

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

LCB FILE NO. R061-201

**The following document is the initial draft regulation proposed
by the agency submitted on 06/05/2020**

PROPOSED REGULATION OF THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Italics, blue: New proposed language

~~Red:~~ Removed language

Italics, bright blue: Existing language in LCB File.

AUTHORITY: NRS 449.0303, NRS 449.0305, NRS 630.271, NRS 632.237, NRS 639.23275, NRS 639.2177

NOTES:

Section 1. Chapter 449 of NAC is hereby amended by adding and changing thereto the provisions set forth in sections 2 to 39 of this regulation.

Sec. 2. *The facility must report any information as directed by the Chief Medical Officer.*

Sec. 3.

- 1. If the Division determines there is an immediate and serious threat or immediate jeopardy, as defined in NAC 449.0044, the Division may require a facility to implement an abatement plan to remove the immediate and serious threat or immediate jeopardy.*
- 2. The abatement plan must document the immediate action an entity will take to prevent serious harm from occurring or recurring.*
- 3. The Division must notify the entity immediately that an immediate and serious threat or immediate jeopardy has been identified.*
- 4. An abatement plan will be required and must be provided to the Division as soon as the entity has identified the steps it will take to ensure that no recipients are suffering or are likely to suffer serious injury, serious harm, serious impairment or death as a result of the entity's noncompliance within a timeframe set by the Division but not to exceed 48 hours.*
- 5. The abatement plan must identify all actions the entity will take to immediately address the noncompliance that has resulted in or made serious injury, serious harm, serious impairment, or death likely by detailing how the entity will keep recipients safe and free from serious harm or death caused by the noncompliance. It is not necessary that the abatement plan completely correct all noncompliance associated with the immediate and serious threat or immediate jeopardy, but rather it must ensure serious harm will not occur or recur. The abatement plan must include a date by which the entity asserts the likelihood for serious harm to any recipient no longer exists.*

Sec. 4.

- 1. Each facility must have a contract in place with a personal protective equipment vendor to ensure the facility has sufficient personal protective equipment to protect staff and residents or patients.*
- 2. Personal protective equipment must be used in accordance with Centers for Disease Control and Prevention recommendations which are available for free on the Centers for Disease Control and Prevention's website.*

3. *Each facility shall have on stock, a minimum a 30 day supply, unless it can demonstrate that it was not able to obtain such personal protective equipment due to a shortage. The facility must document its attempts to obtain personal protective equipment and the inability to obtain it.*
4. *Each facility shall track the amount of personal protective equipment it has in stock, personal protective equipment usage (burn rate) and order personal protective equipment to ensure maintenance of a 30 day supply prior to running out, unless the facility is able to demonstrate that it was unable to do so due to a personal protective equipment shortage.*

Sec. 5. *A recovery center may conduct a pharmacy at a recovery center that is licensed by the State Board of Health pursuant to NRS 449.0303 that meets the requirements set forth by regulation in accordance to NRS 639.2177.*

Sec. 6. *A recovery center that is licensed by the State Board of Health pursuant to NRS 449.0303 which has an order for entry on a chart is given by a prescribing practitioner, the chart order must be signed by the practitioner who authorized the administration of the drug within 48 hours after the order is given by that practitioner pursuant to NRS 639.23275.*

Sec. 7. (Clean up regulations – Surgical Technologist Requirements)

