared, regularly revised and updated. The manual must:

(1) Contain all of the required written policies, procedures, definitions, lists and other documentation required by NAC 449.019 to 449.153, inclusive.

(2) Be available to members of the staff at all times at designated and convenient locations.

(c) Appoint a person of majority age to act for him during any ~~extended~~ absence.

Section 27 is amended to read.

NAC 449.114 Employees: General provisions

1. A facility must have on duty, all hours of each day, members of the staff sufficient in number and qualifications to carry out policies, responsibilities and program continuity.

2. All members of the counseling staff must be *registered interns, or* certified *or licensed* by the ~~bureau~~ *Board of Examiners for Alcohol and Drug Abuse Counselors.*

3. The administrator or his appointee shall be present and responsible for the operations of the facility during normal hours.

~~4. Emergency and inpatient facilities must provide 24-hour coverage by a registered nurse during all days of the week.~~

~~5. Detoxification facilities must provide 24-hour coverage by a licensed nurse all days of the week. The supervisor of nurses must be a registered nurse.]~~

~~6.]4.~~ A facility must have written policies and procedures for the recruitment, selection, promotion and termination of members of the staff.

~~7.]5.~~ The facility must have written policies and procedures covering wages and salaries, working hours, employee benefits, vacation and sick leave, rules of conduct and training and the development of the staff.

~~8.]6.~~ The facility must provide an orientation session to new employees. Documentation of the sessions must be maintained in the employee's personnel file.

~~9.17.~~ There must be written policies and procedures governing disciplinary actions which clearly define the mechanism for suspension or dismissal of members of the staff as well as the procedures for appeal.

~~10.18.~~ Written job descriptions must be maintained for all positions. A description must include:

- (a) The title of the job;
- (b) The tasks and responsibilities of the job;
- (c) The skills, education and experience necessary for the job;
- (d) The relationship of the job to other jobs within the program; and
- (e) The working conditions, location, shift, materials and equipment to be used on the job.

9. The job description must accurately reflect the actual job situation and must be reviewed annually or whenever a change in the job or qualifications occurs. Job descriptions must be available on request to all members of the staff.

~~11.10.~~ A personnel record must be maintained for each employee. The record must contain:

- (a) The employment application;
- (b) Letters of recommendation;
- (c) Reference investigation records;
- (d) Verification of training, experience and certification;
- (e) Job performance evaluations;
- (f) Incident reports; and
- (g) Disciplinary actions taken.

~~12.11.~~ Personnel records must be maintained in a secure manner and must be available only to those persons authorized in written policies and procedures. An employee must have access to his own file upon request.

Section 28 is amended to read.

449.117 Employees: ~~[Physical examinations]~~ Tuberculosis testing

All persons employed in ~~[treatment] the facility [facilities]~~ must have ~~[a pre-employment physical examination or certification of a 3-year health record from a physician and a skin test or chest X ray for tuberculosis. Thereafter, an annual skin test or chest X ray for tuberculosis is required. If a positive skin test is found, then a chest X ray is required.]~~ *documentation that they are in compliance with NAC 441 A.*

Section 29 is amended to read.

NAC 449.123 General sanitary requirements

1. Each facility must meet all state and local environmental health standards.
2. A facility, which provides dietary services, must have food service equipment of appropriate quality and type for the type of food service program used by the facility. The equipment must ~~[be approved by fire and health authorities]~~ *comply with the regulations set forth in chapter 446 of NAC.*
3. All environmental health inspection reports must be on file in the facility. Any deficiencies must be corrected within 90 days and documented in the file. ~~[Copies of reports must be sent by the inspector to the health division.]~~
4. Premises and equipment must be maintained in a sanitary condition:
 - (a) The facility must have the necessary cleaning and maintenance equipment with sufficient storage areas and appropriate procedures to maintain a clean and orderly establishment.
 - (b) Janitorial supplies, including aerosols, must be stored in areas separate from clean linen, food and other supplies.

(c) The storage of dirty linen must be separate from the storage of clean linen, food and other supplies.

5. *The facility must have and implement a policy in place that states that* ~~[H]~~ items for personal use, such as combs, toothbrushes, towels or bar soap may not be shared by the ~~[patients]~~ *clients*.

