

# PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

## LCB File No. R090-12

These regulations are being proposed in accordance with NRS 640E.010 through NRS 640E.370 as it relates to the regulation of dietitians.

*Section 1. The Health Division of the Department of Health and Human Services shall administer the provisions of this chapter on behalf of the State Board of Health.*

*Sec. 2. With the exception of the provisions of NRS 640E.090, all persons who engage in the practice of dietetics are required to be licensed pursuant to this chapter.*

*Sec. 3. Any person who knowingly accepts nutrition services from a person who is exempt from this chapter or from a person who is not licensed pursuant to this chapter may not file a complaint under this chapter or under the provisions of NRS 640E.010 through NRS 640E.370.*

*Sec. 4. Disciplinary action, including license revocation or suspension, may be taken against any facility licensed pursuant to Chapter 432A, Chapter 446, Chapter 449, or NRS 459.010 through 459.290 if the facility employs or contracts with a person who is not licensed to perform medical nutrition therapy or nutrition services. Any person licensed pursuant to Title 54 of the NRS who is found to have employed or contracted with a person who is not licensed to perform medical nutrition therapy or nutrition services will be referred to the appropriate licensing authority for disciplinary action as determined by that licensing authority.*

### *Application process*

*Sec. 5. Each applicant for licensure as a dietitian in Nevada must complete an application prescribed by the Health Division. Each application must be submitted with the application fee as specified in Sec. 9 and the requirements of NRS 640E.150.*

*Sec. 6. An application for an initial, renewal, duplicate, delinquent, or provisional license, or an application for reinstatement of a license that is filed with the Health Division must include:*

- (a) The applicant's full name, including first name, middle name if applicable and last name;*
- (b) Other name(s) that may have been used by an applicant;*
- (c) The applicant's date of birth;*
- (d) The applicant's current physical and mailing address if different than the physical address;*
- (e) The applicant's current telephone number where the applicant can be reached;*
- (f) An electronic means of communication including, but not limited to, an email address, a phone number that will accept an email, or some other method that allows the Health*

*Division to communicate with the applicant other than by phone or United States mail. An applicant who is unable to comply with this section may be exempted from these provisions by attesting that these means are not feasible for him and acknowledging that United States mail is the only means by which to communicate with the applicant;*

*(g) The applicant's registration number from the Commission on Dietetic Registration of the American Dietetic Association;*

*(h) The status of any disciplinary action against the applicant by the Commission on Dietetic Registration of the American Dietetic Association;*

*(i) A statement that the applicant is aware of the mandatory abuse reporting requirements pursuant to NRS 200.5093, NRS 200.50935, and NRS 432B.220; and*

*(j) Any other information prescribed by the Health Division to determine an applicant's eligibility for licensure or identity.*

*2. An application must be complete and include the applicable fee. Any incomplete applications will be returned to the applicant within 10 working days from receipt of the application.*

*3. The Health Division shall determine the proof required pursuant to NRS 640E.150 to be included with an initial application.*

*4. The Health Division shall determine the proof required pursuant to NRS 640E.220 to be included with a renewal application.*

*5. A licensee must notify the Health Division of any changes to the information required in this section within 15 days of the change. This can be done in writing, on a form or via email in a manner prescribed by the Health Division. Failure to comply with this subsection may result in suspension or revocation of a licensee's license.*

*Sec. 7. If the Health Division is required by law or the provisions of this chapter to deliver any notice by mail or electronically to a licensee, the notice shall be deemed validly given if it is mailed to the last address or email address of the licensee which was filed with the Health Division.*

#### *Fee Schedule*

*Sec. 8. An applicant or licensee must pay to the Health Division the following nonrefundable fee(s) as applicable:*

<i>(a) Initial Application fee.....</i>	<i>\$200</i>
<i>(b) Renewal fee.....</i>	<i>200</i>
<i>(c) Duplicate license fee.....</i>	<i>20</i>
<i>(d) Lapsed renewal fee, in addition to application fee.....</i>	<i>100</i>
<i>(e) Reinstatement fee.....</i>	<i>200</i>
<i>(f) Provisional license.....</i>	<i>200</i>
<i>(g) Temporary license.....</i>	<i>25</i>
<i>(h) Waiver hearing.....</i>	<i>100</i>

## *Criminal Background Check*

*Sec. 9. In addition to the grounds listed in NRS 640E.270, the Health Division may deny, suspend or revoke a license of an applicant or of a licensee, as applicable, as a dietitian if he or she has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174.*

*Sec. 10. If the Criminal History Repository determines that a background investigation conducted pursuant to NRS 640E.150 (3) cannot be completed because pertinent information is missing, the Health Division shall send a notice to the applicant or licensee investigated, requiring the applicant or licensee to obtain the missing information or proof that the missing information cannot be obtained and provide it to the Health Division. The applicant or licensee must submit the information required pursuant to this section to the Central History Repository within 30 days of notice by the Health Division that information obtained through the background check is incomplete, or the individual is subject to automatic denial or revocation of his or her license pursuant to NRS 640E.270 (1) (i). If a suitability determination cannot be made because a hearing date has not been set, the applicant or licensee shall notify the Health Division of the hearing date. The applicant or licensee shall forward to the Central History Repository the deposition as soon as it is available so that the Repository can make a suitability determination.*

*Sec. 11. The Central Repository for Nevada Records of Criminal History may impose a fee upon an applicant that submits fingerprints pursuant to NRS 640E.150 for the reasonable cost of the investigation. The applicant is responsible for paying all costs to conduct the background investigation, including but not limited to, all fingerprint fees and state and FBI background check processing.*