6. *If an ambulatory surgical center employs a person pursuant to NRS 449. 24185, subsection 3, the surgical center shall ensure the individual has at least one-year of experience in the last three years working as a surgical technologist in a hospital or surgical center licensed in any State or territory of the United States or the individual has completed training, based on evidence based practice, in the following areas:*
 - a. *Proper surgical attire*
 - b. *Patient identification*
 - c. *Surgical consent*
 - d. *Proper positioning of a patient on an operating room table*
 - e. *Surgical Timeout procedures & surgical consent*
 - f. *Proper use if instruments and equipment, including identifying associated dangers, such as use of cautery around alcohol products*
 - g. *Asepsis and sterile technique, including identifying when there is a break in the sterile field*
 - h. *Surgical hand scrub*
 - i. *Process for instrumentation, sponge and any other counts necessary*
 - j. *Preparation of medications on the sterile field*
 - k. *Gowning and gloving*
 - l. *Proper draping of patient*
 - m. *Specimen care*
 - n. *Equipment and supplies disinfection and sterilization procedures*
 - o. *Identifying if equipment and supplies have been properly sterilized and steps to take if any breaks are noted*
 - p. *Proper storage of sterile equipment and supplies*
 - q. *Environmental cleaning and disinfection of the operating room*

7. *The ambulatory surgical center shall keep on file, in each employee's personnel file, evidence that the individual has met the one-year of experience or training requirements pursuant to subsection 1 and has a written competency evaluation on file demonstrating the individual is competent to perform the functions of a surgical technologist.*
8. *An ambulatory surgical center is considered to have completed a thorough and diligent search in accordance with NRS 449. 24185, subsection 3, if the center, has at a minimum, advertised the need to hire a surgical technologist within a 50-mile radius of the surgical center. The surgical center shall keep documented evidence of its search and if the surgical center is not able to find a surgical technologist meeting the requirements in subsections 1 or 2 of NRS 449. 24185, the reasons why it was not able to find such an individual.*

Sec. 8. (Clean up regulations -Electronic monitoring equipment)

1. A medical facility or facility for the dependent must not use audio or video monitoring equipment to monitor any patient or resident unless:

- (a) The patient or resident has requested the monitoring or given their consent;*
- (b) The resident's legal guardian or family member has requested the monitoring of a resident or given their consent, which must be done with the consent of the resident or the resident's legal guardian, who may be a family member, if the resident is not able to give consent.*

and

(c) The monitoring is only used in the sleeping room of the patient or resident who requested the monitoring.

(2) If the patient or resident requests audio or video monitoring, before any electronic monitoring occurs, the medical facility or facility for the dependent must ensure:

- (a) That the electronic monitoring does not violate any other state or federal rules or regulations;*
- (b) The electronic monitoring is conducted to protect the patient's or resident's health, safety or personal property;*

(c) The patient's or resident's roommate has provided written consent to electronic monitoring, if the patient or resident has a roommate; and

(d) The patient or resident and the facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(3) For electronic monitoring that lasts 3 months or greater the facility must:

- (a) Reevaluate the need for the electronic monitoring with the resident at least quarterly;*
- and*

(b) Have each re-evaluation in writing, signed and dated by the resident.

(4) The medical facility or facility for the dependent must immediately stop electronic monitoring if the:

- (a) Patient or resident no longer wants electronic monitoring;*
- (b) The patient or resident's roommate objects or withdraws the consent to the electronic monitoring; or*
- (c) The patient or resident becomes unable to give consent.*

(5) For the purposes of consenting to video electronic monitoring without an audio component, the term “patient” or “resident” includes the patient’s or resident’s surrogate decision maker.

(6) For purpose of consenting to any audio electronic monitoring, the term “patient” or “resident” includes:

(a) The individual patient or resident of the medical facility or facility for the dependent;
or

(b) The patient’s or resident’s court-appointed guardian or attorney-in-fact who has obtained a court order specifically authorizing the court-appointed guardian or attorney-in-fact to consent to audio electronic monitoring of the resident or patient.

(7) If a patient’s or resident’s decision maker consents to audio electronic monitoring as specified in (6) above, the facility must maintain a copy of the court order authorizing such consent in the patient’s or resident’s record.

