

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

LCB File No. R066-04

Effective August 4, 2004

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

AUTHORITY: §§1-21 and 23-27, NRS 449.037; §22, NRS 449.0357 and 449.037.

A REGULATION relating to medical facilities; adopting by reference certain construction and maintenance standards; requiring intermediate care facilities to comply with such construction and maintenance standards; establishing continuing education requirements for certain employees of intermediate care facilities concerning the care of persons with dementia; making various changes concerning construction standards for hospitals, skilled nursing facilities and intermediate care facilities for the mentally retarded or persons with developmental disabilities; and providing other matters properly relating thereto.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 22, inclusive, of this regulation.

Sec. 2. *As used in NAC 449.734 to 449.743, inclusive, and sections 2 to 19, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 and 4 of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Facility” means an intermediate care facility for the mentally retarded or persons with developmental disabilities with 17 or more beds.*

Sec. 4. *“New facility” means a facility which is newly built or a facility which is under new ownership.*

Sec. 5. 1. *The construction of a new facility or the remodeling or change in use of an existing facility must be in accordance with the most recently adopted local building codes and NFPA 101: Life Safety Code adopted by reference pursuant to section 20 of this regulation.*

2. Fire alarms must be manually operated and connected to an electrically supervised system. Each alarm signal must be coded to indicate the location of the station of origin.

3. The facility must contain a device for emergency radio communications to be prepared for disasters.

4. The radio system must be self-sufficient in an emergency and be capable of operation without reliance on the building's service or the emergency power system. The radio system must be linked with state and community communication networks.

5. Building plans for the construction of a new facility, for remodeling or for the change in use of an existing facility must be submitted to the entity designated to review such plans by the Health Division pursuant to the provisions of NAC 449.0115. The entity's review of those plans is advisory only and does not constitute approval for the licensing of the facility.

6. The Health Division shall not approve the plans for licensing until all construction has been completed and a survey is conducted at the site.

Sec. 6. 1. *All facilities with services for patients or bedrooms located on floors other than the floor of the main entrance must have elevators.*

2. At least one elevator of the type used in hospitals must be provided if 1 to 59 patients are located on floors other than the floor of the main entrance. Two elevators must be provided if 60 to 200 patients are located on floors other than the floor of the main entrance. Three elevators must be provided if 201 to 350 patients are located on floors other than the floor of the main entrance. For facilities with more than 350 beds, the number of required

elevators will be determined by a study of the plan of the hospital and the estimated need for vertical transportation.

3. The cars of the elevators must have inside dimensions that will accommodate a patient's bed and attendants and must be at least 5 feet (1.52 meters) wide and 7 1/2 feet (2.29 meters) deep.

Sec. 7. *1. All electrical installations and systems must be tested to show that the equipment is installed and operates as planned or specified. A written record of tests on electrical systems and equipment must be supplied to the owner.*

2. All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots must have lighting. Rooms for patients must have general lighting. All switches for lighting in patient areas must operate quietly.

3. If fuel is stored for an emergency generator, the storage capacity must be sufficient for at least 24 hours of continuous operation.

Sec. 8. *1. Before the completion and acceptance of a facility, all mechanical systems must be tested, balanced and operated to demonstrate to the owner or his representative that the installation and performance of the systems conform to the requirements of the plans and specifications.*

2. The owner must be furnished with a complete set of operating maintenance and preventative maintenance instructions and parts listed with numbers and descriptions for each piece of equipment.

3. Facilities must be built and maintained in accordance with NFPA 101: Life Safety Code adopted by reference pursuant to section 20 of this regulation.

4. All air supply and air exhaust systems must be mechanically operated.

5. *Hot water must be:*

(a) *Maintained at a temperature of:*

(1) *Not more than 125 °F (52°C) for clinical use;*

(2) *Not more than 180 °F (82 °C) for dishwashing;*

(3) *Not more than 110°F (43°C) for toilet, bath and shower areas and any lavatories equipped for washing hands which are used by patients; and*

(4) *At least 150 °F (66 °C) for use in the laundry.*

(b) *Provided with at least 25 pounds of pressure.*

Sec. 9. 1. *All rooms for occupancy by patients must be equipped with doors and hardware which permit access from the outside in any emergency.*

2. *The minimum width of all doors to those rooms must be 3.66 feet (111.7 centimeters). Doors to the toilet rooms of patients and other rooms needing access for wheelchairs must have a minimum width of 2.83 feet (86.3 centimeters). Doors opening onto corridors must not swing into the corridor unless they lead to spaces that are not occupied.*

3. *Windows and outer doors which may frequently be left open must be provided with screens for protection against insects.*

4. *Safety glass or plastic glazing materials must be used for shower doors, bath enclosures and in doors and windows of rooms for patients.*

5. *The height of a ceiling must be 8 feet (2.44 meters) in rooms which are occupied. Ceilings in storage rooms, corridors, toilet rooms and other minor rooms may have a height of 7.5 feet (2.29 meters) but may not have any projection lower than 7 feet (2.13 meters).*

6. *Flooring materials must be easily cleaned and maintained in good repair. Floors in areas subject to wet cleaning must not be physically affected by germicidal and cleaning*

solutions. Nonslip surfaces must be provided for areas subject to traffic while wet. Wall bases in kitchens and operating and delivery rooms must be integrated with the floor.

7. Wall finishes must be washable. Walls around plumbing fixtures must be resistant to moisture. Walls and floors must be free from cracks and holes.

8. Ceilings must be easily cleaned. Areas for preparing food must have ceilings which cover all overhead piping and ductwork. Acoustical ceilings must be provided in corridors in patient areas, nurses' stations, dayrooms, dining areas and waiting rooms. If acoustical ceilings cannot be provided, other methods of eliminating excessive noise and echoing must be used.

Sec. 10. 1. *The entrance to administrative and public areas must be at grade level, sheltered from the weather and capable of accommodating wheelchairs if no other access for wheelchairs is available.*

2. The lobby must include a reception or information counter, waiting space for the public, toilet facilities, public telephones, a drinking fountain and storage space for wheelchairs.

3. The area used for interviews must be conveniently available to the lobby.

4. A space for a business office, a multipurpose room and adequate storage space must be provided.

Sec. 11. 1. *Dining space of 15 square feet (1.39 square meters) per seated person must be provided for ambulatory patients, staff and visitors.*

2. Storage space must be provided for housekeeping equipment and supplies.

Sec. 12. *In addition to the facilities for employees required in certain departments, all employees and volunteers must have lockers, lounges and toilets to accommodate their needs.*

Sec. 13. 1. *A room or separate building for boilers, mechanical equipment and electrical equipment must be provided.*

2. An area for an engineer's office and maintenance shop must be provided.

3. A toilet and emergency shower must be provided in the engineering area.

4. Storage for supplies for the maintenance of the building must be provided.

Sec. 14. 1. *In addition to the janitors' closets required in certain departments, janitors' closets must be provided throughout the facility to maintain a clean and sanitary environment.*

2. At least one janitors' closet must be provided for each nursing unit and for each floor.

3. A janitors' closet must contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

Sec. 15. 1. *If linen is processed at the facility, there must be equipment which can process a 7-day supply within a regularly scheduled workweek.*

2. There must be a room for receiving, holding and sorting soiled linen, with facilities for washing hands immediately available. An area for storing clean linen must be provided. Areas for inspecting, mending and issuing clean linen must be provided. Storage areas for laundry supplies must be provided.

3. If linen is processed outside the facility, only a holding room for soiled linen and a storage room for receiving, holding and inspecting clean linen need to be provided.

Sec. 16. *An area for working on and storing medical records must be provided.*

Sec. 17. 1. *Nursing units must be limited to 60 beds. The maximum room capacity is two patients.*

2. The minimum area for a room, exclusive of toilet rooms, closets, lockers, wardrobes and vestibules of less than one-half of the width of a room, is 100 square feet (9.29 square

meters) in rooms with one bed and 80 square feet (7.43 square meters) per bed in multibed rooms. In multibed rooms, there must be at least 3.66 feet (1.12 meters) of clear area at the foot of each bed and at least 5 feet (1.5 meters) of clear area between each bed. No more than two beds may be beside one another, parallel to the wall with a window.