6. ~~[Public restrooms and]~~ Restrooms or lavatories must be provided with soap dispensers and individual disposable towels.

Section 30 is amended to read.

NAC 449.126 Laundry requirements

1. A ~~[residential]~~ facility must maintain:

(a) A laundry with equipment which is adequate for the sanitary washing and finishing of linen and other washable goods; or

(b) A written agreement with a commercial establishment to provide laundry services for the residential facility.

2. ~~[Emergency and inpatient facilities must comply with the laundry requirements of "Long-Term Care Facility Construction Standards issued by the health division.~~

~~3. Detoxification and intermediate residential facilities must meet the standards as are appropriate to the facility and its program as determined by the health division.]~~

~~[4.]~~ Laundry must be situated in an area, which is separate from any area where food is stored, prepared or served. The area must be well-lighted, ventilated, adequate in size to house the equipment and maintained in a sanitary manner. The equipment must be kept in good repair.

~~[5.]~~3. Soiled linen must be collected and transported to the laundry in washable or disposable containers in a sanitary manner. Soiled linen must not be transported through areas used for preparing or serving food.

~~[6—Laundry supplies must be stored in a secure area.]~~

~~[7.]~~4. Clean linen to be dried, ironed, folded, transferred or distributed must be handled in a sanitary manner, specified in writing.

~~[8.]~~5. Closets for storing linen *and laundry supplies* must be provided and must not be used for any other purpose.

Section 31 is amended to read.

NAC 449129 Construction standards

1. The state board of health hereby adopts by reference the Life Safety Code 101,"1994 edition. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$44.50 plus \$4.84 for shipping and handling.

2. *Except as otherwise provided in this section, a facility shall comply with the provisions of the NFPA 101: Life Safety Code, adopted by reference in subsection 1. A facility must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the facility and members of the general public.*

3. Each facility must comply with all currently adopted life safety, fire, health division and zoning codes. If there is a difference between state and local codes, the more stringent standards apply.

~~[3. Emergency and inpatient facilities must meet the requirements of the "General Hospital Construction Standards" adopted by the board of health.]~~

4. ~~[Existing detoxification and inpatient residential]~~ Facilities housing 17 or more clients must meet the requirements of chapter 17_“Exiting Hotels and Dormitories” of the Life Safety Code 101,” 1994 edition. Facilities housing not more than 16 clients must meet the requirements of Chapter 20, “Lodging or Rooming Houses” of the “ Life Safety Code 101,” 1994 edition.

~~[4. Outpatient and outreach facilities must meet the requirements of section 11-6 of chapter 11, 1 and 2 Family Dwellings, or chapter 13, Office Occupancies, of the Life Safety Code.]~~

5. New *or remodeled* facilities must comply with all currently adopted building, electrical and plumbing codes.

6. A facility shall be deemed to be in compliance with the provisions of NAC 449.129 if:

(a)The facility is licensed on May 30, 2001 the use of the physical space in the facility is not changed and there are no deficiencies in the construction of the facility that are likely to cause serious injury, harm, or impairment to the public health and welfare; or

(b)The facility has submitted building plans to the bureau before May 30, 2001, and

(1) The bureau determines that the plans comply with standards for construction in effect before May 30, 2001

(2). The facility is constructed in accordance with those standards;

(3) Construction of the facility is begun before February 1, 2002; and

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

Section 32 is amended to read.

NAC 449.132 ~~[Doors; exits],~~ *Living, dining, sleeping rooms, toilet facilities*

~~[1. Each room used for sleeping, living or dining in a facility must have at least two means of egress, at least one of which must be a door or stairway providing a means of unobstructed travel to the outside of the building at the level of the street or ground.]~~

~~[2.]~~ 1. No room or space may be occupied for sleeping, living or dining which is accessible only by a ladder, by folding stairs or through a trapdoor.

~~[3.]~~ 2. If a basement is used for living and dining, at least one exit must be provided directly to the outside at ground level. No facility may:

- (a) Be situated more than one story below the ground.
- (b) Use any basement or space in a basement for sleeping.