*Sec. 12. If an applicant or licensee believes that the information provided by the Criminal History Repository is incorrect, the applicant or licensee may notify the Health Division within 10 working days of being notified of his or her determination results that he or she is challenging the information provided in the report. Upon notification that the individual is challenging the decision, the Health Division shall give the applicant or licensee not less than 30 days to correct the information received from the Central Repository before issuing a denial, suspension or revocation of a license, except as provided in Section 14.*

*Sec. 13. Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to NRS 640E.150 (3) or evidence from any other source, that an applicant seeking licensure as a dietitian has been convicted of a crime pursuant to paragraph (a) of subsection 1 of NRS 449.174, the Health Division may deny or suspend a license, as applicable, of a dietitian until the corrected information obtained pursuant to Section 13 shows that the person has not been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174.*

### *Provisional License*

*Sec. 14. A provisional license may be issued pursuant to NRS 640E.180. The purpose of the provisional license is to allow a person time to complete the licensure requirements during the period of the provisional license. "Supervision" means performing under the direction of a licensed dietitian wherein the dietitian will ensure the accomplishment of the task or activity, including initial direction and periodic inspection of the actual accomplishment of the task or activity.*

*Sec. 15. A person may not be issued more than one provisional license.*

### *Temporary License*

*Sec. 16. A temporary license may be issued to a person in accordance with NRS 640E.190. If the Division determines the applicant for a temporary license should be licensed in the State of Nevada, the Division may deny the request for a temporary license.*

*Sec. 17. An application for a temporary license shall include the following information:*

- (a) The person's name, license number and state that issued the license;*
- (b) A declaration that the license is in good standing in the state in which it was issued;*
- (c) The name of the entity for whom the licensee will be providing services; and*
- (d) The address at which the temporary license will be used.*

*Sec. 18. A temporary license may only be used for the purposes of medical nutrition therapy for patients in the State of Nevada.*

*Sec. 19. Only applicants who have a license from a state that has been recognized by the State Board of Health as having licensure requirements that are substantially equal to the requirements for license in this state may be issued a temporary license.*

### *Waiver from Licensure Requirements*

*Sec. 20. The Division may waive the examination required pursuant to NRS 640E.150 if the Division is satisfied that the experience and qualifications of the applicant justify granting the license without examination.*

*Sec. 21. Dietitians that are registered by the Commission on Dietetic Registration of the American Dietetic Association or its successor organization meet the licensure requirements set forth in NRS 640E.150 (c), (d), and (e).*

*Sec. 22. The Division may seek guidance from the Dietitian Advisory Group concerning any waiver requests.*

### *Complaints Concerning Unlicensed Practitioners*

*Sec. 23. Upon receipt of a complaint that a person is practicing dietetics without a license, the Health Division shall send a certified letter to the person about whom the complaint was made directing that the person immediately cease and desist the practice of dietetics. The person will be given 10 days to provide notice to the Health Division that he will submit an application to practice as a dietitian. If the person does not give such notice:*

*(a) He will be referred to the Office of the Attorney General and the district attorney in the county in which the person is located for prosecution as a misdemeanor pursuant 640E.370.*

*(b) In addition to being referred for criminal prosecution, the Health Division shall impose a civil penalty of not less than \$100 per day up to a maximum of \$10,000 for each occurrence of practicing without a license.*

### *Complaints Concerning Licensees*

*Sec. 24. The Health Division is authorized to receive complaints against licensees or applicants from any person.*

*1. Complaints filed with the Health Division shall be forwarded to the Commission on Dietetic Registration of the American Dietetic Association or its successor organization for investigation of the complaint. A written report of the findings of such investigation shall be provided to the Health Division. If the Commission on Dietetic Registration of the American Dietetic Association refuses to investigate the complaint, the Health Division may conduct the investigation.*

*2. If, after receiving findings of an investigation pursuant to subsection 1, the Health Division finds grounds for taking disciplinary action, the Health Division shall provide notice and a hearing pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.*

*3. If the licensee refuses to comply with an investigation pursuant to this section, the Health Division shall initiate formal disciplinary proceedings, including but not limited to suspension, denial or revocation of the person's license, an administrative penalty, or limitation of practice.*

*4. Final authority for appropriate action rests solely with the Health Division.*

### *Discipline*

*Sec. 25. For the purposes of disciplinary action, the Division will consider any of the following acts as conduct which is harmful to the public or any conduct detrimental to the public health or safety:*

*1. A violation of any provision of this chapter.*

*2. A violation of the Code of Ethics of the Commission on Dietetic Registration adopted herein by reference.*

### *Cost of Disciplinary Action*

*Sec. 26. 1. The costs of any disciplinary action, suspension, denial or revocation of license shall be paid by the individual against whom the disciplinary action is being taken.*

*2. Administrative fines collected pursuant to this chapter shall be accounted for separately and may be used to pay for training, education to Health Division employees, dietitians, dietitian students or to members of the general public as it relates to dietetics as outlined in this chapter.*

*Appeal Rights for Denial, Suspension or Revocation of a License or Imposition of an Administrative Penalty*

*Sec. 27. If a person is aggrieved by a decision of the Health Division relating to the denial, suspension or revocation of a license or imposition of an administrative penalty based upon any of the grounds set forth in the NRS or the Nevada Administrative Code, the aggrieved person may appeal the decision pursuant to the procedures set forth in NAC 439.300 to NAC 439.395, inclusive.*

*Reissuance of license: Period during which licensee may not apply for reissuance; requirements for reissuance*