3. Each patient must have access to a toilet and lavatory without entering the general corridor. One toilet and lavatory may serve no more than four beds and no more than two patients' rooms.

4. Each patient must have a wardrobe, locker or closet with clear internal dimensions of at least 1.83 feet (55.9 centimeters) by .83 feet (25.4 centimeters) with a shelf and enough vertical height to hang full-length garments.

5. A patient's room must not be located more than 120 feet (36.58 meters) from:

(a) The nurses' station; and

(b) The clean and soiled workrooms.

Sec. 18. 1. Space must be provided at the nursing station for charting, communication systems and necessary equipment and storage.

2. Lavatories and toilets for the staff must be conveniently located near the nursing station.

3. A clean workroom must be provided for the storage and assembly of supplies for nursing procedures. The room must contain a work counter and a sink equipped with blade-type faucets.

4. A soiled workroom must be provided and contain a clinical sink, work counter and receptacles for waste and soiled linen.

5. *A medicine room conveniently located near the nursing station must contain a sink equipped with blade-type faucets, a refrigerator, locked storage and facilities for the preparation and dispensing of medication. A double-locked area must be provided for controlled substances. The clean workroom and medicine room may be combined. The medicine room may be a self-contained cabinet located in the clean workroom.*

6. *A nourishment station or carts for supplying nourishment and ice to the patients must be provided.*

7. *A bathtub or shower must be provided at the rate of one for each 12 beds which are not otherwise served by bathing facilities within the patients' rooms. Each central bathing tub or shower must be in a room or enclosure which provides space for private use of the bathing fixture, drying and dressing. The tub and shower must have a nonskid floor. At least one bathing area on each floor must have space for a wheelchair and an attendant. A toilet must be accessible from each central bathing area without entering a general corridor. This toilet may be used as a training toilet.*

Sec. 19. *Space and facilities must be provided for the sanitary storage and disposal of waste by mechanical destruction, compaction, containerization or removal by a combination of these techniques.*

Sec. 20. 1. *The State Board of Health hereby adopts by reference:*

(a) NFPA 101: Life Safety Code, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the

Internet address <<http://www.nfpa.org>> or by telephone at 800.344.3555, for the price of \$55.80 for members or \$62 for nonmembers, plus \$7.95 for shipping and handling.

(b) NFPA 99: Standard for Health Care Facilities, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <<http://www.nfpa.org>> or by telephone at 800.344.3555, for the price of \$41.63 for members or \$46.25 for nonmembers, plus \$7.95 for shipping and handling.

(c) Guidelines for Design and Construction of Hospital and Health Care Facilities, in the form most recently published by the American Institute of Architects, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the American Institute of Architects at the AIA Store, 1735 New York Avenue, NW, Washington, DC 20006-5292, at the Internet address <<http://www.aia.org>> or by telephone at 800.242.3837, for the price of \$52.50 for members or \$75 for nonmembers, plus \$9 for shipping and handling.

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

this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

Sec. 21. 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.*

2. Except as otherwise provided in this section, NAC 449.734 to 449.743, inclusive, and sections 2 to 19, inclusive, of this regulation:

(a) A facility shall comply with the provisions of NFPA 101: Life Safety Code, adopted by reference pursuant to section 20 of this regulation.

(b) Any new construction, remodeling or change in the use of a facility must comply with the Guidelines for Design and Construction of Hospital and Health Care Facilities, adopted by reference pursuant to section 20 of this regulation, unless the remodeling is limited to refurbishing an area within the facility, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area, and replacing window or wall coverings in the area.

3. A facility shall be deemed to be in compliance with the provisions of subsection 2 if the facility is licensed on February 1, 2004, 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.

4. Except as otherwise provided in subsection 5, a facility shall comply with all applicable:

(a) Federal and state laws;

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

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

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

5. A facility which is inspected and approved by the State Public Works Board in accordance with the provisions set forth in chapter 341 of NRS and chapter 341 of NAC is not required to comply with any applicable local building codes relating to the construction and maintenance of the facility.

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

Sec. 22. 1. Except as otherwise provided in subsection 4, each person who is employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, who has direct contact with and provides care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia:

(a) In his first year of employment with a facility, 8 hours which must be completed within the first 30 days after the employee begins employment; and

(b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment.

2. The hours of continuing education required to be completed pursuant to this section:

(a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and

(b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education.

3. Each facility shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section.

4. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months.

5. As used in this section, "continuing education specifically related to dementia" includes, without limitation, instruction regarding:

(a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer's disease, which includes instruction on the symptoms, prognosis and treatment of the disease;

(b) Communicating with a person with dementia;

(c) Providing personal care to a person with dementia;

(d) Recreational and social activities for a person with dementia;

(e) Aggressive and other difficult behaviors of a person with dementia; and

(f) Advising family members of a person with dementia concerning interaction with the person with dementia.

Sec. 23. NAC 449.614 is hereby amended to read as follows:

449.614 As used in NAC 449.614 to 449.743, inclusive, *and sections 2 to 19, inclusive, 21 and 22 of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 449.617 to 449.659, inclusive, have the meanings ascribed to them in those sections.

Sec. 24. NAC 449.701 is hereby amended to read as follows:

449.701 1. A facility must have a written and regularly rehearsed disaster preparedness plan for members of the staff and residents to follow in case of fire, explosion or other emergency.

2. There must be written procedures for personnel to follow in an emergency, including:

(a) The care of the residents and emergency coverage ~~[]~~ by physicians;

(b) The notification of attending physicians and other persons responsible for the residents;

~~[and]~~

(c) Arrangements for transportation for hospitalization or other appropriate services ~~[]~~; *and*

(d) Arrangements to ensure that water is available to the essential areas of the facility if there is an interruption in the facility's normal supply of water.

3. A facility shall notify the Bureau of the occurrence of a fire or disaster in the facility within 24 hours after the facility becomes aware of the fire or disaster.

Sec. 25. NAC 449.716 is hereby amended to read as follows:

449.716 1. At least three meals or their equivalent must be served 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. Therapeutic diet menus must be planned by a qualified dietitian or be reviewed and approved by the attending or staff physician.

3. Menus must be planned and followed to meet the nutritional needs of the residents in accordance with the orders of a physician and, to the extent medically possible, in accordance with the recommended dietary allowances of the Food and Nutrition Board of the ~~[National Research Council,]~~ *Institute of Medicine*, National Academy of Sciences. Menus must be in writing, planned at least a week in advance, dated, posted and kept on file for 90 days. Any substitutions on a menu must be noted on the written menu so that the menu on file reflects what was actually served.

4. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food *in a sanitary manner* must be provided. ~~[and must meet the standards of the Bureau of Environmental Health.~~

~~—5.— Food service sanitation must meet the laws relating to food service sanitation. Sanitation inspection reports must be on file and must note the date and correction of each problem cited. Food and beverage served must meet the standards of the regulations relating to food and drink establishments in chapter 446 of NAC.]~~

5. A facility with more than 10 clients shall:

(a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto;

(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division;

(c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and

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

6. Residents needing special equipment, implements or utensils to assist them when eating must have those items provided.

7. Where a facility operates on the cottage plan, provision must be made for food service that ~~assures~~ *ensures* hot, palatable meals. If the cottage plan provides for a central dining area, walkways to the dining area providing protection from the elements must be provided.

8. A qualified professional person must be used as a consultant on meal planning and food service. Four hours of consultation each month is the minimum requirement. A qualified person is:

(a) A person ~~meeting the requirements for registration in~~ *who is registered as a dietician with the Commission on Dietetic Registration of* the American Dietetic Association; or

(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 who has participated in a food service supervisor's course.

