

LCB File No. R129-99

PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the State Board of Health will hold public hearing and act on amendments to Nevada Administrative Code (NAC) 449 and 652. **The hearing is scheduled to begin at 9:00 a.m. on Thursday, October 7, 1999, at the Grant Sawyer Building, Room 4410, 555 E. Washington Avenue, Las Vegas, Nevada.**

**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.

PROVISION OF HOSPICE CARE

The proposed changes are necessitated by the passage of Senate Bill 382 that eliminated the word “Freestanding” from the statutory definition of facility for hospice care. This change allows a hospice program to be part of an existing medical facility.

The specific Nevada Administrative Code (NAC) regulations that are affected are: NAC 449.016, NAC 449.0181, NAC 449.0187, NAC 449.01225, NAC 449.016(1)(g), NAC 449.016(2)(h), NAC 449.0172, NAC 449.0181, NAC 449.0187, NAC 449.0187(8), and NAC 449.0188.

There will be no adverse effects on the business of hospice care. In fact, there will be a beneficial effect due to the fact that a hospice program could now occupy part of an existing medical facility rather than incur the expense of building a freestanding facility.

There will be no increased cost to the Bureau of Licensure and Certification. The changes to the regulations do not effect the time required to conduct licensure surveys.

These regulations do not overlap any other existing state regulations. The regulations are somewhat similar to the Medicare requirements for hospice care at 42 CFR 418.50 – 418.100. The federal regulations are more stringent.

The proposed changes to the regulations do not establish any new fees or increase existing fees.

FACILITIES FOR MODIFIED MEDICAL DETOXIFICATION AND FEES

The 1999 legislature established under NRS 449.0151 another facility type, facility for modified medical detoxification. “Facility for modified medical detoxification “ means a facility that provides 24-hour medical monitoring of treatment and detoxification in a manner which does not require that the service be provided in a licensed hospital. The proposed regulations are necessary to license this medical facility type.

The proposed regulations establish consistency in the areas of Governing Body, Administration, Drug and Alcohol treatment program following the Bureau of Alcohol and Drugs programmatic guidelines, health and safety areas, and minimal nursing, pharmacy and, medication administration standards.

These proposed regulations will benefit the businesses because the businesses will be able to provide a higher level of detoxification services, as defined by American Society of Additive Medicine, to the public.

The public will have more opportunities to access a higher level of detoxification services for alcohol and drug addictions.

There will be no cost to the Bureau of Licensure and Certification for enforcement. Fees will be established for initial licensure and renewal licensure to be paid by the facilities. These fees will cover BLC's costs.

There is some duplication from the accreditation process by the Bureau of Alcohol and Drug abuse. The duplicated regulations are necessary to assure all programmatic aspects are met to assure that the public is receiving detoxification services that meet state and national standards.

The regulations do not duplicate or overlap any federal regulations.

Since this is a new facility type that will be licensed, there will be an initial licensure and annual renewal licensure fee for the facility. This fee covers the cost to the BLC for the survey processes and the clerical aspects.

HOMES FOR INDIVIDUAL RESIDENTIAL CARE AND FEES

During the 1999 Legislature, Senate Bill 163 was introduced, supported and passed because of concern for residents that were being cared for in homes for individual residential care. Until the passage of SB 163 these homes, with less than three residents were required to be registered by the bureau. However, there are no regulations for these homes to follow. Section 1 of NRS 449.249 has directed the Nevada State Board of Health to adopt minimal standards for licensing these homes that provide for care and sanitation to prevent the abuse, neglect and exploitation of the residents.

The minimal regulations were developed to prevent abuse, neglect and exploitation of residents in individual residential care and ensure that these resident's needs are met in a clean and sanitary environment.

The anticipated effect on the registered homes and individual residential care, is that each home will have consistent minimal standards to follow assuring consistently better care and understanding by the provider.

It is anticipated that the proposed regulations will provide a greater degree of protection for persons that live in homes for individual residential care.

The increased cost to the agency will be funded by establishing a minimal initial and renewal licensing fee for homes for individual residential care. The fee will be kept to a minimum for the home.

The proposed regulations do not overlap/duplicate other state or federal regulations. The proposed regulations do not have a counterpart in the code of federal regulations.