*Sec. 28. 1. The Health Division will, in each order of revocation it issues, prescribe a period during which a licensee may not apply for the reissuance of his or her license. The period will not be less than 1 year or more than 10 years.*

*2. An applicant for reissuance of a license must:*

- (a) Submit an application for reissuance on a form prescribed by the Health Division;*
- (b) If he or she is applying for reissuance of a license, satisfy all requirements for renewal of a license, including a criminal history investigation pursuant to this Chapter;*
- (c) Attest that he or she has not, during the period of revocation of his license, violated any state or federal statutes or regulations governing the practice of dietetics; and*
- (d) Attest that there is no disciplinary action pending against the licensee before the Commission on Dietetic Registration or its successor organization.*

*3. The Health Division may designate requirements in addition to the requirements of subsection 2 that must be satisfied before an applicant will be considered for reissuance of a license, including, without limitation, completion of additional courses or programs if the applicant's license has been revoked for more than 2 years.*

*4. The Health Division:*

- (a) Shall review an application for reissuance of a license to determine whether the application satisfies the requirements of this section; and*
- (b) May deny an application which it determines does not satisfy the requirements.*

*5. In considering the reissuance of a license which has been revoked, the Health Division will evaluate:*

- (a) The severity of the act which resulted in revocation of the license;*
- (b) The conduct of the applicant after the revocation of the license;*
- (c) The lapse of time since revocation;*
- (d) The degree of compliance with all conditions the Health Division may have stipulated as a prerequisite for reissuance of the license;*
- (e) The degree of rehabilitation attained by the applicant as evidenced by statements to the Health Division from qualified people who have professional knowledge of the applicant; and*
- (f) The truthfulness of the attestations made by the applicant pursuant to subsection 2.*

6. *After evaluation, the Health Division will deny or grant the reissuance of the license.*
7. *If disciplinary action is required to be taken after reissuance of a license it will begin again with the disciplinary action for a first offense.*

#### *Conditions to Have Suspension Lifted*

*Sec. 29. 1. If the Health Division suspends a license the applicant may appeal the suspension. If the applicant chooses not to appeal the suspension the applicant must agree to the terms laid out by the Health Division which may include, but are not limited to, the following:*

- (a) Informing the Health Division of the name and address of his or her employer or if self employed the name and address of his or her business.*
  - (b) Evaluations of his performance submitted to the Health Division by the employer at designated intervals.*
  - (c) Counseling with a qualified professional counselor.*
  - (d) Treatment for addiction, if the suspension was related to abuse of alcohol, a controlled substance, or some other condition that may be assisted with treatment, by a qualified health care professional.*
  - (e) Enter into a contract to obtain alcohol and/or drug rehabilitation services if the suspension was related to abuse of alcohol or a controlled substance.*
  - (f) Reports submitted to the Health Division by the counselor or qualified health care professional at designated intervals.*
  - (g) Submitting self-evaluation reports at designated intervals.*
  - (h) Reports of random screening for alcohol or drugs submitted, at designated intervals.*
  - (i) Meeting with the professional staff of the Health Division, at designated intervals.*
  - (j) Working under supervision as approved by the professional staff of the Health Division.*
  - (k) Successfully completing any educational courses required by the Health Division.*
  - (l) Reports from a qualified health care provider, including a qualified professional counselor that the dietitian is safe to work with clients.*
  - (m) Successful participation in a rehabilitation program.*
- 2. The Health Division may terminate the suspension at any time.*
  - 3. If at any time the Health Division determines that the terms of the suspension are violated or that the progress and performance under the suspension are unsatisfactory, the period of the suspension may be extended, the terms of the suspension may be modified or the license may be revoked.*
  - 4. The licensee shall pay the cost to comply with the terms of his suspension required by the Health Division pursuant to this section.*

#### *Dietitian Advisory Group Creation, membership, appointment of members*

- Sec. 30. 1. The Dietitian Advisory Group is hereby created in the Health Division.*
- 2. The Advisory Group consists of the following five members:*
    - (a) Four dietitians licensed in Nevada; and*
    - (b) One person who represents the general public.*

### *Terms, reappointment and vacancies*

*Sec. 31. 1. The term of members of the Advisory Group is 4 years. Members may serve consecutive terms but after each 4 year term is completed the State Board of Health may appoint a different person as a member of the Advisory Group.*

*2. A vacancy must be filled in the same manner as the original appointment.*

### *Meetings, Chairman, Powers and Duties*

*Sec. 32. 1. The Advisory Group may meet at least once per year or as otherwise called by the Chair at the direction of the Health Division.*

*2. As far as is practicable, the Advisory Group will meet using telephonic or electronic means.*

*3. At its first meeting each year, the members of the Advisory Group will select a Chairman from among its members. The Chairman serves as the liaison to the Health Division and the State Board of Health as needed.*

*4. The Health Division will provide administrative assistance to the Advisory Group.*

*5. A majority of the members present constitutes a quorum for the transaction of business.*

*6. The Advisory Group may facilitate the development of materials that the Health Division could use to educate the public about the practice of dietetics.*

*7. The Advisory Group may act as a conduit of information between dietitians, the Commission on Dietetic Registration or its successor organization, and the Health Division.*

*8. The Advisory Group may review disciplinary actions, appeals, denials or revocations of licenses, terms of suspension, reissuance or reinstatements of licenses, and waivers granted after the actions have been issued. The purpose of the review will be to provide guidance on regulations or practices related to these actions.*

*9. The Health Division may seek the advice of the advisory group for issues related to dietetics.*

**Sec. 33. NAC 442.405 Level II specialty care facilities and level III subspecialty care facilities: Additional requirements.** (NRS 442.007, 449.037) In addition to the requirements set forth in NAC 442.390 and 442.401, level II specialty care facilities and level III subspecialty care facilities must meet the following requirements:

1. The following support personnel must be available in level II specialty care facilities and level III subspecialty care facilities:

(a) At least one full-time social worker, licensed pursuant to chapter 641B of NRS, for every 30 beds in the facility. The social worker must have experience with the socioeconomic and psychosocial problems of high-risk women and fetuses, as defined in the Guidelines for Perinatal Care adopted by reference pursuant to NAC 442.370, ill neonates and the families of ill neonates.