Sec. 26. NAC 449.683, 449.686, 449.689, 449.806, 449.812, 449.815, 449.821, 449.824, 449.827, 449.830, 449.833, 449.836, 449.839, 449.842, 449.845, 449.848, 449.854, 449.857, 449.860, 449.863, 449.866, 449.869, 449.872, 449.875, 449.878, 449.881, 449.884, 449.887, 449.890, 449.893, 449.896, 449.899, 449.905, 449.908, 449.911, 449.914, 449.917, 449.921,

449.924, 449.927, 449.931, 449.934, 449.937, 449.940, 449.943, 449.946 and 449.949 are hereby repealed.

Sec. 27. 1. Each person who on August 4, 2004, is employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, and who is required to complete the hours of continuing education specifically related to dementia required pursuant to section 22 of this regulation, shall complete at least 8 hours of continuing education specifically related to dementia within 12 months after August 4, 2004, unless the person has completed the training within the 12 months before August 4, 2004.

2. Evidence that such a person has completed the training required pursuant to subsection 1 must be included in his personnel file and must be kept at the facility.

TEXT OF REPEALED SECTIONS

NAC 449.683 Buildings: Safety and structural requirements; construction standards.
(NRS 449.037)

1. A facility must comply with all currently adopted life safety, Health Division, building and zoning codes. If there is a difference between state and local codes, the more stringent standards apply. An intermediate care facility for the mentally retarded with less than 16 beds may apply the lodging or rooming house section of the residential occupancy requirement of the

code if all of the residents are currently certified as ambulatory by a physician, receiving active treatment and capable of following instructions in an emergency.

2. The Health Division may withhold a license pending compliance with local ordinances.

3. All new facilities, except intermediate care facilities for the mentally retarded with less than 16 beds, must be built according to the Long-Term Care Facility Construction Standards adopted by the Board of Health. All such facilities must contain all the elements described in the construction standards. Elements of the construction standards that are available through proper affiliation with an adjacent hospital or skilled nursing facility need not be duplicated in the facility. All intermediate care facilities for the mentally retarded are exempt from the handrail requirement, 14A3, and the call system requirement, 18F; newly constructed intermediate care facilities for the mentally retarded must meet those elements of the Long-Term Care Facility Construction Standards appropriate to the program of services to be provided as determined by the Health Division.

4. Intermediate care facilities licensed on December 5, 1975, must have their existing use or occupancy continued if the use or occupancy was licensed on the effective date of these regulations if no threat or danger to the lives or safety of the residents exists.

5. If there is existing and currently licensed construction and proposed new construction, the proposed new construction must meet or surpass the currently adopted construction standards and the existing construction must not have any condition or deficiencies which can be considered potentially hazardous or detrimental to the public health and welfare.

NAC 449.686 Buildings: Opening, constructing, leasing or purchasing; change of operating ownership; submission of building plans for new construction or remodeling.
(NRS 449.037)

1. An applicant for a license to operate an intermediate care facility must contact the Health Division before opening, constructing, leasing or purchasing a building.
2. Upon a change of operating ownership, a building must meet current regulations, building and life safety codes. The Health Division will furnish to a prospective buyer or lessee information about changes needed and a history of past deficiencies with the written permission of the current owner or lessee.
3. Building plans for new construction or remodeling may be submitted to the entity designated to review such plans by the health division pursuant to the provisions of NAC 449.0115.
4. The Health Division shall not approve the plans for licensing until all construction has been completed and a survey is conducted at the site.

NAC 449.689 Accommodations for handicapped persons. (NRS 449.037)

1. A facility must be accessible to and functional for residents, 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 facility's grounds 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 used 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 suitable for wheeling and walking. Ramps must be designed so they

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

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

6. Stairs that may be used by the physically handicapped must be of a height and design that allows persons to negotiate them without assistance. Stairs must be equipped with handrails, at least one of which extends past the top and bottom steps.

7. Floors must be made of a nonslip surface and must be on a common level or connected by a negotiable ramp.

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

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

10. 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. Essential switches and controls must be within the reach of users in wheelchairs.

11. Appropriate means must be provided for the blind to identify rooms, facilities and hazardous areas. Simultaneous audible and visual warning signals must be provided.

12. The facility must eliminate hazards for the handicapped.

13. Residents' closets must be accessible to and useable by the physically handicapped.

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

NAC 449.806 Definitions. (NRS 449.037) As used in NAC 449.806 to 449.949, inclusive, unless the context otherwise requires, the words and terms defined in NAC 449.812 to 449.830, inclusive, have the meanings ascribed to them in those sections.

NAC 449.812 “General hospital” defined. (NRS 449.037) “General hospital” has the meaning ascribed to it in subsection 2 of NRS 449.021.

NAC 449.815 “Handicapped person” defined. (NRS 449.037) “Handicapped person” means a person who is nonambulatory, semiambulatory, or who possesses sight or hearing disabilities, disabilities of incoordination or temporary disabilities which reduce his mobility, perception and coordination.

NAC 449.821 “Inpatient” defined. (NRS 449.037) “Inpatient” means a person who has been formally admitted for observation, diagnosis or treatment and who is expected to remain overnight or longer.

NAC 449.824 “License” defined. (NRS 449.037) “License” means the basic document issued by the Health Division permitting the operation of a hospital, skilled nursing or intermediate care facility.

NAC 449.827 “Licensee” defined. (NRS 449.037) “Licensee” means the natural person, corporation, partnership, association, or other public or private organization ultimately responsible for the overall operation of a hospital, skilled nursing or intermediate care facility.

NAC 449.830 “New facility” defined. (NRS 449.037) “New facility” means a facility which is newly built or a facility which is under new ownership.

NAC 449.833 Adoption by reference of standards for construction; fire alarms; emergency radio system; submission of building plans for new construction or remodeling. (NRS 449.037)

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

(a) The Uniform Building Code, 1994 edition. A copy of the code may be obtained from the International Conference of Building Officials, 5360 South Workman Mill Road, Whittier, California 90601, for the price of \$173.90.

(b) NFPA 101: Life Safety Code, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent version is not suitable for this State pursuant to this paragraph. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, or by telephone at 800.344.3555, for the price of \$45.50 for members of the National Fire Protection Association, or \$50.50 for nonmembers, plus \$6.95 for shipping and handling. The State Board of Health shall review each revision of NFPA 101: Life Safety Code adopted by reference pursuant to this paragraph to ensure its suitability for the State. If the Board determines that the revision is not suitable for this State, it will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the Board does not revise its determination, the Board will give notice that the revision is not suitable for this State within 30 days after the hearing. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to this paragraph.

2. The construction of a new facility must be in accordance with the Uniform Building Code, 1994 edition, and the current edition of NFPA 101: Life Safety Code.

3. Fire alarms must be manually operated and connected to an electrically supervised system. Each alarm signal must be coded to indicate the location of the station of origin.

4. The facility must contain a device for emergency radio communications to be prepared for disasters.

5. The radio system must be self-sufficient in an emergency and be capable of operation without reliance on the building's service or the emergency power system. The radio system must be linked with state and community communication networks.

6. Building plans for the construction of a new facility or for remodeling an existing facility may be submitted to the entity designated to review such plans by the Health Division pursuant to the provisions of NAC 449.0115.

7. The Health Division shall not approve the plans for licensing until all construction has been completed and a survey is conducted at the site.

NAC 449.836 Elevators. (NRS 449.037)

1. All facilities with services for patients or bedrooms located on other than the floor of the main entrance must have elevators.

2. At least one elevator of the type used in hospitals must be provided if one to 59 patients are located on any floor other than the floor of the main entrance. Two elevators must be provided if 60 to 200 patients are located on floors other than the floor of the main entrance. Three elevators must be provided if 201 to 350 patients are located on floors other than the floor of the main entrance. For facilities with more than 350 beds, the number of required elevators will be determined by a study of the plan of the hospital and the estimated need for vertical transportation.

