

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

LCB FILE NO. R056-201

**The following document is the initial draft regulation proposed
by the agency submitted on 05/08/2020**

NAC 449 Proposed Amendment to Address Alzheimer’s disease and Dementia Endorsements

Definitions to be added:

“Dementia” defined: Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person’s daily life and activities. These functions include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention.

“Alzheimer’s Disease” defined: Alzheimer’s disease is a form of dementia. It is the most common cause of dementia in older adults. It is a progressive brain disorder that slowly destroys memory and thinking skills. It is not a normal part of aging. Alzheimer’s disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks. While dementia is more common as people grow older, it is not a normal part of aging.

“Tier 1 Training” defined: Tier 1 is basic training needed within the for first 40 hours of staff hire including emergency response, working with clients and their families, and introduction to person centered care.

“Tier 2 Training” defined: Tier 2 is more in depth training to include psychosocial aspects of dementia, including the latest science, signs and symptoms and how to work with dementia clients.

“Person-Centered Service Plan” defined: A Person-Centered Service Plan is a negotiated service plan developed for each individual resident by staff with the resident, their family, and other involved caretakers, including a qualified provider of health care as required. Each plan at a minimum must include: activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs, and involvement with ancillary services and must be updated at least annually.

“Qualified Provider of Health Care” defined: means a provider of health care as defined in subsection 3, of Section 1 of Senate Bill 362 of the 2019 legislative session that performs activities listed in Section 1 of Senate Bill 362 that are within the scope of that provider’s licensure or certification.

RESIDENTIAL FACILITIES FOR GROUPS

NAC 449.173 “Residential facility which provides care to persons with Alzheimer’s disease” defined. (NRS 449.0302) “Residential facility which provides care to persons with Alzheimer’s disease” means a residential facility that provides care and protective supervision for persons with Alzheimer’s disease or *other forms of dementia* ~~[a related disease,]~~ including, without limitation, senile dementia, organic brain syndrome or other cognitive impairment.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302)

1. A caregiver of a residential facility must:

- (a) Be at least 18 years of age;
- (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities;
- (c) Understand the provisions of [NAC 449.156](#) to [449.27706](#), inclusive, and sign a statement that he or she has read those provisions;
- (d) Demonstrate the ability to read, write, speak and understand the English language;
- (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and
- (f) Receive annually not less than 8 hours of training *approved by the Bureau, including tier 2 training*, related to providing for the needs of the residents of a residential facility.

2. If a resident of a residential facility uses prosthetic devices or dental, vision or hearing aids, the caregivers employed by the facility must be knowledgeable of the use of those devices.

3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:

(a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of [NRS 449.0302](#), which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training;

(b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training;

(c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of [NAC 449.2742](#); and

(d) Annually pass an examination relating to the management of medication approved by the Bureau.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004; R118-05, 11-17-2005; R119-10, 1-13-2011)

NAC 449.259 Supervision and treatment of residents generally. ([NRS 449.0302](#))

1. A residential facility shall: *develop a person-centered service plan for each resident which describes how the residential facility shall:*

- (a) Provide each resident with protective supervision as necessary;
- (b) Inform all caregivers of the required supervision;
- (c) Provide each resident with the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling;

- (d) Permit a resident to rest in his or her room at any time;
 - (e) Permit a resident to enter or leave the facility at any time if the resident:
 - (1) Is physically and mentally capable of leaving the facility; and
 - (2) The resident complies with the rules established by the administrator of the facility for leaving the facility;
 - (f) Provide laundry services for each resident unless a resident elects in writing to make other arrangements;
 - (g) Ensure that each resident's clothes are clean, comfortable and presentable; and
 - (h) Inform each resident or his or her representative of the actions that the resident should take to protect the resident's valuables.
2. The administrator of a residential facility may require a resident who leaves the facility to inform a member of the staff of the facility upon his or her departure and return.
3. The employees of a residential facility shall:
- (a) Treat each resident in a kind and considerate manner; and
 - (b) Respect each resident's independence and ability to make decisions on his or her own, whenever possible.
- (Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.260 Activities for residents. ([NRS 449.0302](#))