The regulation will establish a new fee for initial licensure and annual renewal. This fee will be kept to a minimum.

**BUSINESSES THAT PROVIDE REFERRALS TO RESIDENTIAL FACILITIES
FOR GROUPS AND FEES**

Assembly Bill 373 requires a person to obtain a license from the board to operate a business that provides referrals to residential facilities for groups.

These regulations were developed to protect residents and their families by ensuring that people making referrals meet licensing standards and are confined to specific ways they can establish fees.

It is anticipated that the regulations will ensure that persons making referrals meet licensing standards and are prepared to assess a resident and assist with an appropriate placement. The regulations also determine the way fees can be charged. It is anticipated that these regulations will benefit the public using referral agencies.

The increased cost to the agency will be funded by establishing a minimal initial and renewal licensing fee for referral agencies.

The proposed regulations do not overlap/duplicate other state or federal regulations. The proposed regulations do not have a counterpart in the code of federal regulations.

The regulations will establish a new fee for initial licensure and annual renewal for referral agencies.

MEDICAL LABORATORIES AND FEES

Changes are needed to align regulations with statute as stated in Senate Bill 7 and establish fees associated with compliance verification for Senate Bill 7 and Assembly Bill 470.

Laboratory Assistant qualifications will be modified to reference those qualifications stated in Senate Bill 7. Permissible testing for laboratory assistants will be expanded to include all tests classified as waived. Fees will be established to cover costs associated with compliance verification of testing in out patient centers as permitted by Senate Bill 7. The ability to recover costs associated with the survey of out of state laboratories as required by Assembly bill 470 will be established.

No anticipated effects on medical laboratories. No anticipated effect on the public. No cost to the Health Division. No duplication of state or local regulations. No overlap of federal regulations. Regulations are not more stringent than federal regulations.

An initial fee of \$100 is established for each out patient center of a licensed laboratory that performs testing along with a \$50 biennial renewal fee.

RESIDENTIAL FACILITIES FOR TWO OR FEWER

Assembly Bill 373 requires that by January 1, 2000, homes for individual residential care in Counties of more than 100,000 either become licensed as residential facilities for groups or cease to operate. These facilities must comply with all statutory requirements for residential facilities for groups. The minimal regulations written for these facilities provide for care and sanitation to prevent abuse, neglect and exploitation of the elderly.

The minimal regulations were developed to prevent abuse, neglect and exploitation of residents and ensure that residents' needs are met in a clean and sanitary environment.

The anticipated effect on these facilities is that some facilities may have difficulty in meeting the requirements and therefore cease operation. Others may meet the requirements and provide a more professional setting for residents.

It is anticipated that the proposed regulations will provide a greater degree of protection for persons that live in residential facilities for groups licensed for two or fewer. It is anticipated that because of the proposed regulations some facilities may choose to close and therefore make options more limited for the elderly.

The increased cost to the agency will be funded by the licensing and renewal fees collected from these facilities.

The proposed regulations do not duplicate/overlap federal regulations.
The proposed regulations do not have a counterpart in the code of federal regulations.

The proposed regulations do incorporate state regulations. NAC 449.190, NAC 449.193, NAC 449.196 section 1 (a), (b) and (e), NAC 449.202, NAC 449.205, NAC 449.231, NAC 449.268 and NAC 449.269 will apply to residential facilities for two only.

The regulations determine that these facilities will be required to pay the fees established for residential facilities for groups.

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 the Board's Secretary by September 22, 1999.

Secretary, State Board of Health
Nevada State Health Division
Capitol Complex
505 E. King Street, Room 201
Carson City, NV 89701-4797

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

Members of the public who are disabled and require special accommodations or assistance at the meeting are required to notify Yvonne Sylva, Secretary, Board of Health, in writing at the Nevada State Health Division, 505 E. King Street, Room 201, Carson City, NV 89701, or by calling (702) 687-4740.

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 (702) 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 (702) 688-2888

Emergency Medical Services, 850 Elm Street, Elko, Nevada (702) 753-1154.

Emergency Medical Services, 100 Frankie, Tonopah, Nevada (702) 482-3722.