3. The cars of the elevators must have inside dimensions that will accommodate a patient's bed and attendants and must be at least 5 feet (1.52 meters) wide and 7 1/2 feet (2.29 meters) deep.

NAC 449.839 Electrical requirements. (NRS 449.037)

1. All electrical installations and systems must be tested to show that the equipment is installed and operates as planned or specified. A written record of tests on electrical systems and equipment must be supplied to the owner.

2. All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots must have lighting. Rooms for patients must have general and night lighting. A reading light must be provided which can be controlled by the patient. The switch for at least one light fixture for night lighting must be located at the entrance of the room. All switches for lighting in patient areas must operate quietly.

3. In general patient areas, each room must be served by at least one nurses' call station and each bed must be provided with a call button. Patients' calls must register at the nurses' station, clean workroom, soiled workroom and nourishment station. The call must activate an audible and visible signal. A visible signal is required in the corridor at each patient's door. In rooms containing two or more call stations, indicator lights must be provided for each station. If a call system that uses a voice circuit is installed, a policy must be developed to assure that patients are made aware that the voice circuit is open. A call button must be provided in each patient's toilet, bath, sitz bath and shower room. A nurses' station must be provided in each operating, delivery, recovery, emergency treatment and intensive care room, in nurseries and in supervised nursing units for mental patients.

4. If fuel is stored for an emergency generator, the storage capacity must be sufficient for at least 24 hours of continuous operation.

NAC 449.842 Mechanical requirements. (NRS 449.037)

1. Before the completion and acceptance of a facility, all mechanical systems must be tested, balanced and operated to demonstrate to the owner or his representative that the

installation and performance of the systems conform to the requirements of the plans and specifications.

2. The owner must be furnished with a complete set of operating maintenance and preventative maintenance instructions and parts listed with numbers and descriptions for each piece of equipment.

3. Facilities must be built and maintained in accordance with the Life Safety Code 101, 1994 edition.

4. All air supply and air exhaust systems must be mechanically operated.

5. Hot water must be maintained at a temperature of not more than 125°F (46°C) for clinical use, 180°F (82°C) for dishwashing and at least 150°F (66°C) for use in the laundry. The water must be provided with at least 25 pounds of pressure.

NAC 449.845 Doors; ceilings; floors. (NRS 449.037)

1. All rooms for occupancy by patients must be equipped with doors and hardware which permit access from the outside in any emergency.

2. The minimum width of all doors to those rooms must be 3.66 feet (111.7 centimeters). Doors to the toilet rooms of patients and other rooms needing access for wheelchairs must have a minimum width of 2.83 feet (86.3 centimeters). Doors opening onto corridors must not swing into the corridor unless they lead to spaces that are not occupied.

3. Windows and outer doors which may frequently be left open must be provided with screens for protection against insects.

4. Safety glass or plastic glazing materials must be used for shower doors, bath enclosures and in doors and windows of rooms for psychiatric patients.

5. The height of a ceiling must be 8 feet (2.44 meters) in rooms which are occupied. Ceilings in storage rooms, corridors, toilet rooms and other minor rooms may have a height of 7.5 feet (2.29 meters) but may not have any projection lower than 7 feet (2.13 meters).
6. An emergency treatment, operating or delivery room is not required to have conductive flooring if:
 - (a) A written resolution is signed by the board of the hospital stating that flammable anesthetic agents will not be used in the room; and
 - (b) An appropriate notice is permanently and conspicuously affixed to a wall in the room.
7. Flooring materials must be easily cleaned and maintained in good repair. Floors in areas subject to wet cleaning must not be physically affected by germicidal and cleaning solutions. Nonslip surfaces must be provided for areas subject to traffic while wet. Wall bases in kitchens and operating and delivery rooms must be integrated with the floor.
8. Wall finishes must be washable. Walls around plumbing fixtures must be resistant to moisture. Walls and floors must be free from cracks and holes.
9. Ceilings must be easily cleaned. The ceilings of the surgical, delivery and nursery suites must be washable. Areas for preparing food must have ceilings which cover all overhead piping and ductwork. Acoustical ceilings must be provided in corridors in patient areas, nurses' stations, dayrooms, dining areas and waiting rooms. If acoustical ceilings cannot be provided, other methods of eliminating excessive noise and echoing must be used.
10. The following codes apply:
 - (a) The Life Safety Code 101, 1994 edition; and
 - (b) The Uniform Building Code, 1994 edition.

NAC 449.848 Lobby. (NRS 449.037)

1. The entrance to administrative and public areas must be at grade level, sheltered from the weather, and capable of accommodating wheelchairs if no other access for wheelchairs is available.

2. The lobby must include a reception or information counter, waiting space for the public, toilet facilities, public telephones, a drinking fountain and storage space for wheelchairs.

3. The area used for interviews must be conveniently available to the lobby.

4. A space for a business office, a multipurpose room and adequate storage space must be provided.

NAC 449.854 Rooms for disturbed patients. (NRS 449.037)

1. In the absence of a psychiatric unit, each hospital must have a room which contains facilities for patients who need close supervision, which is designed to prevent their escape, suicide or hiding. To minimize injury to patients, the design of the room must exclude sharp projections.

2. As far as possible, all requirements of a normal patient's room must be met, as described in NAC 449.917.

NAC 449.857 Emergency units. (NRS 449.037)

1. Emergency facilities must be located to prevent patients from traversing areas for inpatients.

2. The emergency entrance must:

- (a) Be at grade level and sheltered from the weather.
- (b) Have provisions for patients arriving by ambulance.
- (c) Be well-marked and be accessible to pedestrians.

3. A reception area must be located near the entrance.

4. Waiting space for the public with toilets, a telephone, a drinking fountain and seating must be provided.

5. Treatment rooms must be provided and contain cabinets, storage for medication, a work counter, medical suction outlets, an X-ray film illuminator and space for the storage of appropriate supplies and equipment. Toilets must be located near the treatment rooms.

6. Clean and soiled workrooms and the medicine room must comply with NAC 449.934.

NAC 449.860 Hemodialysis facilities. (NRS 449.037) If hemodialysis facilities are provided, they must comply with the following:

1. Each area for a patient's bed must have an area of at least 80 square feet (7.43 square meters). Each bed must have a clearance of 4 feet (1.1 meters) on one side. The bed must be placed in the room so that connections to either an arm or leg may be made.

2. Space must be available for the maintenance of instruments, storage and the testing of dialyzers.

3. A nurses' call system must be provided in accordance with NAC 449.839.

NAC 449.863 Intensive care units. (NRS 449.037) If intensive care units are planned, the following must be provided:

1. Rooms must have 120 square feet (11.5 square meters) of clear floor area per bed. The minimum clearance between beds must be 7 feet (2.13 meters) and there must be at least 3.66 feet (1.12 meters) of clear area at the foot of each bed.

2. Viewing panels, if appropriate, must be provided in doors and walls for observation by the nursing staff.

3. Each patient must have access to a toilet and lavatory without entering the general corridor. Facilities for flushing bedpans must be provided.

4. NAC 449.917 applies. NAC 449.934 applies except for subsection 7.

5. Individual lockers must be provided for the personal effects of patients. The lockers need not be located in the unit.

6. A waiting room must be provided in accordance with NAC 449.848.

NAC 449.866 Isolation rooms. (NRS 449.037)

1. Isolation rooms must be provided at the ratio of one for each 30 medical or surgical beds or major fraction thereof. If a facility does not have a separate unit for contagious diseases and aseptic conditions are maintained, a room with a single bed may be used.

2. The isolation room must meet all of the requirements for a normal patient's room and contain the following additional items:

(a) A toilet and lavatory for the exclusive use of persons in the isolation room.

(b) A bathtub or shower for the exclusive use of persons in the isolation room.

(c) A window for observation by nurses.