Sec. 9. (clean up – release of SOD/POC)

1. A plan of correction as described in NAC 449.9987 is considered confidential and not releasable to any entity outside of the Nevada Department of Health and Human Services or the Center for Medicare and Medicaid Services of the United States Department of Health and Human Services until the plan of correction is found acceptable by the Division of Public and Behavioral Health. In the case that a plan of correction is not found acceptable and instead a directed plan of correction is issued, the unacceptable plan of correction along with the directed plan of correction, is releasable 14 days from the date that the directed plan of correction was sent to a facility.
2. Statements of deficiencies, as used in NAC Chapter 449, are considered confidential and not releasable until 14 days have passed from the date the statement of deficiencies was sent to a facility.

Sec. 10. (Adopting federal regulations)

1. A home health agency must comply with the most current version of the Centers for Medicare and Medicaid Services, State Operations Manual, Appendix B- Guidance to Surveyors: Home Health Agencies. A copy of the manual can be obtained for free from the Centers for Medicare and Medicaid Services website at:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_b_hha.pdf
2. Except as provided in subsection 2 and subsection 3, a home health agency that is not certified as a home health agency by the Centers for Medicare and Medicaid does not have to comply with the following provisions of the State Operation Manual, referenced above:
 - a. CFR 484.45 Condition of Participation: Reporting OASIS information
 - b. The provision that the HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204.

- c. *Be advised of – (i) The extent to which payment for HHA services may be expected from Medicare, Medicaid, or any other Federally-funded or Federal aid program known to the HHA, (ii) The charges for services that may not be covered by Medicare, Medicaid, or any other Federally-funded or Federal aid program known to the HHA.*
- 3. *A home health agency shall collect OASIS data with all data elements listed in §484.55(c)(8) and be collected and updated per the requirements under §484.55(d) in a format prescribed by the Division.*
- 4. *The OASIS data must accurately reflect the patient's status at the time of assessment.*
- 5. *Any provision which refers to a physician in the Centers for Medicare and Medicaid Services, State Operations Manual, Appendix B - Guidance to Surveyors: Home Health Agencies would also apply to a physician assistant licensed pursuant to NRS Chapter 630 or NRS Chapter 633 and an advanced practice registered nurse licensed pursuant to NRS Chapter 632*

Sec. 11. (Clean up regulation - Deemed Status Regulations)

- 1. *All medical facilities as defined in NRS 449.0151 which are also deemed by an approved national accrediting organization to meet Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services standards must submit to the Division of Public and Behavioral Health, in a format prescribed by the Division, a copy of the notice from the approved national accrediting organization showing the medical facility is deemed, within 7 calendar days of receiving the notice from the approved national accrediting organization.*
- 2. *If a medical facility that is deemed pursuant to subsection 1, ceases to be so deemed, the medical facility must, within 7 calendar days, notify the Division.*
- 3. *The Division may impose a \$1000 fine for each violation of the provisions of subsection 1 or subsection 2.*

Sec. 12. LCB File No. R133-18, Section 10, is hereby amended to read as follows:

1. A hospital must be accredited by an approved national accrediting organization unless the hospital:

- (a) Is a psychiatric hospital or rural hospital;***
- (b) Has been certified as a critical access hospital by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 1395i-4(e);***
- (c) Contains a distinct part skilled nursing facility or a nursing facility, as defined in 42 C.F.R. § 483.5;***
- (d) Is a hospital described in 42 U.S.C. § 1395ww(d)(1)(B)(iv) and accepts payment through Medicare;***
- (e) Is owned by this State or a political subdivision thereof;***
- (f) Is licensed only for rehabilitation beds; or***
- (g) Was initially licensed before the effective date of this regulation and has been licensed continually after that date.***

2. A hospital that is required to comply with the requirements of subsection 1 shall submit to the Division proof of such compliance:

(a) Not later than 12 months after obtaining an initial license; and

(b) With each application for renewal submitted pursuant to NAC 449.0116.