1. The caregivers employed by a residential facility shall *develop a person-centered service plan which outlines and assures the following*:
- (a) Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents;
 - (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests;
 - (c) Plan recreational opportunities that are suited to the interests and capacities of the residents;
 - (d) Provide each resident with a written program of activities;
 - (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;
 - (f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e); and
 - (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be:
 - (1) Prepared at least 1 month in advance; and
 - (2) Kept on file at the facility for not less than 6 months after it expires.
2. The administrator of a residential facility with at least 20 residents shall appoint a member of the staff of the facility who will be responsible for the organization,

conduct and evaluation of activities for the residents. The person so appointed shall ensure that the activities are suited to the interests and capacities of the residents.

3. The administrator of a residential facility with 50 or more residents shall, in addition to appointing a member of the staff of the facility pursuant to subsection 2, appoint such other members of the staff as the administrator deems necessary to assist the person who is responsible for conducting the activities.

4. A residential facility shall have areas of sufficient size to conduct indoor and outdoor activities, including, without limitation:

(a) A common area that complies with the provisions of [NAC 449.216](#); and

(b) An outdoor activity area that is easily accessible for the residents and is safe from vehicular traffic.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2704 Disclosure of information concerning rates and payment for services. (NRS 449.0302) The administrator of a residential facility shall ~~upon request,~~ make the following information available in writing:

1. The basic rate for the services provided by the facility;

2. The schedule for payment;

3. The services included in the basic rate *including, but not limited to services documented in the person-centered service plan, required in accordance with NAC 449.259(1)*;

4. The charges for optional services which are not included in the basic rate; and

5. The residential facility's policy on refunds of amounts paid but not used.

(Added to NAC by Bd. of Health, eff. 3-6-86; A by R003-97, 10-30-97; R052-99, 9-27-99)

NAC 449.2732 Residents requiring protective supervision. ([NRS 449.0302](#))

1. Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

(a) The resident is able to follow instructions;

(b) The resident is able to make his or her needs known to the caregivers employed by the facility;

(c) The resident can be protected from harming himself or herself and other persons; and

(d) The caregivers employed by the facility can meet the needs of the resident *as documented in the residents person-centered service plan.*

2. If a person who requires protective supervision is unable to follow instructions or has difficulty making his or her needs known to the employees of the facility, the person may be admitted to the facility or be permitted to remain as a resident of the facility if the facility complies with the provisions of [NAC 449.2754](#) and [449.2756](#).

3. The administrator of a residential facility with a resident who requires protective services shall ensure that:

(a) The caregivers employed by the facility are capable of providing the supervision for that resident without neglecting the needs of the other residents of the facility; and

(b) There is a ~~written~~ *person-centered service* plan for providing protective supervision for that resident.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302)

1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall:

(a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and

(b) Request emergency services when such services are necessary.

2. A resident who is suffering from an illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he or she is unavailable, by another licensed physician.

3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include:

(a) The date and time of the accident or injury or the date and time that the illness was discovered;

(b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; and

(c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident.

↪ This record must accompany the resident if he or she is transferred to another facility.

4. The facility shall ensure that appropriate medical care is provided to the resident by:

(a) A caregiver who is trained to provide that care;

(b) An independent contractor who is trained to provide that care; or

(c) A medical professional.

5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The

resident must be cared for pursuant to any instructions provided by the resident's physician. *The assessment must include and must be conducted in accordance with NRS 449.1845.*

6. The members of the staff of the facility shall:

(a) Ensure that the resident receives the personal care that he or she requires.

(b) Monitor the ability of the resident to care for his or her own health conditions and document in writing any significant change in his or her ability to care for those conditions.

7. This section does not prohibit a resident from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his or her rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection.

8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident.

[Bd. of Health, Group Care Facilities §§ 8.1-8.4, eff. 12-18-75] — (NAC A 3-6-86; R003-97, 10-30-97; R073-03, 1-22-2004)

NAC 449.2754 Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements. ([NRS 449.0302](#))

1. A residential facility which offers or provides care for a resident with Alzheimer's disease or related dementia ~~[must]~~ *may* obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer's disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in [NAC 449.191](#) or [449.1915](#).