(b) At least one occupational therapist or physical therapist with experience in the care of neonates.

(c) At least one ~~registered~~ *licensed* dietitian ~~or nutritionist~~ who has special training in perinatal nutrition and can plan diets that meet the special needs of high-risk women and neonates.



(d) Personnel in the pharmacy, including, but not limited to, pharmacists and technicians, who will work to review continually their systems and process of administering medication to ensure that policies relating to the care of patients are maintained.

2. Level II specialty care facilities and level III subspecialty care facilities must have a policy for the use of interpreters to address the needs of patients and their families who do not speak English or are hearing impaired.

3. Level II specialty care facilities and level III subspecialty care facilities must:

(a) Demonstrate through quality assurance activities the ability of the facility to report and track data on morbidity and mortality; and

(b) Establish a policy for obstetricians, perinatologists, neonatologists and pediatricians to confer with other physicians, including physicians not located in the facility, to report trends and outcomes related to data on morbidity and mortality and other issues related to perinatology.

(Added to NAC by Bd. of Health by R064-04, eff. 8-4-2004)

**Sec. 34. NAC 442.788 Payment for dietary supplements and medications; additional covered services. (NRS 442.190)**

1. The program does not pay for dietary supplements or medications relating to eligible medical conditions except as otherwise provided in subsection 2 and in the circumstances specified for the following eligible medical conditions:

(a) Cystic fibrosis, medications related to the eligible medical condition or its complications.

(b) Epilepsy, subject to individual case and medical review.

(c) Juvenile diabetes, subject to individual case and medical review.

(d) Inborn errors of metabolism, including those detected through the program for screening newborn babies conducted pursuant to NRS 442.008 and NAC 442.020 to 442.050, inclusive, dietary supplements as prescribed.

(e) Asthma that requires daily medication for a client to perform the activities of daily living, subject to individual case and medical review.

(f) Cardiac conditions that require ongoing medication for a client to perform the activities of daily living, subject to individual case and medical review.

(g) Thyroid conditions that require ongoing medication, subject to individual case and medical review.

2. The program will, subject to individual case and medical review, cover dietary supplements and medications required on an ongoing basis for the prevention or amelioration of complications of an eligible medical condition.

3. The program will cover:

(a) Primary care of a client, as recommended by the American Academy of Pediatrics, to the extent that the Health Division determines such care is necessary to ensure the optimum health of the client;

(b) Services of a ~~registered~~ *licensed* dietitian, to the extent that the Health Division determines those services are necessary to ensure the optimum health of a client;

(c) Physical therapy necessary to return a client to functional ability, except that, unless otherwise authorized by the Health Division, such coverage is limited to not more than 12 sessions annually and 60 minutes per session; and

(d) Psychological therapy relating to emotional support for an ongoing, chronic eligible medical condition, except that, unless otherwise authorized by the Health Division, such coverage is limited to:

(1) For individual therapy, not more than 12 sessions annually and 60 minutes per session.

(2) For group therapy, not more than 24 sessions annually.

(Added to NAC by Bd. of Health, eff. 11-27-89; A 1-18-94; R212-97, 7-23-98; R095-99, 11-29-99)

Add new definition of licensed dietitian to Chapter 442 of the NAC as follows:

***Sec. 35. "Licensed dietitian" defined. "Licensed dietitian" has the meaning ascribed to it in NRS 640E.040.***

***Sec. 36. NAC 449.147 Dietary services. (NRS 449.037)***

1. Facilities must serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those clients who desire one.

2. Menus must be planned and followed to meet the nutritional needs of the clients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

3. Therapeutic menus must be planned by a ~~registered~~ **licensed** dietitian or must be reviewed and approved by the client's attending or staff physician.

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

5. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food in a sanitary manner must be provided.

6. A facility with more than 10 clients must:

(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.

7. Clients needing special equipment, implements or utensils to assist them while eating must have such items provided.

8. If a facility operates on the cottage plan, provision must be made for food service that assures hot, palatable meals.

9. A ~~qualified person~~ **licensed dietitian** must be used as a consultant on planning meals and serving food. Consultation each month is required. ~~[A qualified person may be a person meeting the requirements for registration with the Commission on Dietetic Registration as either a registered dietitian or a registered dietetic technician.]~~

10. All facilities that contract with food management companies must comply with the applicable regulations of the Health Division as provided in chapter 446 of NAC.

[Bd. of Health, Alcohol and Drug Abuse Treatment Facilities Art. 8, eff. 3-27-76; A 3-30-77]—(NAC A by R077-01, 10-18-2001; R073-04, 8-4-2004)

**Sec. 37. NAC 449.15351 Dietary services. (NRS 449.037)**

1. Facilities shall serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those clients who desire one.

2. Menus must be planned and followed to meet the nutritional needs of the clients in accordance with the recommended dietary allowances recommended by the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

3. Therapeutic menus must be planned by a ~~registered~~ **licensed** dietitian or must be reviewed and approved by the attending physician of the client or a staff physician.