~~*3. A hospital that is not required to comply with the requirements of subsection 1 but is accredited by an approved national accrediting organization shall submit to the Division proof of such accreditation with each application for renewal.*~~

~~*4. If a hospital that is accredited by an approved national accrediting organization ceases to be so accredited, the hospital must immediately notify the Division.*~~

5. As used in ~~this~~ section 8, "approved national accrediting organization" means a national accrediting organization, as defined in 42 C.F.R. § 488.1, that has been approved by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services pursuant to 42 C.F.R. § 488.5.

Sec. 13. (Clean up language - Construction Standards)

NAC 449.0105 is hereby amended to read as follows:

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

(a) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <http://www.nfpa.org> or by telephone at (800) 344-3555, for the price of \$88.20 for members or \$98.00 for nonmembers, plus, for a printed copy, \$9.95 for handling.

(b) *NFPA 99: Health Care Facilities Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <http://www.nfpa.org> or by telephone at (800) 344-3555, for the price of \$65.25 for members or \$72.50 for nonmembers, plus, for a printed copy, \$9.95 for handling.

(c) *Guidelines for Design and Construction of Hospitals ~~and Outpatient Facilities~~*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the Facility Guidelines Institute at AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://www.fgiguilines.org/> or by telephone at (800) 242-2626, for the price of ~~\$225~~ **\$200**.

(d) *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the Facility Guidelines Institute at AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://www.fgiguilines.org/> or by telephone at (800) 242-2626, for the price of ~~\$225~~ **\$200**.

(e) Guidelines for Design and Construction of Outpatient Facilities, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be

obtained from the Facility Guidelines Institute at AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://www.fgiguideelines.org/> or by telephone at (800) 242-2626, for the price of \$225.

Sec. 14. NAC 449.011 is hereby amended to read as follows:

An application for a license that is filed with the Division pursuant to [NRS 449.040](#):

1. Must be complete and include proof of the identity of the applicant that is acceptable to the Division.

2. In accordance with [NRS 449.050](#), must be accompanied by the appropriate application fee specified in [NAC 449.002](#) to [449.99939](#), inclusive.

3. In establishing that the applicant is of reputable and responsible character as required by [NRS 449.040](#), must include personal references and information concerning the applicant's financial status and business activities and associations in and out of this State during the immediately preceding 3-year period. If the applicant is a firm, association, organization, partnership, business trust, corporation or company, such references and information must be provided with respect to the members thereof and the person in charge of the facility or program for which application is made.

4. In addition to the information required by [NRS 449.040](#) and any other information specifically required for a particular license, must include:

(a) Full, complete and accurate information regarding the ownership of the facility or program and all changes to that ownership that occur while the application is pending. The information must include the name of:

(1) Each natural person who is an owner of the facility or program;

(2) Each person who has a direct or indirect ownership interest in the facility or program of 10 percent or more and who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured in whole or in part by the facility or program or any of the property or assets of the facility or program;

(3) If the applicant is a corporation, each officer and director; and

(4) If the applicant is a partnership, each partner.

(b) The address of the applicant's principal office.

(c) Evidence satisfactory to the Division that the facility or program meets all applicable federal, state and local laws and complies with all safety, health, building and fire codes. If there are any differences between the state and local codes, the more restrictive standards apply.

(d) If required by [NRS 439A.100](#), a copy of a letter of approval issued by the Director of the Department of Health and Human Services.

(e) A copy of the certificate of occupancy, a copy of the applicant's business license and a copy of any special use permits obtained in connection with the operation of the facility or program.

(f) A copy of any property lease or rental agreements concerning the facility or program.

(g) If the applicant is a corporation, a copy of its bylaws and articles of incorporation.

5. If the application is for a facility for the care of adults during the day, must include the maximum number of clients allowed to occupy the facility at one time.