~~[4. Each sleeping room must have at least one outside window which may be opened from the inside without the need for any tool and providing a clear opening of not less than 22 inches (55 centimeters) in least dimension and 5 square feet (.2 square meters) in area. The lower sill of the window must not be higher than 48 inches (110 centimeters) from the floor of the room. Any room with two doors providing separate ways of escape or with one door leading directly outside of the building is exempt from these requirements.~~

~~5. Every exit or access to an exit must be so arranged that no corridor or aisle has a pocket or dead-end exceeding 20 feet (7 meters) in length.~~

~~6. Interior corridors must be at least 36 inches (90 centimeters) wide~~

~~7. Exit doors to stairways and the outside of the facility must be at least 36 inches (90 centimeters) wide.~~

~~8. Existing interior doors providing means of exit must be at least 32 inches (80 centimeters) wide.~~

~~9. The distance between any:~~

- ~~(a) Door intended as an access to an exit and an exit must not exceed 100 feet (29 meters).~~
- ~~(b) Point in a room and an exit must not exceed 150 feet (44 meters).~~
- ~~(c) Point in an institutional sleeping room or suite and a door intended as an access to an exit in that room or suite must not exceed 50 feet (15 meters).~~

~~These distances may be increased by 50 feet (15 meters) if the facility is equipped with an approved sprinkler system.~~

~~10. Any room or suite of rooms which is greater than 1,000 square feet (35 square meters) must have at least two access doors which are remote from each other.~~

~~11. Interior finishes in all spaces which may be occupied or spaces providing a means of egress from the facility must be class A, B or C in accordance with section 11 of the Life Safety Code.~~

~~12. A doorway between a floor with an exit to the outside of the facility and any floor below must be equipped with a self-closing door with at least a 20-minute fire protection rating or a 1 3/4-inch (9-centimeters) solid bonded wood-core door.~~

~~13. If the floor above the floor with an exit to the outside of the facility is used for sleeping, there must be a door as described in subsection 12 at the top or bottom of each stairway.]~~

3. Each room of a facility used by clients for sleeping must:

Be provided and furnished with a bed, clean linen and blankets;

Not be less than 50 square feet per bed; and

4. Toilet facilities and bathing facilities must be provided to clients in a manner that ensures their privacy while bathing and in an adequate number to meet the needs of the clients.

Section 33 is amended to read.

NAC 449.135 Requirements for fire prevention

1. *Devices for the detection* ~~[Products]~~ of combustion other than heat detectors must be installed on the ceiling of each story, in front of doors to stairways, and at not more than 30 feet ~~[9-meters]~~ apart in the corridors of all floors, including the center. *Smoke* ~~[D]~~ *detectors* must also be installed in the center of any lounge or recreational area. The detectors may be single station units with an integral alarm. ~~[having a decibel rating of at least 85.]~~

2. Portable fire extinguishers must be installed throughout the facility at the direction of the fire authority having jurisdiction.

3. Any facility with a kitchen range with an upper surface of more than 15 square feet ~~[(1.4 square-meters)]~~ must provide the range with an exhaust hood having an automatic fire protection system in accordance with chapter 96 of the Life Safety Code, 1994 edition.

4. ~~[Hazardous areas, including general storage areas, boiler or furnace rooms, fuel storage areas, janitor closets, wood shops, paint shops, laundries and kitchens, must be separated from the other parts of the building by construction having at least a 1-hour fire resistance rating and all openings must be provided with self-closing fire doors. Janitor closets equipped with automatic sprinkler systems do not have to be separated from other parts of the building with one-hour construction.]~~

5. ~~Combustion and ventilation air for boiler, heater or incinerator rooms must be taken directly from and discharged directly to the outside.]~~

~~[6.]~~ Portable room heating devices are prohibited. Any heating device other than a central heating plant must be so designed and installed that combustible material will not be ignited by it or its appurtenance.

~~[7.]~~ 5. Receptacles or outlets serviced by extension cords are prohibited.

~~[8.]~~ 6. Rooms in which smoking is ~~[not]~~ allowed by direction of the facility or the fire authority ~~[having jurisdiction]~~ must be provided with plainly visible "[No] Smoking *Area*" signs.

~~[9.]~~ 7. A ~~[Facilities]~~ *facility* must conduct fire drills at least monthly and a written record of each drill conducted must be retained in the facility.