(d) An anteroom with adequate facilities to maintain aseptic conditions. One anteroom may serve more than one isolation room.

NAC 449.869 Nursery units. (NRS 449.037) The following must be provided for newborn nursery units:

1. Lavatories for washing hands at the rate of one for every six bassinets. The sinks must be equipped with blade-type faucets.

2. A nurses' call system in accordance with NAC 449.839.

3. Where appropriate, observation windows.

4. Oxygen.

5. Each full-term nursery must have a minimum floor area for each bassinet of 24 square feet (2.23 square meters).
6. An examination and workroom.
7. A premature or special care nursery in hospitals with 25 or more maternity beds unless equivalent facilities are conveniently available elsewhere. The minimum floor area must be 40 square feet (3.71 square meters) per bassinet.
8. Each nursery must be served by a connecting workroom which must contain a gowning area, work space, counters, a lavatory equipped for washing hands and a refrigerator. One workroom may serve more than one nursery. If the workroom is located within the nursery, the gowning facilities must be located near the entrance and must be separate from the work area.
9. If commercially prepared formula is used, the storage and handling of the formula may be done in the workroom. If commercially prepared formula is not used, a lavatory for washing hands, a hot plate, refrigerator, bottle washer, sterilizer for formula, sterilizer for equipment, work counter and storage space must be provided in a separate room.

NAC 449.872 Obstetrical units. (NRS 449.037) In obstetrical units:

1. The number of delivery, labor and recovery rooms and the sizes of the service areas must be determined by the estimated obstetrical workload.
2. The appropriate portions of NAC 449.884 apply.
3. Delivery rooms must have a minimum clear area of 300 square feet (27.87 square meters) exclusive of fixed and movable equipment. The minimum dimension must be 16 feet (4.88 meters). Resuscitation facilities must be provided for newborn infants, including electrical outlets, oxygen, suction and compressed air.

4. Labor rooms must comply with the appropriate provisions of NAC 449.917. In facilities having only one delivery room, a labor room must be equipped to function as an emergency delivery room. At least one shower must be provided for the use of the patients in the labor room.

5. Recovery rooms must contain no less than two beds. The recovery room may be omitted in facilities which have fewer than 1500 births in a year. The recovery room must comply with subsection 5 of NAC 449.934.

NAC 449.875 Outpatient facilities. (NRS 449.037)

1. The outpatient facilities must comply with NAC 449.857.
2. Rooms for general examinations must be provided. The rooms must have a minimum area of 80 square feet (7.43 square meters). There must be at least 2 1/2 feet (76 centimeters) of clearance at the foot and at each side of the examination table.
3. The size of each room for special examinations must be determined by its use, but it must not be smaller than a room for general examinations.
4. Treatment rooms for minor surgery or cast procedures must contain a minimum of 120 square feet (11.15 square meters). The minimum dimension of the room must be 10 feet (3.05 meters).
5. An observation room for handling isolation, suspect or disturbed patients must be provided. The room must be designed to minimize the possibility of hiding, escape, injury, or suicide by patients. The observation room must provide access for patients to a toilet without entering the general corridor. In facilities with not more than 15,000 patients in a year, a separate room is not required if an examination room is modified to accommodate this function.

NAC 449.878 Pediatric and adolescent units. (NRS 449.037) In pediatric and adolescent units:

1. Rooms for patients must comply with subsection 7 of NAC 449.934 if they contain hospital beds.
2. If the rooms contain bassinets, they must be limited to eight. The minimum clear area for each bassinet must be 40 square feet (3.71 square meters). The rooms must contain a lavatory for washing hands.
3. Service areas must comply with NAC 449.934 with the following additions:
 - (a) Toilet rooms must be provided at a ratio of one toilet for every eight beds, excluding bassinets.
 - (b) Storage closets or cabinets for toys, educational material and recreational equipment must be provided.
4. Rooms for playing must be provided.
5. Applicable portions of NAC 449.869 apply.

NAC 449.881 Psychiatric care units. (NRS 449.037)

1. If included as a separate unit, a psychiatric care unit must be designed for patients who need close supervision to prevent escape, suicide or hiding.
2. Patients' rooms must comply with NAC 449.934 with the following exceptions:
 - (a) A nurses' calling system and cubicle curtains are not required.
 - (b) Access to toilet rooms for patients may be controlled by the staff.
 - (c) Windows in patients' rooms must be secured to prevent escape.
 - (d) In multibed rooms, provision for privacy must be available.
3. Subsections 4 and 5 of NAC 449.934 need not be complied with.

4. Space for dining, recreational and occupational therapy must be provided. The total area for these purposes must be 40 square feet (3.71 square meters) per patient.

5. Adequate storage for the personal effects of the patients must be provided.

6. The rooms for patients and the doors of toilet rooms must be capable of being opened from the outside at all times.

NAC 449.884 Surgical units. (NRS 449.037)

1. A surgical suite must be located to prevent through traffic.

2. The number of operating rooms must be determined by the expected surgical workload.

3. Each operating room must have a clear area of at least 360 square feet (33.44 square meters) exclusive of fixed and movable equipment. The minimum dimension must be 18 feet (5.49 meters). Each operating room must have an emergency communication system connecting to the control station of the surgical suite. Each room must have an X-ray illuminator for at least two X-ray films. Storage space for splints and traction equipment must be provided in the appropriate rooms.

4. If a cystoscopic room is provided, it must have a minimum of 250 square feet (23.23 square meters) exclusive of fixed and movable equipment. Each cystoscopic room must have an X-ray illuminator for at least two X-ray films. A scrub sink and facilities for the disposal of liquid waste must be provided.

5. A recovery room must be provided if there is at least an average of 10 daily surgical procedures. The recovery room must contain a station for distributing drugs, facilities for washing hands, a clinical sink with a device for flushing bedpans, and storage space for supplies and equipment. Each recovery station must contain a nurses' call system, medical suction, oxygen, emergency power outlets and a high intensity light.

6. Service areas must include the following:

(a) A control station located to permit visual surveillance of all persons who enter the surgical suite.

(b) A high speed autoclave conveniently located to serve all operating rooms. If adequate provisions have been made to replace sterile instruments during surgery, sterilizing facilities in the surgical suite are not required.

(c) A station for distributing drugs with double-locked storage for controlled substances.

(d) Two scrub stations which are to be located near the entrance to the operating rooms. The stations may serve no more than four operating rooms. Viewing panels must be installed to permit the observation of the operating room from the scrub area.

(e) A soiled workroom with a clinical sink, work counter, receptacles for waste and soiled linen and facilities for washing hands with blade-type faucets.

(f) A clean workroom with facilities for washing hands with blade-type faucets, a work counter and space for clean and sterile supplies.

(g) An anesthesia workroom with a work counter and sink.

(h) Space for storing medical gas if the gases are not piped into the surgical suite.

(i) Adequate storage for equipment and supplies.

(j) Appropriate areas for changing clothing for males and females. These areas must be designed with a pattern of traffic going one way so that people going into surgery are not contaminated by those returning from surgery. These areas must contain lockers, showers, toilets, lavatories equipped for washing hands and space for donning scrub suits and boots.

(k) If there are two or more operating rooms, an alcove for patients awaiting surgery. This area must be in view from the control station of the surgical suite.

(l) A separate lounge and toilet facilities.

7. Surgical suites for special purposes must be designed to accommodate special equipment and provide adequate space for its efficient functioning.

NAC 449.887 Central stores. (NRS 449.037) For central stores:

1. A receiving area which is off of the street must be provided.

2. General storage rooms must have a total area of not less than 10 square feet (0.93 square meters) of floor or shelf space for each inpatient's bed. Storage must be generally concentrated in one area.

NAC 449.890 Dietary units. (NRS 449.037)

1. A dietary unit must comply with the requirements in the laws and regulations governing the sanitation of food establishments, mobile food and drink units, and servicing depots, contained in chapters 446 of NRS and NAC.