6. If the application for license is for a surgical center for ambulatory patients, the license applicant must identify the facility scope of care and anesthesia use by filing as an classification

endorsement of one or more of the following and must meet the operating space requirement associated with the classification endorsement definition when licensed after August 5, 2004:

- (a) "Class A" means the facility that provides for minor surgical procedures performed under local or topical anesthesia. These methods are appropriate for Class B and Class C.*
- (b) "Class A" operating rooms shall have a minimum clear area of 130 square feet (11.15 square meters) and a minimum clear dimension of 10 feet (3.5 meters).*
- (c) "Class B" means the facility shall provide for minor or major surgical procedures performed with conscious sedation or deep sedation. These methods are appropriate for Class C.*
- (d) "Class B" operating rooms shall have a minimum clear area of 250 square feet (23.23 square meters) with a minimum clear dimension of 15 feet (4.57 meters).*
- (e) "Class C" means the facility provides major surgical procedures that require general anesthesia.*
- (f) "Class C" operating rooms shall have a minimum clear area of 400 square feet (37.16 square meters) with a minimum clear dimension of 18 feet (4.59 meters)*
- (g) "Class E" means those surgical centers for ambulatory care licensed before August 5, 2004.*
- (h) "Endoscopy only" means the facility provides only endoscopy procedures and shall have a procedure room with a minimum clear area of 180 square feet (15 square meters) exclusive of fixed cabinets and built in shelves.*

Sec. 15. NAC 449.013 is hereby amended to read as follows:

1. Except as otherwise provided in [NAC 449.0168](#), an applicant for a license to operate any of the following facilities, programs of hospice care or agencies must pay to the Division of Public and Behavioral Health the following nonrefundable fees:

center.....	(a) An ambulatory surgical	\$9,784
agency.....	(b) A home office or subunit agency of a home health	5,168
agency.....	(c) A branch office of a home health	5,358
(d) A rural clinic		4,058
(e) An obstetric center		1,564
(f) A program of hospice care		7,054
(g) An independent center for emergency medical care		4,060
(h) A nursing pool		4,602
(i) A facility for treatment with narcotics		5,046
(j) A medication unit		1,200
(k) A referral agency		2,708
(l) A facility for refractive surgery		6,700
(m) A mobile unit		2,090
(n) An agency to provide personal care services in the home		1,374

(o) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time	1,164
(p) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time	1,753
(q) A peer support recovery organization	1,000
(r) A community health worker pool	1,000

2. An applicant for the renewal of such a license must pay to the Division of Public and Behavioral Health the following nonrefundable fees:

(a) An ambulatory surgical center.....	\$4,892
(b) A home office or subunit agency of a home health agency.....	2,584
(c) A branch office of a home health agency.....	2,679
(d) A rural clinic	2,029
(e) An obstetric center	782
(f) A program of hospice care	3,527
(g) An independent center for emergency medical care	2,030
(h) A nursing pool	2,301
(i) A facility for treatment with narcotics	2,523
(j) A medication unit	600
(k) A referral agency	1,354
(l) A facility for refractive surgery	3,350
(m) A mobile unit	1,045
(n) An agency to provide personal care services in the home	687
(o) A facility for the care of adults during the day allowed to be occupied by not more than 50 clients at one time	814
(p) A facility for the care of adults during the day allowed to be occupied by more than 50 clients at one time	1,227
(q) A peer support recovery organization	500
(r) A community health worker pool	500

3. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by [chapter 449](#) of NRS or the regulations adopted pursuant thereto within 1 year after the date on which the applicant submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

Sec. 16. NAC 449.0168 is hereby amended to read as follows:

1. Except as otherwise provided in subsection 2, a holder of a license to operate a medical facility, facility for the dependent, program of hospice care or referral agency who wishes or is required pursuant to [NAC 449.190](#), [449.307](#), [449.7473](#) or [449.758](#) to modify his or her license to reflect:

- (a) A change in the name of the facility, program or agency;
 - (b) A change of the administrator of the facility, program or agency;
 - (c) A change in the number of beds in the facility;
 - (d) A change in the type of facility licensed or the addition of another type of facility to be licensed;
 - (e) A change in the category of residents who may reside at the facility;
 - (f) A change in the designation of a staging area for a mobile unit or, if the mobile unit is operated by an independent facility, a change in the address of the independent facility; or
 - (g) A change in any of the services provided by an agency to provide nursing in the home,
- Ê must submit an application for a new license to the Division and pay to the Division a fee of \$250.