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

5. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food in a sanitary manner must be provided.

6. 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.

7. Clients needing special equipment, implements or utensils to assist them while eating must have such items provided.

8. If a facility operates on the cottage plan, provision must be made for food service that ensures hot, palatable meals.

9. A ~~professional, qualified person~~ **licensed dietitian** must be used as a consultant on planning meals and serving food. At least 4 hours of consultation each month is required. ~~[A person is qualified only if he meets the requirements for registration with the Commission on Dietetic Registration as a dietitian or dietetic technician.]~~

10. A facility that contracts with a food management company shall comply with all applicable regulations of the State Board of Health.

(Added to NAC by Bd. of Health by R129-99, 11-29-99, eff. 1-1-2000; A by R069-04, 8-4-2004)

**Sec. 38. NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. (NRS 449.037)**

1. A residential facility shall have adequate facilities and equipment for the preparation, service and storage of food.

2. Tables and chairs must be of proper height and of sufficient number to provide seating for the number of residents authorized for the facility. They must be sturdy and have easily washable surfaces. Chairs must be constructed so that they do not overturn easily.

3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.

4. A resident who has been placed on a special diet by a physician or *licensed* dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modifications to the menu to accommodate for special diets prescribed by a physician or *licensed* dietitian are kept on file for at least 90 days.

5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal.

6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board, National Academy of Sciences, National Research Council.

7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.

8. A resident must be served meals in his bedroom for not more than 14 consecutive days if he is temporarily unable to eat in the dining room because of an injury or illness. The facility may serve meals to other residents in their rooms upon request. If a meal is served to a resident in his room because the resident is unable to eat in the dining room, the facility shall maintain a record of the times and reasons for serving meals to the resident in his room.

9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who:

- (a) Is ~~registered as~~ a *licensed* dietitian ~~[by the Commission on Dietetic Registration]~~; or
- (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food.

10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include:

- (a) The development and review of weekly menus;
- (b) Training for the employees who work in the kitchen;
- (c) Advice regarding compliance with the nutritional program of the facility; and
- (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.

[Bd. of Health, Group Care Facilities §§ 12.1-12.8.1, eff. 12-18-75]—(NAC A 3-6-86; R003-97, 10-30-97; R073-03, 1-22-2004)

**Sec. 39. NAC 449.3385 Dietary 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~~ *licensed* dietitian or other professional person who:

- (a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management;
- (b) Has completed an academic program in culinary arts; or
- (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets.

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

4. A hospital shall have on staff a *licensed* dietitian ~~manager~~ or consultant *who is licensed as a dietitian* 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.

5. 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.

6. 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.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99; A by R068-04, 8-4-2004)

**Sec. 40. NAC 449.339 Dietary services: Nutritional status of patients. (NRS 449.037)**

1. A hospital shall carry out a program for the systematic nutritional risk-screening of its patients to detect actual and potential malnutrition at an early stage.

2. A hospital shall ensure that each patient maintains acceptable parameters of nutritional status, including, without limitation, body weight and protein levels, unless the patient's clinical condition demonstrates that the maintenance of those parameters is not possible.

3. A patient who is fed by an enteral feeding system must receive the appropriate treatment and services to prevent complications to the extent possible.

4. Parenteral nutrition support must be used to nourish a patient who meets clinical guidelines that are developed in accordance with nationally recognized standards of practice and approved by the medical staff of the hospital.

5. A patient must receive a therapeutic diet when it is determined that he has a nutritional problem.

6. The director of the dietary service shall develop and carry out policies and procedures for nutritional care and dietetic services. The policies and procedures must be readily available to nursing, dietary and medical staff. The director shall evaluate the policies and procedures for nutritional care and services provided by the dietary service on a regular basis and revise those policies and procedures as necessary.

7. If it is determined that the nutritional status of a patient is at risk, nutritional care for that patient must be:

- (a) Planned and provided based on an assessment of his nutritional status by a ~~registered~~ *licensed* dietitian or the attending physician, or both; and
- (b) Integrated into his plan of care.

□ The response of the patient must be monitored and reassessed as needed.

8. Pertinent dietary information must be included in a patient's transfer records or discharge records, or both, to ensure continuity of nutritional care.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

**Sec. 41. NAC 449.4082 Service of food; dietary consultants. (NRS 449.037)**

1. Adequate facilities and equipment for the preparation, service and storage of food must be provided and meet the standards of the Division.

2. The dining area must be separated from the area used to prepare food.

3. Tables and chairs must be of proper height and of sufficient number to provide seating for the number of clients authorized for the facility. They must be sturdy and have easily washable surfaces. Chairs must be constructed so that they do not overturn easily. Tables must be designed to accommodate persons in wheelchairs.

4. Meals must be served by employees who have received training in the sanitary preparation and handling of food.

5. Each meal must provide one-third of the daily nutritional allowances recommended by the Food and Nutrition Board of the National Academy of Sciences.

6. Any client who is in the facility for 5 hours or more a day must be served a meal. If he is in the facility for more than 6 hours in any day, additional nourishment must be provided.

7. Meals must be served in a manner suitable for the client and prepared with regard for individual preferences and religious requirements. Special diets and nourishment must be provided as ordered by the client's physician. If meals are prepared within the facility, the facility must consult with a ~~registered~~ *licensed* dietitian for at least 4 hours each month on the planning and serving of meals. If meals are prepared outside of and delivered to the facility, the facility shall develop and provide an alternative for any client on a special diet. The facility shall not accept a client who requires a special diet if it cannot develop an alternative which conforms to the client's prescribed diet.