Copies may be obtained in person, by mail, or by calling (702) 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. R129-99

PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

FACILITY FOR MODIFIED MEDICAL DETOXIFICATION

EXPLANATION: Italicized material is new.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provision set forth as section 2 to 31.

Section 2. *“Facility” defined. “Facility” means facility for modified medical detoxification.*

Section 3. *“Client” defined. “Client” means a resident or patient.*

Section 4. *“Detoxification” defined. “Detoxification” means the process of eliminating the toxic effects of drugs and alcohol from the body.*

Section 5. *“Administrator” defined. “Administrator” means any person who is appointed by the governing body of the facility and whose qualifications, authority, and duties are appropriate to administrative and treatment functions of the facility. The individual shall have primary responsibility for the overall program operations in accordance with policies established by the governing body.*

Section 6. *“Alcohol and drug abuse program” defined. “Alcohol and drug abuse program” means a program concerned with education, prevention and treatment directed towards achieving the mental and physical restoration of alcohol and drug abusers.*

Section 7. *License requirement; Inspection; Revocation.*

1. The Bureau of Licensure and Certification will issue a license if the investigation shows that the facility satisfactorily complies with Section 2 through 31, inclusive, and the facility provides evidence that it is accredited by the Bureau of Alcohol and Drug Abuse.

2. If the Bureau of Alcohol and Drug Abuse revokes or does not renew the accreditation of a facility, the Bureau of Licensure and Certification will revoke the license of the facility subject to the appeals procedure set forth in chapter 449 of NAC.

Section 8. *Governing body; bylaws.*

1. *The facility must have a governing body that 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's bylaws and policies.*
4. *The duties of the governing body include:*
 - (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. *The governing body shall retain the ultimate responsibility for the overall program and its objectives.*
6. *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 and, all program reports.*
7. *The governing body must appoint a medical director who is responsible for the medical service provided at the facility.*
8. *The governing body must determine, in accordance with State laws, which categories of practitioners are eligible for appointment to the medical staff.*
9. *The governing body must appoint members of the medical staff after considering the recommendations of the existing members of the medical staff.*

10. The medical staff is accountable to the governing body for the quality of medical care provided to the clients.

Section 9. Policies and procedures.

1. A facility must have written policies and procedures available to members of the staff, clients and public that 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 10. Transfers.

1. Except in the case of an emergency, the transfer of a client must not be effected until the client, attending physician, if any, and responsible agency are consulted in advance.

2. In the event of transfer of a client to a hospital or other medical facility a discharge summary containing a plan for continuation of care shall be prepared and forwarded to the receiving facility with the consent of the client to release such information to the receiving facility.

3. In the event of a medical emergency, information required for appropriate continuation of care shall be released to the receiving facility, independent of whether the client has provided consent, in compliance with the requirements of 42 CFR, Part 2.

4. The admission agreement must not permit the licensee or his designee to act as a power of attorney.

Section 11. 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 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 12. *Inventory of client's belongings.*

1. 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 13. *Insurance.*

1. 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 14. *Program required.*

1. Every facility must have a written 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 Bureau of Alcohol and Drug Abuse must periodically evaluate the program. The report provided to the program operator by the Bureau of Alcohol and Drug Abuse relating to compliance of the program must be distributed to program management and made available to program staff. The reports must also be available to the Bureau of Licensure and Certification.

4. The facility must provide for the medical, dental and psychological services needed to fulfill the goals of the program and meet the needs of all its clients.

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. *The facility must provide case management services as needed by the client either directly or by written agreement with a social worker, certified case manager, or a nurse case manager.*

7. *A plan for case management must be recorded in the client's record and must be periodically evaluated in conjunction with the client's treatment plan.*

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 review 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.*

Section 15. Administrator: qualification and duties.

1. *The governing body shall appoint an administrator whose qualifications, authority, and duties are appropriate to the administrative and treatment requirements of the program.*

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

3. *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) *Assure that a written manual defining program policies and procedures is prepared, regularly revised and updated. The manual must:*

(1) *Contain all policies and procedures of the facility to include without limitation, written policies, procedures, definitions, lists and other documentation required by Section 1 through Section 34 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 16. 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 authorized by state law and regulation to provide alcohol and drug counseling.*
3. *The administrator or his appointee shall be present and responsible for the operations of the facility during normal hours.*
4. *A facility must have written policies and procedures for the recruitment, selection, promotion and termination of members of the staff.*
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.*
6. *The facility must provide an orientation session to new employees. Documentation of the sessions must be maintained in the employee's personnel file.*
7. *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.*
8. *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.**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.*
9. *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.*

10. 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.