2. Facilities for washing hands, with faucets operable without the use of hands, must be located within the dietary unit. Toilets must be available for the dietary staff.

3. Commercial dishwashing equipment must be provided.

4. Equipment for preparing, cooking, baking and storing food must be provided. The equipment must be capable of producing all meals on schedule. Storage space for a 4-day food supply must be provided. Facilities used to make ice must be provided.

5. Dishwashing must be located in a room or alcove which is separate from the area for preparing and serving food.

6. Dining space of 15 square feet (1.39 square meters) per seated person must be provided for ambulatory patients, staff and visitors.

7. A janitor's closet for the area for preparing food must be provided. The closet must contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

NAC 449.893 Facilities for employees and volunteers. (NRS 449.037) In addition to the facilities for employees required in certain departments, all employees and volunteers must have lockers, lounges and toilets to accommodate their needs.

NAC 449.896 Engineering services and equipment. (NRS 449.037)

1. A room or separate building for boilers, mechanical equipment and electrical equipment must be provided.

2. An area for an engineer's office and maintenance shop must be provided.

3. A toilet and emergency shower must be provided in the engineering area.

4. Storage for supplies for the maintenance of the building must be provided.

NAC 449.899 Janitors' closets. (NRS 449.037)

1. In addition to the janitors' closets required in certain departments, janitors' closets must be provided throughout the facility to maintain a clean and sanitary environment.

2. At least one janitor's closet must be provided for each nursing unit and for each floor.

3. A janitors' closet must contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

NAC 449.905 Linen service. (NRS 449.037)

1. If linen is processed at the facility, there must be commercial equipment which can process a 7-day supply within a regularly scheduled workweek.

2. There must be a room for receiving, holding and sorting soiled linen, with facilities for washing hands immediately available. An area for storing clean linen must be provided. Areas

for inspecting, mending and issuing clean linen must be provided. Storage areas for laundry supplies must be provided.

3. If linen is processed outside the facility, only a holding room for soiled linen and a storage room for receiving, holding and inspecting clean linen need to be provided.

NAC 449.908 Medical and surgical supply units. (NRS 449.037) For medical and surgical supply units:

1. A receiving area must be provided.
2. An area for cleaning medical equipment must be provided. The area must contain a lavatory equipped for washing hands.
3. A clean workroom must be provided, as described in subsection 3 of NAC 449.934.
4. A storage area for sterile supplies must be provided. A separate area for nonsterile supplies must be provided.

NAC 449.911 Medical records. (NRS 449.037) An area for working on and storing medical records must be provided.

NAC 449.914 Morgue and autopsy unit. (NRS 449.037)

1. The following must be provided when autopsies are performed within a hospital:
 - (a) A holding area for refrigerated bodies.
 - (b) An autopsy room with a work counter, a sink equipped for washing hands, an autopsy table and adequate and appropriate storage space.
 - (c) An area for changing clothes with a shower, toilet and lockers.
2. If autopsies are performed outside of the facility, a well-ventilated room for holding bodies must be provided.

3. The morgue must be accessible from an outside entrance and must be located to avoid the movement of bodies through public areas.

NAC 449.917 Nursing unit. (NRS 449.037)

1. Nursing units must be limited to 60 beds. The maximum room capacity is four patients.
2. The minimum area for a room, exclusive of toilet rooms, closets, lockers, wardrobes and vestibules of less than one-half of the width of a room, is 100 square feet (9.29 square meters) in rooms with one bed and 80 square feet (7.43 square meters) per bed in multibed rooms. In multibed rooms, there must be at least 3.66 feet (1.12 meters) of clear area at the foot of each bed and at least 5 feet (1.5 meters) of clear area between each bed. No more than two beds may be beside one another, parallel to the wall with a window.
3. Each room must have a nurses' call system installed in accordance with NAC 449.839.
4. Each patient must have access to a toilet and lavatory without entering the general corridor. One toilet and lavatory may serve no more than four beds and no more than two patients' rooms.
5. Each patient must have a wardrobe, locker or closet with clear internal dimensions of at least 1.83 feet (55.9 centimeters) by 0.83 feet (25.4 centimeters) with a shelf and enough vertical height to hang full-length garments.
6. Cubicle curtains or equivalent built-in devices providing complete visual privacy for each patient in multibed rooms must be installed. The curtains must be suspended at least 1.5 feet (46 centimeters) from the ceiling with chain or mesh.
7. A patient's room must not be located more than 120 feet (36.58 meters) from:
 - (a) The nurses' station; and
 - (b) The clean and soiled workrooms.

NAC 449.921 Occupational therapy units. (NRS 449.037)

1. If an occupational therapy suite is provided, it must contain the following:

(a) An activities area with appropriate counter and table space, and necessary equipment and storage space.

(b) Toilets and facilities for washing hands.

2. Appropriate elements of the physical therapy suite may be shared with the occupational therapy suite.

NAC 449.924 Pharmacy. (NRS 449.037)

1. The size and type of services to be provided in a pharmacy depends upon the type of system for distributing drugs used in the facility and whether the facility provides, purchases or shares pharmaceutical services with other hospitals or medical facilities.

2. Areas must be provided for administration, quality control and dispensing. The storage areas must include locked storage for drugs and biologicals, double-locked storage for controlled substances and refrigerated storage. Facilities for washing hands must also be provided.

3. If the compounding of intravenous and admixtures is planned, a sterile area for products must be provided.

NAC 449.927 Physical therapy units. (NRS 449.037) If a physical therapy suite is provided, it must contain the following:

1. Treatment areas.

2. Cubicle curtains around each treatment area.

3. A toilet and facilities for washing hands.

4. Exercise areas, dressing areas and adequate storage.

NAC 449.931 Radiology units. (NRS 449.037)

1. A radiology suite must comply with these minimum requirements contained in chapter 459 of NAC concerning:
 - (a) Regulations for radiation control X rays.
 - (b) Regulations for radiation control radioactive materials.
 - (c) Regulations for radiation control particle accelerators.
2. The suite must contain space for storing, processing and viewing film.
3. A toilet and lavatory equipped for washing hands must be located within the suite and be directly accessible from each fluoroscopic room without entering a general corridor.
4. There must be a waiting area for ambulatory and nonambulatory patients.

NAC 449.934 Service areas. (NRS 449.037)

1. Space must be provided at the nursing station for charting, communication systems and necessary equipment and storage.
2. Lavatories and toilets for the staff must be conveniently located near the nursing station.
3. A clean workroom must be provided for the storage and assembly of supplies for nursing procedures. The room must contain a work counter and a sink equipped with blade-type faucets.
4. A soiled workroom must be provided and contain a clinical sink, work counter and receptacles for waste and soiled linen.
5. A medicine room conveniently located near the nursing station must contain a sink equipped with blade-type faucets, a refrigerator, locked storage and facilities for the preparation and dispensing of medication. A double-locked area must be provided for controlled substances. The clean workroom and medicine room may be combined. The medicine room may be a self-contained cabinet located in the clean workroom.

6. A nourishment station or carts for supplying nourishment and ice to the patients must be provided.

7. A bathtub or shower must be provided at the rate of one for each 12 beds which are not otherwise served by bathing facilities within the patients' rooms. Each central bathing tub or shower must be in a room or enclosure which provides space for private use of the bathing fixture, drying and dressing. The tub and shower must have a nonskid floor. At least one bathing area on each floor must have space for a wheelchair and an attendant. A toilet must be accessible from each central bathing area without entering a general corridor. This toilet may be used as a training toilet.

NAC 449.937 Processing waste. (NRS 449.037)

1. Space and facilities must be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization or removal by a combination of these techniques.