~~[10. The requirements of this section for any facility may be modified if their application would be clearly impractical in the judgment of the authority having jurisdiction and if the resulting alternative arrangements secure as nearly equivalent safety to life from fire as practical. In no case may the modification offer less safety than compliance with the standards of this section.]~~

Section 34 is amended to read.

NAC 449.141 Health services

1. Facilities must provide *access to* health services, which assure that each client receives treatment, prescribed medication, adequate diets and other health services consistent with the program administered by the facility.

2. ~~[There must]~~ *Facilities must have and implement* ~~[be]~~ *policies and* procedures designed to ensure the early detection of complications or conditions considered to be common among drug abusers. *These policies and procedures must be developed in conjunction with and approved by a licensed physician.*

3. Before a client's admission to a program or facility, a general medical and drug history must be taken by a designated member of the staff *authorized by the Board of Examiners for Alcohol and Drug Abuse Counselors. Current medical information must be provided on a form that has been approved by a physician.* The history must include, but is not limited to:

- (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 drug reactions; and
- (i) Previous history of treatment.

4. ~~[The preparation of a medical and drug history may be postponed if a client is admitted to an inpatient, detoxification or emergency facility in an acute condition, but it must be taken as soon as reasonably practical.]~~

A program may accept a medical history and physical examination results from referral sources which were conducted no more than 30 days prior to admission in place of the required medical information in subsection 3 of this section.

~~[5. The history must be reviewed by a physician. The date of review, recommendations, and the physician's signature must be recorded in the client's case record at the time of the review.~~

~~6. Clients entering a detoxification or maintenance program must undergo a physical examination before the implementation of the detoxification procedure.~~

~~7. Clients entering a program in which prescription drugs are distributed or administered must undergo a physical examination before participating in the program. This requirement must be waived if it interferes with treatment in situations, which threaten lives.~~

~~8. Any physical examination undertaken to satisfy the requirements of subsection 4 must include a chest X ray or tuberculin skin test.~~

~~9. In programs which include a regimen of therapy using a drug having the potential for producing physiological dependence, a determination must be made and documented, before~~

~~prescribing the drug, as to whether the person is currently physiologically dependent on the drug or related drugs or has a history of physiological dependence that indicates a high probability of relapse.~~

~~10. Where narcotic antagonists or any other drugs are administered as a method of diagnosing the presence of a physiological dependence on narcotics, they must be administered under the direct supervision of a physician and with the client's permission.]~~

~~[11]5.~~ Each facility must be able to provide directly, or through written arrangements, laboratory tests as requested by a physician or federal regulations.

~~[12. In residential facilities, except intermediate residential facilities, a physician shall review each client's medical and drug history, laboratory tests and the results of any physical examination, and, where indicated, shall develop for the client a written medical treatment plan for general physical health care. The plan must state specifically the type of medical care to be given, the name of any outside health resource to be used, the names or job titles of members of the staff to be involved in providing medical services, and the date for the next evaluation of the client's progress.~~

~~13. Referral to outside health resources must be made only if the resource is able to accept the client. Any records which accompany the client must be either expurgated of any sensitive material or be available only to persons authorized to receive the information under the direction of the physician or administrator. Except where an emergency, which threatens a life, exists, no information may be released without the prior consent of the client or his guardian.]~~

~~[14.]6.~~ ~~[In residential f]~~ **F**acilities ~~[there]~~ must **have and implement** ~~[be]~~ written policies and procedures **that are reviewed by a licensed physician** defining the appropriate action to be taken when a medical emergency arises.

7. *There must be one staff person in the facility that is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation and shall be qualified by the American Red Cross or other recognized agencies.*

~~[15.] 8. Clients of residential [facilities] programs must undergo [a chest X-ray or] tuberculin skin test that *meets the requirement specified in NAC 441A* within 5 days of admission. [unless written documentation exists that these tests have been made within the previous year.]~~

9. *First aid supplies shall be maintained and be readily available in the facility. Staff must have evidence that they have received training on the use of the first aid supplies.*

Section 35 is amended to read.