11. All persons employed in the facility must have a pre-employment physical examination or certification of a 3-year health record from a physician and a test for Tuberculosis as specified in NAC 441A.

Section 17. *Nursing Services.*

1. The facility must have an organized plan for nursing service that provides 24-hour nursing services. The nursing service must be furnished or supervised by a registered nurse.

2. The provision of nursing service must be in compliance with applicable State statutes and regulation, including the Nevada Nursing Practice Act (NRS 632).

3. The nursing service must have sufficient numbers of licensed registered nurses, licensed practical nurses, and other personnel to provide nursing care to all clients as needed.

4. The facility must ensure that the nursing staff develops, and keeps current, a nursing care plan for each client.

5. A Chief Administrative Nurse, who is a registered nurse, appointed by the administrator directs the nursing services.

6. The Chief Administrative Nurse must be knowledgeable, skilled and competent in clinical practice and nursing management.

7. The Chief Administrative Nurse must be a Certified Addiction Nurse or authorized by state law and regulation to provide alcohol and drug counseling.

8. The role of the Chief Administrative Nurse must be in compliance with the Nevada Nurse Practice Act, Chapter 632 and follow professional standards for organized nursing services.

Section 18. *Health services.*

1. Facilities must provide 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 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 physician or designated member of the nursing staff who is authorized by state law and regulation to provide alcohol and drug counseling. The history must include, but is not limited to:

(a) Drugs used in the past;

(b) Drugs used in the present;

(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. A physician, nurse practitioner, or physician assistant must conduct a physical exam and review the medical and drug history within 48 hours of admission. As determined by the admission nursing assessment, the physical exam must be completed in a shorter amount of time if the assessment warrants this to ensure the clients needs are met.

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

6. Referral to outside health resources must be made only if the resource is able to accept the client. Any records that 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 that threatens a life exists, no information may be released without the prior consent of the client or his guardian.

7. Facilities must have written policies and procedures defining the appropriate action to be taken when a medical emergency arises that are reviewed by a licensed physician, licensed physician assistant or advanced nurse practitioner.

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

9. Clients must undergo a tuberculin skin test that meets the requirements specified in NAC 441A within 5 days of admission.

10. First aid supplies shall be maintained and be readily available in the facility.

Section 19. *Pharmaceutical services.*

1. The facility must have a pharmacy directed by a registered pharmacist or drug room supervised by no less than a currently licensed professional nurse. A full-time, part-time, or consulting pharmacist must be responsible for developing, supervising and coordinating all the activities of the pharmacy service.

2. The pharmacy or drug storage area must be administered in accordance with all state and federal laws.

3. The facility must have and implement policies and procedures that minimize drug errors. The medical director and pharmacist must approve the policies and procedures.

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

5. When a pharmacist is not available, drugs and biologicals must be removed from the pharmacy or storage area only by personnel designated in the policies of the pharmaceutical service and in accordance with state and federal laws.

6. Drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending physician.

7. Abuses and losses of controlled substances must be reported, in accordance with applicable federal and state laws to the individual responsible for pharmaceutical services, the administrate, and the Chief Administrative Nurse.

8. *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 staff.*

Section 20. Medication.

1. *All orders for medication and biologicals must be ordered in writing and signed by the physician, nurse practitioner or other appropriate professions as determined by federal and state laws who are responsible for the care of the client.*

2. *When telephone or oral medication orders are used, they must be:*

(a) *Accepted only by personnel that are authorized to do so by the facility's policies and procedures, consistent with State law; and*

(b) *Signed or initialed by the prescribing practitioner according to the facility's policy.*

3. *The medication order must include the name of the drug, dosage, time or frequency of administration, and the route of administration.*

4. *Only staff authorized by state law may administer medication.*

5. *A system to monitor and improve the medication administration process must be in place.*

Section 21. Dietary services.