2. An applicant who applies for a license pursuant to paragraph (c) of subsection 1 because of an increase in the number of beds in the facility must pay to the Division:

- (a) A fee of \$250; and
- (b) A fee for each additional bed as follows:
 - (1) If the facility is an intermediate care facility for persons with an intellectual disability or persons with a developmental disability \$280
 - (2) If the facility is a residential facility for groups 184
 - (3) If the facility is a facility for the treatment of abuse of alcohol or drugs 190
 - (4) If the facility is a facility for hospice care 352
 - (5) If the facility is a home for individual residential care 266
 - (6) If the facility is a facility for modified medical detoxification 494
 - (7) If the facility is a hospital, other than a rural hospital 110
 - (8) If the facility is a rural hospital 62
 - (9) If the facility is a skilled nursing facility 108
 - (10) If the facility is an intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability 92
 - (11) If the facility is a facility for the treatment of irreversible renal disease 120
 - (12) If the facility is a halfway house for recovering alcohol and drug abusers 368
 - (13) If the facility is a facility for transitional living for released offenders 146

3. If the address of the home office of a home health agency has not changed, a holder of a license to operate a ~~subunit agency or~~ branch office of the home health agency who wishes or is required pursuant to [NAC 449.758](#) to modify his or her license to reflect a change in the address of the ~~subunit agency or~~ branch office of the home health agency must:

- (a) Submit an application for a new license to the Division; and

- (b) Pay to the Division a fee of \$250.
- 4. A fee paid pursuant to this section is nonrefundable.
- 5. As used in this section:
 - (a) “Administrator” means the person who is responsible for the daily management of a medical facility, facility for the dependent or program of hospice care.
 - (b) “Independent facility” has the meaning ascribed to it in [NAC 449.9701](#).
 - (c) “Staging area” has the meaning ascribed to it in [NAC 449.97018](#).

Sec. 17. (SB 92 -Referral Agencies)

NAC 449.27813 is hereby amended to read as follows:

“Client” means a person who is referred by a referral agency for compensation to a residential facility for groups *or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm.*

Sec. 18. NAC 449.27817 is hereby amended to read as follows:

“Financial assessment” means an assessment to determine the intended source of payment by a client for services which will be provided by a residential facility for groups *or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm* for 6 months, including the eligibility status of the client for services as determined by Medicaid and Medicare.

Sec. 19. NAC 449.27823 is hereby amended to read as follows:

1. A licensed nurse or social worker working in a medical facility or a facility for the dependent licensed by the Bureau may make a referral for a client of the facility or program to a residential facility for groups *or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm* without first obtaining a license to operate as a referral agency. A person employed by this State or the governing body of any county or city within this State, who is employed in a position in which the person’s duties require him or her to make referrals for clients to residential facilities for groups, may make those referrals without first obtaining a license to operate as a referral agency.

2. An applicant for a license to operate as a referral agency must submit to the Division a completed application on a form provided by the Division. The application for the initial license must include, without limitation:

(a) Evidence that the applicant has obtained a contract of insurance for protection against liability to third persons which may be incurred while operating as a referral agency; and

(b) The physical address of the applicant where the records of the referral agency will be maintained.

3. A licensed nurse, authorized public guardian, social worker, physician or hospital, or a provider of geriatric care who is licensed as a nurse or social worker, may provide referrals to residential facilities for groups or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual

disability, developmental disability or physical disability or who is aged or infirm through a business that is licensed pursuant to this section.