NAC 449.144 Pharmaceutical services

~~[1.—Emergency, inpatient and detoxification facilities and maintenance programs must employ by written contract a licensed pharmacist as a consultant to provide advice on methods and procedures for the ordering, storage, administration, disposal and record keeping of drugs and biologicals.~~

~~2.—Medications administered to a resident must be ordered either in writing or orally by the client's attending or staff physician. The physician's oral orders for prescription drugs must be given only to a licensed nurse, pharmacist or physician. All oral orders for medications must be recorded and signed by the person receiving them. All oral orders must be countersigned by the attending or prescribing physician within 72 hours.~~

~~3.—Medications not specifically limited as to time or number of doses must be controlled by automatic stop orders or other methods in accordance with the written policies and orders of the attending physician.~~

~~4.—In residential facilities, except intermediate residential facilities, and in maintenance programs, drug regimens must be reviewed quarterly by the attending or program physician.~~

~~5.—A designated member of the staff must make at least quarterly inspections to ensure that all areas for storing drugs, medication centers and nurses' stations are maintained in compliance with all applicable regulations. Documentation of the inspection must be retained by the facility.~~

~~6.—Disinfectants and drugs for external use must be stored separately from oral and injectable drugs.~~

~~7.— There must be a written policy designating who is authorized to remove medications from a pharmacy or bulk storage area when a pharmacist is not available. This policy must assure that only prepackaged, properly labeled drugs are removed and only in amounts sufficient to meet immediate therapeutic needs. A written record of the withdrawals must be made and must be verified by a pharmacist.~~

~~8.—Errors in medication and adverse drug reactions must be reported promptly to the responsible physician and the designated member of the staff. A dated entry of the medication given and any drug reaction must be recorded in the client's case record.~~

~~9.—There must be written policies and procedures covering the use of drugs that have the potential for abuse. These policies and procedures must require that a physician review the client's case record and enter into the record the reasons for prescribing the drug.~~

~~10.— Before the initiation of therapy, the client and, where required by law, parent or guardian, must be informed both orally and in writing of the benefits and hazards of the drug to be prescribed. The information must include the drug to be prescribed, what the drug is expected to accomplish, the route and frequency of administration, the drug's ability to bring on a state of physiological or psychological dependence, the dangers of the use of the prescribed drug in conjunction with other~~

~~drugs, including alcohol, a general description of adverse reactions, emergency procedures to be followed when there is an adverse reaction, overdose or withdrawal, and what alternative therapies exist to treat the problem and what the risks and benefits are of each. Wherever possible, the information must be given in the language spoken by the client.]~~

[11]. 1. In programs that permit the self-administration of *medication* ~~[drugs with the potential for abuse]~~, there must be [a] written ~~[policy]~~ *policies and procedures* governing this activity. The policies must require:

(a) ~~[That]~~ Decisions to permit self-administration be based on individual needs.

(b) ~~[and that t]~~ The reasons for the permission must be clearly documented in the client's case record.

[12] c. All ~~[drugs]~~ *medications* that are to be self-administered must be packaged in a manner complying with the Poison Prevention Packaging Act of 1970 and all current regulations stemming from that act.

d. Self-administration of prescription medication shall be observed by a staff member who has been oriented to the program's policies and procedures on self-administration.

e. Self-administration of prescription medications shall be permitted only when the client's medication is clearly labeled.

f. Client's records must document the name of the medication, dose, route of administration, time and name of person observing the self-administration or licensed staff who administered the medication.

[13.] g. Clients who receive ~~[drugs]~~ *medication* for self-administration must be given instructions concerning the safe storage and usage of the drugs and the appropriate emergency procedures to be followed if adverse reactions occur.

~~[14. Except as otherwise provided in this subsection, all drugs dispensed must be labeled with the name and the strength of the drug and any additional accessory or cautionary statements that are warranted. Methadone maintenance programs may issue methadone "takeouts" without listing the strength of the drug if the client's name or other identifying code and the program's 24-hour emergency telephone number are on the label.]~~

[15.]2. ~~[Intermediate residential and detoxification facilities]~~ *Facilities* must provide a locked storage area for clients' *self-administering* prescription ~~[drugs]~~ *medication*. The ~~[drugs]~~ *medication* must be made available to clients at appropriate times. Members of the staff may not administer any ~~[drug]~~ *medication* unless ~~[qualified and]~~ licensed to do so.