1. *Residential 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 latest edition of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.*

3. *Therapeutic menus must be planned by a 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 of the health division in accordance with NAC 446.*

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

7. *Where 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 consultation each month is required. A qualified person must be a person meeting the requirements for registration with the Commission on Dietetic Registration as a registered dietitian or registered dietetic technician.*

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

Section 22. *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 of Alcohol and Drug Abuse and the Bureau of Licensure and Certification.*

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 of each component's plan of treatment.*

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 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. Documentation of a discharge plan as determined by the client's case management assessment.

Section 23. 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 meet the provision of NAC 446.*
- 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.*
- 4. Premises and equipment must be maintained in 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. Items for personal use, such as combs, toothbrushes, towels or bar soap must not be shared by the clients.*
- 6. Restrooms or lavatories for the staff must be provided with soap dispensers and individual disposable towels.*

Section 24. Laundry requirements.

- 1. The facility must be provided with proper equipment for the sanitary washing and finishing of linen and other washable goods or must maintain written agreements with a commercial establishment.*
- 2. Laundry must be situated in an area that is separate and apart from any room where food is stored, prepared or served. The area must be well lighted, ventilated, adequate in size to house equipment, maintained in a sanitary manner and kept in good repair.*

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 for preparing or serving food.*

4. *Clean linen to be dried, ironed, folded, transferred or distributed must be handled in sanitary manner, specified in writing.*

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

Section 25. *Review of building plans.*

1. *The bureau of Licensure and Certification must review building plans for new construction or remodeling. A copy of the building plans, drawn to scale, must be submitted to the Bureau of Licensure and Certification from the applicant. This review does not constitute precertification approval but is advisory only.*

2. *Licensure approval will not be given by the Bureau of Licensure and Certification until all construction has been completed and a survey is conducted at the site.*

Section 26. *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 12322, for the price of \$44.50.*

2. *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. *Existing facilities housing 16 or more clients must meet the requirements of Chapter 17, existing Hotels and Dormitories of the National Fire Protection Association 101, 1994 Life Safety Code. New facilities housing 16 or more clients must meet the requirements of Chapter 16, new Hotel and Dormitories of the National Fire Protection Association 101, 1994 Life Safety Code.*

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

Section 27. *Doors; exits.*

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.*

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.

3. 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.

4. Interior corridors must be at least 36 inches (90 centimeters) wide in existing facilities. New facilities are addressed in Life Safety code.

5. Client sleeping rooms must be provided and furnished with a bed, clean linen and blankets. Each client sleeping room must not be less than 60 square feet and no more than four people per sleeping room.

6. Toilet rooms and bathing facilities must be provided to clients in a manner to ensure privacy while bathing and adequate in number to meet the needs of the client.

7. 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 buildings protected throughout by supervised automatic sprinkler system. All spaces which may be occupied or spaces providing a means of egress from the facility may be unsprinklered if the interior finishes are A or B.

Section 28. Requirement for fire prevention.

1. 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 detectors must also be installed in the center of any lounge or recreational area. The smoke detectors may be single station units with an integral alarm.

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 National Fire Protection Association's Life Safety Code.*

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. *Receptacles or outlets services by extension cords are prohibited.*

8. *Rooms in which smoking is allowed by direction of the facility or the fire authority must be provided with plainly visible "Smoking Area" signs.*

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

Section 29. Plans for disasters.

1. *A written plan for disasters must be developed that 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 must be evacuated or is destroyed.*

2. *A simple floor plan showing the evacuation routes must be posted in prominent location on all floors.*

3. *The facility must notify the Bureau of Licensure and Certification in the event of a fire or disaster that causes damage to the physical structure of the facility.*

4. The facilities must conduct disaster drills at least annually and a written record of the drill must be retained in the facility.

Section 30. 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 physical disabilities, sight and hearing disabilities, disabilities of coordination as well as other disabilities.

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

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

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

5. At least one toilet room must be accessible to and useable by the handicapped.

6. At least one public telephone must be accessible to and useable by the handicapped.

7. At least one water fountain must be accessible to and useable by the handicapped.

8. A sufficient number of sleeping rooms with doors that are a minimum of 36 inches wide must be provided for clients with physical disabilities requiring the use of a wheelchair.

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

Section 31. 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.

2. No client 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 ground or race, color or national origin.

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.