(Added to NAC by Bd. of Health, eff. 6-23-86)

**Sec. 42. NAC 449.541 Interdisciplinary teams; plans for care of patients. (NRS 449.037)**

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

(a) The primary dialysis physician of the patient;

(b) A registered nurse;

(c) A social worker; and

(d) A *licensed* dietitian.

2. Each interdisciplinary team specified in subsection 1 shall develop a written, individualized and comprehensive plan to provide care to the patient for whom the plan is prepared. The plan must:

(a) Specify the services that are required to address the medical, psychological, social and functional needs of the patient; and

(b) Include a statement setting forth the objectives for providing treatment to the patient.

3. Each plan for the care of a patient prepared pursuant to the provisions of subsection 2 must include:

(a) If required to ensure the provision of safe care for the patient, evidence of coordination with any other provider of service for the patient, including a hospital, long-term care facility, an agency that provides residential or community support services, or a provider of transportation; and

(b) Evidence indicating that:

(1) The provisions of the plan were disclosed to the patient or his legal representative; and

(2) The patient or his legal representative was provided an opportunity to participate in and discuss the preparation of the plan.

4. Each plan for the care of a patient must be:

(a) Prepared within 30 days after the patient is admitted to the facility; and

(b) Revised at least once every 6 months or immediately after the occurrence of any change in the medical, nutritional or psychosocial condition of the patient.

5. Each member of the interdisciplinary team shall periodically evaluate the progress of the patient toward achieving the objectives specified in the plan. Any action taken by a member of the interdisciplinary team, if the objectives are not achieved, must be documented and included in the clinical record of the patient.

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

**Sec. 43. NAC 449.544 Nutrition services. (NRS 449.037)**

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

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

(a) Conduct an assessment of the nutrition of the patient;

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

(c) After consulting with the physician of the patient, recommend a therapeutic diet for the patient based on:

(1) The cultural preferences of the patient;

(2) Changes in the treatment of the patient; and

(3) The nutritional requirements of the patient;

(d) Except as otherwise provided in subsection 7:

(1) Counsel the patient and the provider of care for that patient, if required, concerning any diet prescribed for the patient at the facility; and

(2) Monitor the patient's adherence and response to that diet;

(e) Refer the patient for assistance with any resources that are available to the patient, including, without limitation, financial assistance, community resources or assistance at the residence of the patient;

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

(g) Monitor the nutritional status of the patient to determine the need for intervention and follow-up by the facility. In making that determination, the dietitian shall consider:

(1) Changes in the weight of the patient;

(2) The chemistry of the blood of the patient;

(3) The adequacy of the dialysis treatment provided to the patient; and

(4) Changes in the medication prescribed for the patient.

3. Each facility shall collect data to assess the nutritional status of a patient of the facility not later than 2 weeks after the patient is admitted to the facility or immediately after the patient receives seven treatments at the facility, whichever occurs later. A comprehensive assessment of the nutritional status of the patient must be completed within 30 days after the patient is admitted to the facility or immediately after the patient receives 13 treatments at the facility, whichever occurs later. Such an assessment must include a determination by the dietitian of the degree to which the patient understands the diet prescribed for him by the facility.

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

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

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

7. The provisions of paragraph (d) of subsection 2 do not apply to a correctional institution. (Added to NAC by Bd. of Health by R130-99, eff. 8-1-2001)

***Sec. 44. NAC 449.547 Self-dialysis: Provision of training and certain services. (NRS 449.037)***

1. If a facility provides training to a patient of the facility concerning the performance of dialysis by the patient, a licensed nurse who has at least 12 months of experience in the applicable dialysis modality, including hemodialysis or peritoneal dialysis, must be responsible for training the patient and each member of the family of the patient who intends to assist the patient in conducting the dialysis. The licensed nurse shall supervise all other members of the staff of the facility who assist in providing that training.

2. If a patient of a facility performs dialysis for himself at his residence, the facility shall provide the following services to the patient:

(a) A yearly physical examination;

(b) Monthly communication from a member of the staff of the facility by:

(1) Telephone;

(2) Visits to the facility by the patient; or

(3) Visits to the patient's residence by a member of the staff;

(c) A visit to the facility at least once every 3 months;

(d) Communication with the appropriate member of the interdisciplinary team that is established for the patient pursuant to the provisions of NAC 449.541;

(e) Routine laboratory work in accordance with the policy of the facility; and

(f) A method by which the patient may contact a member of the staff of the facility, including the primary physician of the patient, at any time if an emergency concerning the condition of the patient occurs.

3. If a patient of a facility performs hemodialysis for himself at his residence, the facility shall provide the following services to the patient:

(a) Surveillance of the patient's home adaptation, including provisions for visits to his residence;

(b) Consultation with a registered nurse, social worker and *licensed* dietitian;



(c) A system for maintaining a record of treatment that ensures continuity of care for the patient;

(d) Installation and maintenance of the equipment required to perform the hemodialysis;

(e) Testing and appropriate treating of the water used for the hemodialysis; and

(f) Ordering of supplies on a continual basis.