~~[2.— If a residential facility is authorized to operate as a residential facility which provides care to persons with Alzheimer's disease and as another type of facility, the entire facility must comply with the requirements of this section or the residents who suffer from Alzheimer's disease or other related dementia must be located in a separate portion of the facility that complies with the provisions of this section.~~

~~— 3.— A residential facility which provides care to persons with Alzheimer's disease may admit or retain a resident who requires confinement in locked quarters.]~~

4. A residential facility which provides care to persons with Alzheimer's disease must be administered by a person who:

(a) Has not less than 3 years of experience in caring for residents with Alzheimer's disease or related dementia in a licensed facility; or

(b) Has a combination of education and training that the Bureau determines is equivalent to the experience required pursuant to paragraph (a).

5. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes:

(a) The facility's policies and procedures for providing care to its residents;

(b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake;

(c) A description of:

(1) The basic services provided for the needs of residents who suffer from dementia;

(2) The activities developed for the residents by the members of the staff of the facility;

(3) The manner in which ~~the~~ behavior~~[al problems]~~ will be managed;

(4) The manner in which ~~the~~ medication for residents will be managed;

(5) The activities that will be developed by the members of the staff of the facility to encourage the involvement of family members in the lives of the residents; and

(6) The steps the members of the staff of the facility will take to:

(I) Prevent residents from wandering from the facility; and

(II) Respond when a resident wanders from the facility; and

(d) The criteria for admission to and discharge and transfer from the facility.

6. The written statement required pursuant to subsection 5 must be available for review by *the resident*, members of the staff of the facility, visitors to the facility and the Bureau.

~~—[7. The administrator shall ensure that the facility complies with the provisions of the statement required pursuant to subsection 5.]~~

8. The members of the staff of the facility shall develop a *Person-Centered Service Plan for each resident which must be reviewed at least annually*. ~~[program of activities that promotes the mental and physical enhancement of the residents. The following activities must be conducted at least weekly:~~

~~—(a) Activities to enhance the gross motor skills of the residents;~~

~~—(b) Social activities;~~

~~—(c) Activities to enhance the sensory abilities of the residents; and~~

~~—(d) Outdoor activities.]~~

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004; R119-10, 1-13-2011)

NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. ([NRS 449.0302](#))

1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:

(a) Swimming pools and other bodies of water are fenced or protected by other acceptable means.

(b) Operational alarms, buzzers, horns or other ~~{audible-devices}~~ *staff notification technology* which are activated when a door is opened are installed on all doors that may be used to exit the facility.

(c) At least one member of the staff is awake and on duty at the facility at all times.

(d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to [NAC 449.2768](#).

(e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.

(f) The facility has an area outside the facility or a yard adjacent to the facility that:

(1) May be used by the residents for outdoor activities;

(2) Has at least 40 square feet of space for each resident in the facility;

(3) Is fenced; and

(4) Is maintained in a manner that does not jeopardize the safety of the residents.

↪ All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.

(g) All toxic substances are not accessible to the residents of the facility.

2. The training required pursuant to [NAC 449.2768](#) may be used to satisfy the requirement of paragraph (f) of subsection 1 of [NAC 449.196](#) for the year in which the training is received.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004; R071-04, 8-4-2004)

NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. ([NRS 449.0302](#))

1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours *of a combination of tier 1 and tier 2* training related to the care of those residents.

2. As used in this section, "residential facility for elderly persons or persons with disabilities" means a residential facility that provides care to elderly persons or persons with disabilities who require assistance or protective supervision because they suffer from infirmities or disabilities.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094)

1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:

(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:

(1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of *tier 1* training. ~~[in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family.]~~

(2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of *tier 2* training. ~~[in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.]~~

(3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board.

(4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of *tier 2* training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2).

(b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education.

2. 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 training or continuing education required pursuant to this section if he or she has completed that training within the previous 12 months.

(Added to NAC by Bd. of Health by R071-04, eff. 8-4-2004)