Sec. 20. NAC 449.27829 is hereby amended to read as follows:

1. A referral agency shall:

(a) Complete a needs assessment and financial assessment for each client and make referrals for the services that would best meet the physical, psychosocial and financial needs and wishes of the client; and

(b) Submit to the residential facility for groups *or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm* to which a client is referred a copy of the needs assessment completed by the referral agency for the client.

2. A referral agency shall not:

(a) Accept any fee, inducement or incentive, for any reason, from a residential facility for groups *or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm*, or from any person or entity associated with a residential facility for groups; or

(b) Give a discharge planner, case manager, social worker or any other person who has the responsibility of discharge planning, a fee or incentive for prospective clients.

Sec. 21. NAC 449.27831 is hereby amended to read as follows:

1. Before a referral agency may provide any services to a client, the referral agency must obtain a written contract from the client or his or her legal representative to provide the services. The contract must:

(a) Be signed by a representative of the referral agency and the person who is paying for the services or his or her representative; and

(b) Include, without limitation, a description of the services to be provided pursuant to the contract and all fees associated with the provision of those services.

2. If, within 30 days after a client is admitted to a residential facility for groups *or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm*, the referral of the client to the residential facility for groups *or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm* is determined by the facility, the Bureau or a physician to be inappropriate, the referral agency shall:

(a) Refund the full amount of the fee paid by the client or his or her representative; or

(b) Assist the client with an acceptable referral to another residential facility for groups *or any other group housing arrangement that provides assistance, food, shelter or limited supervision to a person with a mental illness, intellectual disability, developmental disability or physical disability or who is aged or infirm* for no additional fee.

3. A referral agency shall not receive more than one fee from a client within any 6-month period unless, during that period, the client or his or her representative requests another referral by the referral agency.

4. A referral agency shall maintain an organized file for each client that includes, without limitation:

(a) A copy of the needs assessment and financial assessment completed by the referral agency for the client;

(b) A copy of the completed contract to provide the services to the client; and

(c) Information outlining the process used by the referral agency for determining the appropriate referral of the client.

A referral agency shall maintain its file of a client for at least 5 years at the place of business of the referral agency.

Sec. 22. NAC 449.3154 is hereby amended to read as follows:

1. Except as otherwise provided in this section, a hospital shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to [NAC 449.0105](#).

2. Except as otherwise provided in this section, any new construction, remodeling or change in the use of a hospital must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c), ~~and~~ (d) and (e) of subsection 1 of [NAC 449.0105](#), unless the remodeling is limited to refurbishing an area of the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.

3. Except as otherwise provided in subsection 4, a hospital shall meet all applicable:

(a) Federal and state laws;

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

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

È related to the construction and maintenance of the hospital. If there are any differences between the state and local codes, the more restrictive standards apply.

4. A hospital which is inspected and approved by the State Public Works Division of the Department of Administration in accordance with the provisions set forth in [chapter 341](#) of NRS and [chapter 341](#) of NAC is not required to comply with any applicable local building codes related to the construction and maintenance of the hospital.

5. A complete copy of the building plans for new construction and remodeling of a hospital, drawn to scale, must be submitted to the entity designated to review such plans by the Division of Public and Behavioral Health pursuant to the provisions of [NAC 449.0115](#). Before the construction or remodeling may begin, plans for the construction or remodeling must be approved by the Division of Public and Behavioral Health.