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

**Sec. 45. NAC 449.5475 Continuous ambulatory peritoneal dialysis. (NRS 449.037)** If a facility provides continuous ambulatory peritoneal dialysis for a patient of the facility, the facility shall provide the following services to the patient:

1. Consultation with a registered nurse, social worker and *licensed* dietitian;

2. A system for maintaining a record of treatment that ensures continuity of care for the patient; and

3. Ordering of supplies on a continual basis.

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

**Sec. 46. NAC 449.549 Continuous cycling peritoneal dialysis. (NRS 449.037)** If a facility provides continuous cycling peritoneal dialysis to a patient of the facility, the facility shall provide the following services to the patient:

1. Surveillance of the patient's home adaptation, including provisions for visits to his residence;

2. Consultation with a registered nurse, social worker and *licensed* dietitian;

3. A system for maintaining a record of treatment that ensures continuity of care for the patient;

4. Installation and maintenance of the equipment required to perform the dialysis; and

5. Ordering of supplies on a continual basis.

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

**Sec. 47. NAC 449.5535 Nurses. (NRS 449.037)**

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

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

(a) Be a registered nurse; and

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

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

4. Each charge nurse of a facility shall:

(a) Make daily assignments based on the requirements of each patient of the facility for treatment;

(b) Provide immediate supervision of the care provided to each of those patients;

(c) Conduct an assessment of a patient of the facility if required by the circumstances concerning the treatment of the patient; and

(d) Communicate with the patient's physician and the social worker and dietitian of the facility concerning the treatment of the patient.

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

(a) Be responsible for training the patient and each member of the family of the patient who intends to assist the patient in providing care for the patient; and

(b) Supervise other members of the staff of the facility who assist in providing that training.

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

**Sec. 48. NAC 449.555 Dietitians. (NRS 449.037)** Each dietitian employed by a facility must:

1. Be *licensed in Nevada* ~~[registered or eligible for registration by the Commission on Dietetic Registration for the American Dietetic Association]~~; and

2. ~~[After becoming registered or eligible for registration, o]~~ Obtain at least 1 year of experience in clinical dietetics or work under the supervision of a dietitian who is qualified pursuant to this section.

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

**Sec. 49. NAC 449.558 Preparation and maintenance. (NRS 449.037)**

1. Each facility shall establish a system for preparing and maintaining a clinical record for each patient of the facility. The system must be developed to ensure that the care provided to each patient of the facility is:

(a) Completely and accurately documented;

(b) Readily available for retrieval by the facility; and

(c) Systematically organized to facilitate the compilation and retrieval of information.

2. If the facility maintains any clinical record on microfilm, optical disc or by any other electronic means, the facility shall ensure that the clinical record is available for review by the Bureau within 48 hours after the facility receives a request for the clinical record from the Bureau.

3. All information concerning the medical history or care provided to or treatment received by a patient at the facility must be:

(a) Maintained in the clinical record of the patient; and

(b) Protected by the facility against theft, loss or damage.

4. Each facility shall establish an area in which to store the clinical records of the facility. The area must be separate from any area of the facility that is used to provide treatment for patients of the facility and must have adequate space for reviewing, dictating, sorting or recording the information included in the clinical records. If a facility uses an optical disc, microfilm or any other electronic means to create or maintain a clinical record, the area used to store the clinical record must have adequate space for transcribing the information created or maintained on the optical disc, microfilm or by any other electronic means. If the facility determines that the clinical record of a patient of the facility is active, the facility shall store the active clinical record at the site of the facility.

5. Each facility shall ensure that:

(a) The clinical record of a patient of the facility remains confidential and is retained in accordance with the provisions of NRS 629.051; and

(b) Each entry or other information that is placed in the clinical record regarding the delivery of care to the patient is not altered without evidence and explanation of that alteration. A signature stamp must not be used to authenticate an entry in the clinical record of a patient of the facility.

6. If a facility determines that a clinical record is inactive, the facility shall store that clinical record. The facility may store the record on microfilm, optical disc or by any other electronic means and may store the clinical record at a location other than at the site of the facility if the facility ensures that:

- (a) The clinical record remains secure from unauthorized access at that location; and
- (b) The record is readily retrievable for review by the Health Division.

7. Each clinical record must include:

- (a) Information concerning the identity of the patient for whom the clinical record is prepared;
- (b) Each written notice provided to the patient at the facility and each written consent obtained from the patient at the facility;
- (c) Each order prepared by a physician at the facility concerning the patient;
- (d) Each progress note prepared by the facility concerning the patient;
- (e) A list that specifies all problems incurred concerning the treatment and care of the patient;
- (f) The physical and medical history of the patient;
- (g) Each assessment concerning the patient prepared by a registered nurse, social worker or *licensed* dietitian employed by the facility;
- (h) The record of each medication administered by the facility to the patient:
  - (1) During treatment at the facility; or
  - (2) For use at his residence;
- (i) The record of each transfusion received by the patient at the facility;
- (j) Each laboratory report prepared or received by the facility concerning the patient;
- (k) Each diagnostic study concerning the patient that is ordered by the attending nephrologist;
- (l) Each appropriate record of hospitalization;
- (m) Each record of consultation with the patient that is requested by the attending nephrologist;
- (n) If practicable, the record of creation and revision of access for each dialysis treatment provided to the patient;
- (o) Each plan prepared by the facility concerning the care of the patient, including the plan developed for the patient pursuant to the provisions of NAC 449.541 and all amendments to that plan;
- (p) Evidence indicating that the facility has complied with the provisions of NAC 449.501 to 449.5795, inclusive, concerning the furnishing of educational materials to the patient;
- (q) Each record of the daily treatment received by the patient at the facility; and
- (r) A discharge summary, if the patient is discharged from the facility.