2. If incineration is provided, it must be capable of completely destroying pathological and infectious material.

NAC 449.940 Intermediate care facilities. (NRS 449.037)

1. Intermediate care facilities must comply with the applicable provisions of NAC 449.806 to 449.949, inclusive, concerning:

- (a) Correction of deficiencies;
- (b) Nursing units, except for the provisions of subsection 2 of NAC 449.917 relating to multibed rooms;
- (c) Service areas;
- (d) Psychiatric units;

- (e) Physical therapy units;
- (f) Occupational therapy units;
- (g) Pharmacy units;
- (h) Dietary units;
- (i) Administration and public areas;
- (j) Medical records units;
- (k) Central stores;
- (l) Linen service;
- (m) Employees' facilities;
- (n) Janitors' closets;
- (o) Engineering services and equipment;
- (p) Processing waste;
- (q) Details and finishes;
- (r) Construction, review of plans and fire resistive requirements;
- (s) Elevators;
- (t) Mechanical requirements; and
- (u) Electrical requirements.

2. There must be 20 square feet (1.86 square meters) of space set aside for recreational purposes for each patient.

3. An area must be provided for the care and grooming of the patients' hair. The area must be provided with a lavatory for washing hands.

4. A means must be provided for toilet training.

5. A locked area for a reasonable amount of the patients' excess clothing and possessions must be provided.

NAC 449.943 Periodic inspections; correction of deficiencies; request for variance from requirements; penalties. (NRS 449.037)

1. The Bureau will annually inspect all facilities and note the existence of any deficiencies. In buildings constructed before October 13, 1977, nonconforming conditions will be recorded that require major modification, but they will not be cited as deficiencies unless the condition is potentially hazardous to the health, safety or well-being of the patients or the public.

2. The form "Statement of deficiencies and plan of correction," will be sent to the facility, listing the deficiencies noted. The facility must return the form within 10 working days of receipt. The plan for correcting the deficiencies must include a time for the correction of each deficiency. If the Bureau determines the time proposed to correct a deficiency is excessive, the Bureau will establish a time for the deficiency to be corrected, based on the threat to the health, safety and well-being of the patients in the facility.

3. If there are deficiencies for which there is no feasible method of correction, a request for a permanent variance from the specific requirement must be made to the Board of Health. The request must indicate the area of noncompliance, the reason for it and the inability to eliminate the deficiency.

4. If a facility does not comply with the requirements of this section, its license will be placed in provisional status for a period not to exceed one-half of the length of time originally prescribed for the correction of the deficiency. If noncompliance is still evident at the end of the period of provisional status, procedures for the revocation of the license will be instituted by the Bureau.

NAC 449.946 Clarification or interpretation of regulations. (NRS 449.037) If the clarification or interpretation of any provision of NAC 449.806 to 449.949, inclusive, is needed, the Bureau may be contacted at:

Bureau of Licensure and Certification

1550 East College Parkway, Suite 158

Carson City, Nevada 89706

or

800.992.0900, Extension 4475.

NAC 449.949 Acceptance of certification from another enforcing authority; exceptions. (NRS 449.037) A certification by another enforcing authority of compliance with its code or standards will be considered by the Bureau in its determination of compliance with NAC 449.806 to 449.949, inclusive. The Bureau will not accept the certification if it finds noncompliance with such a code or standard.

**NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R066-04**

The Health Division of the Department of Human Resources adopted regulations assigned LCB File No. R066-04 which pertain to chapter 449 of the Nevada Administrative Code on June 25, 2004.

Notice date: 5/25/2004
Hearing date: 6/25/2004

Date of adoption by agency: 6/25/2004
Filing date: 8/4/2004

INFORMATIONAL STATEMENT

1. DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION OF HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

A Small Business Impact Questionnaire was mailed to the Intermediate Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Skilled Nursing Facilities and Hospitals on February 27, 2004. Attachment A is the Small Business Impact Statement Questionnaire. Attachment B includes copies of the small business impact summaries for Intermediate Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Skilled Nursing Facilities and Hospitals. It was noted that some providers anticipated they would incur additional costs for dementia training. Anticipated benefits were also noted, including the provision of better care to patients and possible improvement in staff retention with training.

Notices of public workshops held on March 29, 2004, in Las Vegas and on April 1, 2004, in Reno were published in the Las Vegas Review Journal and the Reno Gazette Journal on March 10, 2004. Notices of public workshops, and proposed regulations were mailed to all county libraries in Nevada, Intermediate Care Facilities, and Intermediate Care Facilities for the Mentally Retarded and interested parties on February 27, 2004. The small business impact summaries were available at both workshops.

Notice of public hearing regarding the Board's intent to adopt amendments was published in the Las Vegas Review Journal and the Reno Gazette Journal on May 25, 2004. Notices of public hearing, and proposed regulations were mailed to all county libraries in Nevada, Hospitals, and interested parties on May 25, 2004. The notice of public hearing was mailed to the Clark County Health District and the Washoe County District Health Department on May 25, 2004.

Two individuals commented during the Intermediate Care Facilities workshops, the comments referenced Intermediate Care Facilities for the Mentally Retarded and uniform codes for plan review.

Copies of the workshop minutes and Board of Health hearing minutes may be obtained by calling the Bureau of Licensure and Certification at (775) 687-4475.

2. THE NUMBER OF PERSONS WHO:

(A) ATTENDED THE HEARING;

Approximately 69 people attended the June 25, 2004, Board of Health hearing.

(B) TESTIFIED AT EACH HEARING; AND

Ms. Pam Smith, Executive Director of Eagle Valley Children's Home in Carson City (see question number 4).

Assemblywoman Kathy McClain- testified in support of the proposed amendments.

Teresa Stricker, Division of Aging Services- testified in support of dementia training for skilled nursing facilities.

Charles Perry, Executive Director/CEO, Nevada Hospital Association (see question number 4).

Brandi Greg, Regional Director, Nevada Alzheimer's Association, indicated she was in support of the proposed regulation amendments.

Wendy Simons, Chairman, Alzheimer's Workgroup for the Commission on Aging, testified in support of the proposed regulation amendments.

(C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

Pam Smith, Executive Director of Eagle Valley Children's Home submitted a written statement at the April 1, 2004, workshop.

Dottie Piekarz, RN, and Director of Washoe County adult Day Break Adult Health care Program, submitted a written statement at the April 1, 2004, workshop.

Wendy Simons, Park Place Assisted Living, member of the Commission on Aging, member of the Assisted Living Advisory Council, and a member of the Coalition of Assisted Residential Environments submitted a written statement at the April 1, 2004, workshop.

Stephanie Cory, Alzheimer's Association, submitted a copy of their eight hour curriculum for direct care training at the April 1, 2004, workshop.

Dr. Jane Fisher, Associate professor Department of Psychology University of Nevada Reno and Executive Director, Nevada Caregiver Support Center submitted a copy of her curriculum for Dementia care training at the April 1, 2004, workshop.

3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

Comment was solicited from affected or potentially affected businesses by mailing appropriate facilities and all interested parties the proposed regulations, a small business impact questionnaire, a copy of the small business impact summary, and the notices for the workshops and Board of Health hearings. Copies of the workshop minutes and Board of Health hearing minutes may be obtained by calling the Bureau of Licensure and Certification at (775) 687-4475.

4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

Public comment was received from Pam Smith, Executive Director of Eagle Valley Children's Home in Carson City. Ms. Smith requested changes be made to the Construction Standards for ICF/MR facilities to better reflect the residential atmosphere for ICF/MR clients. The main issue for Ms. Smith was that she believed the bureau was imposing the construction standards of health facilities upon a residential facility. After discussion with legal counsel, it was determined and explained to the members of the Board of Health that Ms. Smith might request a variance to this regulation to better accommodate the needs of her facility, rather than changing the regulation for all ICF facilities in Nevada

Public comment was received from Charles Perry, Executive Director-CEO of the Nevada Health Care Association, representing Skilled and Intermediate Care Nursing Facilities. Mr. Perry objected to the number of hours required in the regulation. Mr. Perry requested that the Board direct the Bureau of Licensure and Certification to bring the affected groups and/or associations together to reach a compromise on the number of hours of dementia specific training to meet the mandate of AB 323, taking into consideration that the SNF and ICF providers are required to implement and follow a patient-specific Care Plan and the continuing education and training requirements currently imposed. Mr. Perry did not believe sufficient consideration was being given regarding the difference(s) between provider types. This request was not supported by the Board of Health as comments received at public workshop and also at the Board of Health meeting from Assemblywoman Kathy McClain, the Alzheimer's Association, the Division of Aging and the Commission on Aging, unanimously supported that the intent of the legislation was met by the number of hours of dementia training as presented in the regulation.

