

LCB File No. R068-04

**PROPOSED REGULATION OF THE HEALTH DIVISION OF
THE DEPARTMENT OF HUMAN RESOURCES**

HOSPITALS

General Provisions

EXPLANATION – Matter *italicized* is new language; matter in brackets ~~H~~ is omitted language.

The following sections **have not** been revised or modified:

NAC 449.279, 449.285, 449.286, 449.287, 449.289, 449.297, 449.298, 449.299, 449.300, 449.307, 449.310, 449.312, 449.313, 449.314, 449.3152, 449.3156, 449.316, 449.317, 449.319, 449.322, 449.325, 449.327, 449.329, 449.331, 449.332, 449.337, 449.339, 449.3395, 449.340, 449.343, 449.344, 449.346, 449.349, 449.352, 449.355, 449.358, 449.361, 449.3622, 449.3624, 449.3626, 449.3628, 449.363, 449.364, 449.3645, 449.365, 449.3655, 449.367, 449.370, 449.371, 449.373, 449.3735, 449.374, 449.375, 449.376, 449.377, 449.379, 449.382, 449.385, 449.388, 449.389, 449.391, 449.394

Section 1 Chapter 449 of NAC is hereby amended to read as follows:

NAC 449.3154 Construction standards; submission of building plans for new construction or remodeling. (NRS 449.037)

1. Except as otherwise provided in this section, *a hospital must* ~~[newly-constructed hospitals and existing hospitals shall]~~ comply with the *provisions of* ~~[current edition of]~~ *NFPA 101: Life Safety Code*, ~~[published by the National Fire Protection Association,]~~ which is hereby adopted ~~[by reference]~~ *pursuant to General Requirements for Licensure Section 1*. ~~[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.]~~

2. Except as otherwise provided in this section, *any* new ~~[y]~~ construction, *remodeling or change in use of a* hospital ~~[s and existing hospitals shall]~~ *must* comply with the ~~[current edition of]~~ *Guidelines for Design and Construction of Hospital and Health Care Facilities*, ~~[published by the American Institute of Architects,]~~ which is hereby adopted *pursuant to General Requirements for Licensure, Section 1, unless* ~~[by reference, except that:~~

—(a) “Renovation,” Section 1.2 of the introduction to the guidelines does not apply; and

—(b) ~~The guidelines do not apply to the refurbishing]~~ the *remodeling is limited to refurbishing an area* of the hospital, *including, without limitation,* ~~[where the only changes being made are to the]~~ *painting the area, replacing* ~~[or]~~ the flooring, *repairing* windows or *replacing window or* wall coverings.

~~[A copy of the guidelines may be obtained from AIA Rizzoli Bookstore, 1735 New York Avenue, N.W., Washington, D.C. 20006, or by telephone at (888) 272-4115, for the price of \$60, plus \$5 for shipping and handling.]~~

3. *Except as provided in this section, [A] a* hospital shall meet all applicable federal, state and local laws and comply with all applicable life safety, environmental, health, *local* building and fire codes and zoning ordinances. *Pursuant to NRS Chapter 341, buildings inspected and approved by the State Public Works Board are exempt from local building codes.* If there are any differences between the state and local codes, the more restrictive standards apply.

4. A complete copy of the building plans for new construction and remodeling of a hospital, drawn to scale, must be submitted to the entity designated to review such plans by the health division pursuant to the provisions of NAC 449.0115.

5. The bureau shall not approve the licensure of a hospital until all construction has been completed and a survey is conducted at the site. The plan review is only advisory and does not constitute prelicensing approval.

6. Notwithstanding any provision of this section to the contrary, a hospital which was licensed on January 1, 1999, shall be deemed to be in compliance with this section if the use of the physical space in the hospital does not change and the existing construction of the hospital does not have any deficiencies which are likely to cause serious injury, serious harm or impairment to public health and welfare.

Section 2 NAC 449.3156 is hereby amended to read as follows:

NAC 449.3156 Compliance with construction standards; correction of deficiencies. (NRS 449.037)

1. Notwithstanding any provision of NAC 449.3154 to the contrary, a hospital shall be deemed to be in compliance with *Guidelines for Design and Construction of Hospital and Health Care Facilities*, ~~[NAC 449.3154]~~ if:

(a) The hospital submitted architectural plans to the bureau of licensure and certification of the health division of the department of human resources on or before February 1, 1999;

(b) The hospital began construction on or before August 1, 1999;

(c) The plans were determined by the bureau of licensure and certification to be in compliance with the provisions of chapter 449 of NAC that were in effect on December 1, 1998; and

(d) The hospital is built in accordance with those provisions and does not have any deficiencies which are likely to cause serious injury, serious harm or impairment to public health and welfare, *and the use of the physical space has not changed.*

2. If there are deficiencies that are likely to cause serious injury, serious harm or impairment to public health and welfare, the hospital shall take immediate action to correct the deficiencies or the hospital will not be allowed to continue to operate.

Section 3 NAC 449.338 is hereby amended to read as follows:

NAC 449.338 Dietetic services: Facilities. (NRS 449.037)

1. A hospital shall provide for the general dietary needs of its patients, including the preparation of modified special diets.
2. Adequate space for the preparation and service of food must be provided. Equipment for the preparation and service of food must be placed to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.
3. Well-ventilated food storage areas of adequate size must be provided.
4. Adequate space must be maintained to accommodate equipment, personnel and procedures necessary for the proper cleaning and sanitizing of dishes and other utensils.
5. Office or other suitable space must be provided for the dietitian and dietetic service supervisor.
6. In providing for the preparation and serving of food, a hospital shall:
 - (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto; and
 - (b) Obtain the necessary permits from the bureau of health protection services of the health division of the department of human resources.
 - (c) Maintain copies of the sanitation inspection reports for one year, including the corrective action taken.*

Section 4 NAC 449.3385 is hereby amended to read as follows:

449.3385 NAC Dietetic services: Personnel. (NRS 449.037)

1. A hospital shall maintain an organized dietary service that is staffed by an adequate number of personnel. The hospital shall ensure that personnel are on duty to provide dietary services for at least 12 hours each day and that the personnel are competent to perform their duties as outlined in their job descriptions. The dietary service must be integrated with the other departments, units and services within the hospital.

2. The dietary service must be under the direction of a registered dietitian; or other professional person who:

(a) Is qualified in the field of institutional management, ~~or~~ nutritional sciences, *or hotel restaurant management;*

(b) Has completed an executive chef program; or

(c) Is certified at least as a dietary manager and have additional work experience with medical-therapeutic diets.

The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant.

3. A hospital shall have on staff a dietitian manager or consultant who shall provide in-service training for all dietetic service personnel and maintain a record of the in-service training provided which includes a description of the subjects covered by the training, the date that the training was given, the duration of the training and a list of the persons who attended the training.

4. Personnel of the dietary service must:

(a) Be trained in basic techniques of food sanitation;

(b) While working in the dietary service, be clean and wear clean clothing, including a cap or hairnet, or both; and

(c) Be excluded from duty when affected by a skin infection or communicable disease.

5. If an employee of the dietary service has a beard or moustache, or both, which is not closely cropped, the employee shall cover the beard or moustache, or both, while he is on duty.

LCB File No. R068-04

SMALL BUSINESS IMPACT STATEMENT

(Nevada Revised Statutes 233B.0608)

Proposed Amendment of Nevada Administrative Code (NAC)

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.