8. As used in this section, "progress note" means a note or other written statement that:

- (a) Is signed and dated by a member of the staff of a facility; and
  - (b) Summarizes the facts concerning the care provided to a patient of the facility and the response of the patient to that care for the period specified in the note or other written statement.
- (Added to NAC by Bd. of Health by R130-99, eff. 8-1-2001)

**Sec. 50. NAC 449.5715 Program of training: Qualifications of instructors. (NRS 449.037)** Each instructor who provides instruction pursuant to a program of training specified in NAC 449.571 must be:

1. A physician who is qualified as a medical director in accordance with the provisions of NAC 449.5505;
2. A registered nurse who:
  - (a) Has at least 12 months of experience in performing hemodialysis obtained within the 2 years immediately preceding the date he begins instruction pursuant to the program; and
  - (b) Has provided to the facility a current written list concerning his knowledge and skills that is prepared pursuant to the provisions of NAC 449.5745;
3. A registered nurse who provides instruction for a course of training for a dialysis technician at an accredited college or university; or
4. A ~~qualified~~ *licensed* dietitian or social worker who provides instruction within his area of expertise.

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

**Sec. 51. NAC 449.716 Dietary services. (NRS 449.037)**

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~~ *licensed* 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 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.
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 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 who is *licensed in Nevada* ~~[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.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 8.1-8.7.1.2, eff. 12-5-75]—(NAC A by R066-04, 8-4-2004)

***Sec. 52. NAC 449.74359 Dietary services. (NRS 449.037)***

1. Each facility shall serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast.
2. Additional food and between-meal nourishment must be provided to a patient when needed, based on an assessment of the medical condition of the patient.
3. Menus must be planned and followed to meet the nutritional needs of the patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences.
4. Therapeutic menus must be planned by a ~~[registered]~~ *licensed* dietitian or must be reviewed and approved by the attending physician of the patient or the medical director of the facility.
5. Menus must be in writing, planned in advance, dated and posted, and kept on file at the facility for at least 90 days. Any substitution must be noted on the written menu so that the menu on file reflects what was actually served.
6. A ~~[person who meets the requirements for registration with the Commission on Dietetic Registration as a]~~ *licensed* dietitian ~~[or dietetic technician]~~ must be used as a consultant on planning meals and serving food. This person shall consult at least monthly with the staff of the facility.
7. The facility shall provide:
  - (a) Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food in a sanitary manner;
  - (b) Storage space for dry foods, refrigerated food and frozen food;
  - (c) Any special equipment, implements or utensils that are needed by a patient to assist the patient in eating;
  - (d) Dining space for ambulatory patients, staff and visitors that is separate from sleeping areas, food preparation areas and distribution areas;
  - (e) Tables and chairs in the dining space that are sturdy and cleanable; and
  - (f) In each kitchen area:
    - (1) Sinks for washing hands with blade-type faucets, soap and paper towels for drying hands; and
    - (2) A separate janitors' closet for the storage of housekeeping chemicals and supplies which contains a floor sink with backflow prevention.
8. A facility with more than 10 patients 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.

9. A facility that contracts with a food management company shall comply with all applicable regulations of the State Board of Health.

(Added to NAC by Bd. of Health by R051-06, eff. 7-14-2006)

**Sec. 53. NAC 449.74525 Dietary services. (NRS 449.037)**

1. A facility for skilled nursing shall employ full time, part time or as a consultant, a person who is ~~registered as~~ a *licensed* dietitian ~~[by the Commission on Dietetic Registration of the American Dietetic Association]~~. If a ~~registered~~ *licensed* dietitian is not employed full time, the facility shall designate a person to serve as the director of food service who receives frequently scheduled consultations from a ~~registered~~ *licensed* dietitian.

2. A facility shall employ an adequate number of qualified and competent personnel to provide food service to the patients in the facility.

3. Menus must be planned in advance and followed to meet the nutritional needs of the patients in the facility in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

4. A facility shall provide to each patient in the facility:

(a) Food that is prepared to conserve the nutritional value and flavor of the food.

(b) Food that is nourishing, palatable, attractive and served at the proper temperature.

(c) A well-balanced diet that meets the daily nutritional and special dietary needs of the patient.

(d) Who refuses the food that is regularly served by the facility, a substitute of similar nutritional value.

5. A therapeutic diet served to a patient by a facility must be prescribed by the attending physician of the patient.

6. A facility shall serve to each patient in the facility at least three meals daily, at such times as are comparable to regular mealtimes within the community in which the facility is located. A snack must be offered to each patient daily at bedtime. Except as otherwise provided in this subsection, breakfast must be served not more than 14 hours after the previous evening meal. If a nourishing snack is served at bedtime, breakfast may be served not more than 16 hours after the previous evening meal if approved by a group of patients organized pursuant to NAC 449.74499.

7. A facility shall provide special eating equipment and utensils to each patient who requires them.

8. A facility shall:

(a) Comply with the applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto and obtain such permits as are necessary from the Bureau of Health Protection Services of the Health Division for the preparation and service of food;

(b) Maintain a report of each inspection concerning the sanitation of the hospital for at least 1 year after the date of the inspection;

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

(d) Procure food from sources that are approved or considered satisfactory by federal, state and local authorities;

(e) Store, prepare and serve food under sanitary conditions; and

(f) Dispose of refuse and garbage properly.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99; A by R067-04, 8-4-2004)

*Sec. 54.* Nevada Administrative Code (NAC) 442.706 is hereby repealed.

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### TEXT OF REPEALED SECTIONS

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**NAC 442.706 “Registered dietitian” defined. (NRS 442.190)** “Registered dietitian” means a person who holds a credential as a registered dietitian issued by the American Dietetic Association.

(Added to NAC by Bd. of Health by R212-97, eff. 7-23-98)