3. Medication storage shall be maintained in accordance with the security requirement of federal, state and local laws.

(a). All medication shall be maintained in locked storage. Controlled substances shall be maintained in a locked box within the locked storage.

(b). Medications requiring refrigeration shall be kept in a refrigerator, separated from food and other items and in a locked box.

(c). Disinfectants and medication for external use are stored separately from internal and injectable medications.

(d). All potent poisonous or caustic drugs shall be plainly labeled, stored, and made accessible only to authorized persons.

4. Self-administered medication shall be dispensed only from a state licensed pharmacy in accordance with current NRS and NAC governing medication.

5. No medication prescribed for one resident may be allowed in the possession of another client.

6. *Narcotic Treatment Facilities may issue methadone “takeouts” to a client in a facility without listing the strength of the drug if the client’s name or other identifying code and the Narcotic Treatment Facility’s 24-hour emergency telephone number are on the label.*
7. *Any unusual client reaction to a medication shall be documented in the client’s record and reported to the appropriate medical physician as outlined in the facility’s policy.*
8. *Unused prescription medication prescribed for clients who have left the facility without their medication shall be destroyed by the administrator or their designee with a witness and notation made on the client’s record. When a client is discharged or leaves the facility, medications currently being self-administered shall be sent, in the original container, with the client or with a responsible agent.*

Section 36 is amended to read.

NAC 449.147 ~~[Residential facilities:]~~ Dietary services

1. Facilities must serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those residents who desire one.
2. Menus must be planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.
3. Therapeutic menus must be planned by a ~~[qualified]~~ *registered* dietitian or must be reviewed and approved by the client's attending or staff physician.

4. Menus must be in writing, planned in advance, dated and posted and kept on file for 90 days. Any substitution must be noted on the written menus so that the menu on file reflects what was actually served.

5. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food must be provided and must meet the ~~[standards]~~ *regulations* of the health division *at NAC 446*. ~~[Sanitation inspection reports must be on file and must note the date and correction of each problem noted. Food and drink which is served must meet the standards of the regulations in chapter 446 of NAC.]~~

6. ~~[Residents]~~ *Clients* needing special equipment, implements or utensils to assist them while eating must have such items provided.

7. ~~[Where]~~ *If* a facility operates on the cottage plan, provision must be made for food service that assures hot, palatable meals.

8. A ~~[professional,]~~ qualified person must be used as a consultant on planning meals and serving food. ~~[At least 4 hours of]~~ ~~[e]~~ **Consultation** each month is required. A qualified person may be:

(a) A person meeting the requirements for registration ~~[in the American Dietetic Association,]~~ *with the Commission on Dietetic Registration as a registered dietitian or registered dietetic technician.*

~~[(b) A graduate from an accredited college with a major in food and nutrition who has 2 years of supervisory experience in health care institutions or has participated in a food service supervisor's course; or~~

~~(c) A person approved by the health division.]~~

9. *Facilities, which contract with food management companies, must comply with the applicable regulations of the Health Division.*

Section 37 is amended to read.

NAC 449.150 Records of clients.

1. Each facility must maintain an organized system for clients' records.
2. Clients' records must be available to professional members of the staff who are directly involved with the client.
3. Clients' records must be available to representatives of the ~~[Bureau and the]~~ Health Division.
4. Clients' records must contain:
 - (a) Identification information;
 - (b) Past medical and social history;
 - (c) Copies of initial and periodic examinations;
 - (d) Evaluations and progress notes; and
 - (e) ~~[Assessments and goals]~~ *Review and revision* of each ~~[component's plan]~~ of treatment *plan*.
5. There must be an overall plan of treatment stated in quantifiable terms which outlines goals to be accomplished through individually designed activities, therapies and treatments.
6. The plan of treatment must state what service or person is responsible for treatment or services to the client.
7. Entries must be made describing treatments and services rendered, medications *self-* administered, and any symptoms or other indications of illness or injury, including the date, time and action taken regarding each incident.
8. Records must be adequately safeguarded against destruction, loss or unauthorized use.
9. Records must be retained for at least 5 years following a client's discharge.