The State Board of Health adopted the proposed amendments to NAC 449, "Intermediate Care Facilities" and the repeal of "Construction Standards for Hospitals, Skilled Nursing Facilities and Intermediate Care Facilities" LCB File No. R066-04, with errata, as presented.

5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

(A) BOTH ADVERSE AND BENEFICIAL EFFECTS; AND

Anticipated effects on the business which NAC 449 regulates.

Adverse: There will be increased training costs to Intermediate Care facilities for providing “Dementia Training”. The regulations have been revised to require a plan review of architectural documents for new construction and remodeling. The plan review will have an associated fee as determined by the entity conducting the review on behalf of the state.

Beneficial: Intermediate Care Facilities will be able to provide better care to residents with diagnoses of dementia and Alzheimer’s disease. There may also be an additional benefit in the area of staff retention in this facility type due to the required training. Regulations addressing plan review, construction standards, dietary services and disaster planning will be more consistent. Intermediate Care Facilities with 10 or fewer clients will not be required to have a commercial grade kitchen.

Anticipated effects on the public:

Adverse: None

Beneficial: The proposed regulations will require the majority of facilities to have a plan review ensuring a safe environment for the public.

(B) BOTH IMMEDIATE AND LONG TERM EFFECTS.

Anticipated effects on the business which NAC 449 regulates.

Immediate: Increased “Dementia Training” in the first 40 hours of employment will provide better trained staff and result in better care for the residents of Intermediate Care Facilities.

Long-term: Intermediate Care Facilities will be able to provide better care to residents with diagnoses of dementia and Alzheimer’s disease. There may also be an additional benefit in the area of staff retention due to the required training. Regulations addressing plan review, construction standards, dietary services and disaster planning will be more consistent. Intermediate Care Facilities with 10 or fewer clients will not be required to have a commercial grade kitchen

Anticipated effects on the public:

Immediate: None

Long-term: Access to better care and better trained staff in Intermediate Care Facilities for individuals with diagnoses of dementia. The proposed regulations will require the

majority of facilities to have a plan review thus ensuring a safe environment for the public.

The regulations for Intermediate Care and Intermediate Care for the Mentally Retarded, have been revised to require a plan review of architectural documents for new construction and remodeling. The plan review will have an associated fee as determined by the entity conducting the review on behalf of the state.

6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

There will be additional staff time to enforce the new sections regarding “Dementia Training”. Surveyor staff presently look at a sample of personnel files while on-site to verify the facility is meeting NRS mandated employee background checks and NAC communicable disease requirements and will verify training requirements at this time. There will also be additional staff time to register plans for the facilities that will now be required to have a plan review.

7. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, NAME THE REGULATING FEDERAL AGENCY.

There is no duplication or overlap of other state or local government agency’s regulations.

8. IF THE REGULATION INCLUDES PROVISION WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISION.

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

9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

None.

SMALL BUSINESS IMPACT STATEMENT

Plan Review and Dietary Services

Background:

The purpose of the proposed revised regulations for plan review is to require a review of architectural plans for the majority of facility types.

The construction standards regulations were revised to adopt by reference the National Fire Protection Association's (NFPA) 101 Life Safety Code, and the NFPA 99 Health Facilities Standards and the American Institute of Architects Guidelines for Design and Construction of Hospitals and Health Care Facilities throughout all applicable facility types. The revisions included changing the "Uniform Building Code" to local building codes due to changes being made on a national level from the "Uniform Building Code" to the International Codes or the National Fire Protection 5000 codes. It is the intent of the Bureau of Licensure and Certification (BLC) to eliminate a conflict between the state requirements and the local requirements in the area of the building codes.

The regulations addressing the dietary personnel of hospitals were revised to allow the director of the dietetic services department to have professional qualifications in the area of professional chef, hotel-restaurant management, or is certified at minimum as a dietary manager and has additional work experience with medical-therapeutic diets.

The regulations addressing the requirement for a food establishment permit issued by the Bureau of Health Protection Services (BHPS), in Intermediate Care Facilities, Facilities for the Treatment of Alcohol and Drug Abuse, Modified Medical Detoxification Facilities were revised to require facilities with more than 10 clients/residents to have an inspection and permit.

Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, sent to all licensed facilities, from Shirley Rains, Administrative Assistant III, Bureau of Licensure and Certification, 1550 East College Parkway, Suite 158, Carson City, Nevada 89703

- 1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.**

Pursuant to NRS 233B.0608 (2) (a), the BLC has requested input from operators of the following facility types:

- Obstetric Care
- Facilities for the Treatment of drug and Alcohol Abuse
- Facilities for Treatment of Irreversible Renal Disease
- Hospitals
- Independent Centers for Emergency Medical Care

Mobile Units
 Facilities for Modified Medical Detoxification
 Facilities for the Care of Adults During the Day
 Surgical Centers for Ambulatory Patients
 Intermediate Care Facilities

A Small Business Impact Statement Questionnaire was sent to the facilities in the table above along with written correspondence detailing the proposed amendments, including a copy of the proposed regulations, on February 27, 2004. The questions on the questionnaire were:

- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Facility Type	Number of Responses
Ambulatory Surgery Center	3
Hospital	4
End Stage Renal Dialysis Center	1

Saint Rose Dominican Hospitals responded by indicating the regulations will have an adverse economic effect upon our business. A comment was included that stated they feel plan review should be conducted early in the process for identification of any potential oversight in the specifications before the licensing inspection is conducted.

This respondent states that NAC 449.3156(1) (d) should read ...the use of the physical space has not changed in such a way to not comply with the Guidelines for Design and Construction of Hospitals and Health Care Facilities or cause serious injury, serious harm or impairment to public health and welfare.

Additionally, this respondent stated that the regulations at NAC 449.3385(2) will have a beneficial effect upon the hospital because the changes in the regulation will make this position much easier to fill, and still contains the clinical dietetic advantages.

2. The estimated economic effect of the proposed regulation on the small business which it is to regulate including without limitation both adverse and beneficial effects and both direct and indirect effects.

There will be an added economic effect to those facilities previously not required to submit architectural plans for review, however, the benefit in identifying potential non-compliance at a point where changes must be made to plans, rather than a constructed building, balance the costs of the plan review.

The proposed revisions to the dietary personnel requirements will not have additional economic effect on a facility.

The regulations revising the requirement for facilities with more than 10 clients/residents to have an inspection and permit issued by the Bureau of Health Protection Services (BHPS), in Intermediate Care Facilities, Facilities for the Treatment of Alcohol and Drug Abuse, Modified Medical Detoxification Facilities provides a cost saving in these facilities not being required to purchase commercial grade kitchen equipment to obtain a food establishment permit in a facility with less than 10 clients.

3. A description of the methods that BLC considered to reduce the impact of the proposed regulation on small businesses and statement regarding whether the agency actually used those methods.

The BLC considered the impact of facilities in certain counties with populations over 50,000 of the potential of having multiple building codes adopted. The BLC revised the construction standards regarding building codes to eliminate duplicity and possible contradictory requirements.

4. The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost to the agency for enforcement of the proposed amendments to NAC 449.016 and 449.0168 is negligible.

5. Total amount BLC expects to collect from any fees and the manner in which the money will be used.

The revisions to the plan review and dietary services regulations will not increase licensing fees.

6. An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

No duplication or more stringent provision are either created or already in existence.