10. ~~[A written exit procedure outlining a comprehensive treatment plan must be developed before a client's discharge.]~~ *A discharge plan, as determined by a case management assessment of the client must be documented for each client discharged from the facility that includes the following:*

Section 38 is amended to read.

NAC 449.153 Discrimination prohibited

1. No facility ~~[which accepts a person for treatment for whom all or part of the payment for treatment is made from the money of the welfare division or any other agency funded in whole or in part by federal money,]~~ may deny treatment to a prospective client on the grounds of race, color, ~~[or]~~ national origin, *or disability*.

2. No resident may be segregated, given separate treatment, restricted in the employment of any advantage or privilege enjoyed by others under the program or provided with any aid, treatment, services or other benefits which are different or provided in a different manner from that provided to others under the program, on the grounds of race, color, ~~[or]~~ national origin, *age or disability*.

~~3. [Employment practices, including, but not limited to, hiring, firing, the rate of remuneration, assignments or work hours may not be based on race, color, or national origin.]~~

Special type of facility: Social Model Detoxification Program

Section 39

1. Residential programs that offer detoxification services from alcohol and drug abuse may offer social model detoxification programs to the clients. These facilities must meet the additional requirements from Section 39 to Section 40.

2. Detoxification services may also be provided in a licensed Facility for Modified Medical Detoxification according to NAC 449 or in a licensed hospital under NAC 449.279 to 449.394 with life support systems in place and that provides a Medically Managed Intensive Detoxification program.

Section 40

1. Social model detoxification facilities shall not provide detoxification services for clients who exhibit life threatening withdrawal symptoms from alcohol or drugs.

2. A physical assessment and review of the medical and drug history of a client must be conducted by a physician, nurse practitioner, registered nurse or physician assistant within 24 hours after the client is admitted to a facility to ensure the client is appropriate for a social model detoxification program. A facility may accept a physical exam and review of the medical and drug history of a client that is done 7 days prior to admission and the results conclude that the client is appropriate for a social model detoxification program.

3. The facility must develop and implement policies and procedures that protect the safety and health of the clients during a detoxification program. A licensed physician who is familiar with withdrawal symptoms from drug and alcohol abuse must review these policies and procedures annually.

4. Staff must receive at least six hours of additional education in drug and alcohol abuse detoxification every two years that includes:

- (a). Acute withdrawal symptoms from drug and alcohol abuse;*
- (b). First aid for a client with seizures and,*

5.A client's record must record observations as deemed necessary by the policies and procedures that reflect the client's medical condition during the social model detoxification program.

Section 41.

- 1. The social model detoxification program shall have an ongoing quality improvement program designed to objectively and systematically monitor and evaluate the quality and appropriateness of client care, pursue opportunities to improve client care, and resolve identified problems.*
- 2. The quality improvement program shall establish written policies and procedures to both describe and document the quality improvement of the program's monitoring and evaluation activities.*
- 3. The findings, conclusions, recommendations, actions taken, and results of actions taken shall be documented.*
- 4. A medical professional must be part of the social model detoxification program's quality improvement process but does not have to be a staff member.*
- 5. A medical professional for the purpose of subsection 4 is a licensed physician, nurse practitioner, physician assistant or a registered nurse who is familiar with clients with acute withdrawal symptoms from drug and alcohol abuse.*
- 6. Other staff members who must be part of the process include the administrator and two staff members.*

- 7. The quality improvement program must approve the six hours of additional education given to meet the requirements of Section 39, subsection 4 for each staff member to ensure that courses are appropriate.*
- 8. Documentation of quality improvement program monitoring and reporting activities must be reported to the governing board and reflected in board minutes at least annually.*

Repealed Sections

Section 42

NAC 449.028 “Bureau” defined. “Bureau” defined means the bureau of alcohol and drug abuse in the department of human resources. .

Section 43

NAC 449.037 “Drug” defined. “Drug means any psychologically or physiologically habituating substance, including alcohol.

Section 44

NAC 449.040 “Emergency facility” defined. “Emergency facility” means a 24-hour facility which provides immediate evaluation and treatment for substance abusers, supervision of incapacitated substance abusers until they are no longer incapacitated by alcohol or drugs, evaluation of medical, psychological and social needs of such persons leading to the development of a plan for continuing care and effective transportation services.

Section 45

NAC 449.049 “Inpatient facility” defined. “Inpatient facility” means a 24-hour facility, which provides medically supervised treatment, including the diagnosis or treatment of medical or psychiatric illnesses derived from or associate with substance abuse conducted in a hospital setting.

Section 46

NAC449.052 “Intermediate residential facility” defined. “Intermediate residential facility” means a facility, which provides therapeutic environmental treatment in more than one level of treatment modality. The services may be long term, in excess of 90 days, short term, 90 days or less, or both. Clients in such facilities do not require a 24-hour supervision, but do require assistance, some supervision and scheduled professional treatment, observation and evaluation.

Section 47

NAC 449.055 “Licensee” defined. “Licensee” means the person, corporation, partnership, voluntary association, or public or private organization ultimately responsible for the overall operation of a facility.

Section 48

NAC 449.058 “Outpatient facility” defined. “Outpatient facility “ means a nonresidential facility, which provides diagnostic and primary substance abuse treatment services to clients and their families on a scheduled or nonscheduled basis.

Section 49

NAC 449.061 “Outreach” defined. “Outreach” means a facility or component of another facility which identifies person and their families in a target population who have problems related to the use of drugs and alerts all public and private human services agencies that serve the same population to the importance of early identification and easy access to the service.

Section 50

NAC 449.067 “Residential facility” defined. “Residential facility” means emergency, inpatient, detoxification and intermediate residential facility taken as a group.

Section 51

NAC 449.082 Provisional licenses

The health division may issue a provisional license to a facility which:

1. Is in operation at the time of the adoption of new regulations, to provide a reasonable time, not to exceed 1 year from the effective date of the regulations, within which to comply with the new regulations.
2. Has failed to comply with the provisions of NAC 449.019 to 449.153, inclusive, but which is in the process of making necessary changes or has agreed in writing to effect the changes within a reasonable time specified by the health division, not to exceed 1 year.

Section 52

NAC 449.138 Accommodations for handicapped persons.

1. A newly acquired, newly constructed or substantially remodeled facility must be accessible to and functional for clients, personnel and the public. All necessary accommodations must be made to

meet the needs of persons with semiambulatory disabilities, sight and hearing disabilities, disabilities of coordination as well as other disabilities in accordance with the American National Standards Institute Standard No. A117.1 (1961).

2. The grounds of a facility must be graded to the same level as the primary entrance so that the building is accessible to the physically handicapped.

3. The width and grade of walks used by residents and the public must be designed so that they can be utilized by the handicapped.

4. If the facility has a parking lot, it must have properly designated parking spaces available near the building, allowing room for the physically handicapped to get in and out of an automobile onto a surface which is suitable for wheeling and walking.

5. Ramps must be designed so that they can be negotiated by persons in wheelchairs.

6. There must be a primary entrance useable by persons in wheelchairs.

7. Doors used by clients and the public must be of sufficient width and equipped and of a weight to permit persons in wheelchairs to open them with a single effort.

8. Stairs that may be used by the physically handicapped must be of a height and design that allows such persons to negotiate them without assistance.

9. Stairs must be equipped with handrails, at least one of which extends past the top and bottom steps.

10. Floors must have a nonslip surface and must be on a common level or connected by a negotiable ramp.

11. An appropriate number of toilet rooms must be accessible to and useable by the handicapped.

12. An appropriate number of public telephones must be accessible to and useable by the handicapped.

13. An appropriate number of water fountains must be accessible to and useable by the handicapped.

14. In a multistory building, elevators must be accessible to and useable by the handicapped at the level of the entrance and all levels normally used by the public.

15. Switches and controls of frequent or essential use must be within reach of persons in wheelchairs.

16. Appropriate means must be provided for the blind to identify rooms, facilities and hazardous areas.

17. Simultaneous audible and visual warning signals must be provided.

18. The facility must exercise safeguards to eliminate hazards for the handicapped.

19. Clients' closets must be accessible to and useable by the physically handicapped.

20. Residents' beds must be of a height that permits a person in a wheelchair to get in and out of bed unassisted.