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

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

Sec. 23. (Clean up Language – Psychiatric Residential Treatment Facilities)

NAC 449.442 is hereby amended to read as follows:

1. A psychiatric residential treatment facility shall develop and carry out policies and procedures that protect and support the rights of residents in the same manner as set forth for medical facilities and facilities for the dependent in [NRS 449A.100](#) to [449A.118](#), inclusive.
2. *Employees and contractors of a psychiatric residential treatment facility must comply with reporting requirements specified in NRS 432B.220, whenever there is reasonable cause to believe that a resident has been abused.*
3. *Whenever there is reasonable cause to believe that a resident has been abused, the facility must take measures to remove the alleged employee or contractor from direct interaction with residents.*
4. *Whenever there is reasonable cause to believe that a resident has been abused, the facility must notify the parent or person legally responsible regarding the circumstances.*
5. *Whenever there is reasonable cause to believe that a resident has been abused, the facility must ensure the resident receives appropriate medical assessment and treatment.*

Sec. 24. (Senate Bill 95 – dietitian able to order diets)

NAC 449.544 is hereby amended to read as follows:

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 licensed 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 *or order* 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 licensed 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 or her 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 licensed 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.

Sec. 25. NAC 449.6114 is hereby amended to read as follows:

1. An obstetric center must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the obstetric center and members of the general public.

~~2. The Board hereby adopts by reference the chapter containing the specific requirements for freestanding birth centers contained in the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities* in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that a revision is not suitable for this State pursuant to subsection 3. A copy of this publication may be obtained from the Facility Guidelines Institute at the Internet address <http://www.fgiguideines.org/guidelines-main/> or by telephone at (800) 242-2626 for the price of \$200.~~

2. Except as otherwise provided in this section and NAC 449.6113 to 449.61178, inclusive, any new construction, remodeling or change in the use of a facility must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c), (d) and (e) of subsection 1 of NAC 449.0105, unless the remodeling is limited to refurbishing an area within the facility, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area, and replacing window or wall coverings in the area.

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

4. An obstetric center shall comply with all applicable:

- (a) Federal and state laws;
- (b) Local ordinances, including, without limitation, zoning ordinances;
- (c) Environmental, health and local building codes;

(d) Fire and safety codes, including, without limitation, those codes relating to ingress and egress of occupants, placement of smoke alarms, fire extinguishers or sprinkler systems, and fire escape routes; and

(e) Provisions of the publication adopted by reference in subsection 2, related to the design, construction and maintenance of the obstetric center. If there is a difference between state and local requirements, the more stringent requirements apply.

5. Except as otherwise provided in subsection 6, before any new construction of an obstetric center or any remodeling of an existing obstetric center is begun, the obstetric center must submit building plans for the new construction or remodeling to the entity designated to review such plans by the Division pursuant to the provisions of [NAC 449.0115](#). The entity's review of those plans is advisory only and does not constitute approval for the licensing of the obstetric center. The Bureau shall not approve an obstetric center for licensure until all construction is completed and a survey is conducted at the site of the obstetric center.

6. An obstetric center is not required to submit plans for remodeling to the entity designated to review such plans by the Division pursuant to the provisions of [NAC 449.0115](#) if the remodeling is limited to refurbishing an area within the obstetric center, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area, and replacing window or wall coverings in the area.

7. Before issuing a license to an obstetric center, the Division shall conduct an on-site inspection of the obstetric center.

Sec. 26. NAC 449.680 is hereby amended to read as follows:

~~1. A facility must maintain evidence that members of the staff are free from health problems which would have a harmful effect on the residents or would interfere with the effective functioning of the program.~~

~~2. All persons employed in intermediate care facilities must have a preemployment physical examination or certification of a 3-year health record from a physician and a skin test or chest X-ray for tuberculosis.~~

~~3. An annual skin test or chest X-ray for tuberculosis is required after employment. If a positive skin test is found, then a chest X-ray is required.~~

1. All employees and independent contractors of the facility must have documentation showing that they are in compliance with NAC 441A.375.

Sec. 27. NAC 449.685 is hereby amended to read as follows:

1. A facility must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the facility and members of the general public.

2. Except as otherwise provided in this section and [NAC 449.732](#) to [449.743](#), inclusive:

(a) A facility shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to [NAC 449.0105](#).

(b) Any new construction, remodeling or change in the use of a facility must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c), **and** (d) *and* (e) of subsection 1 of [NAC 449.0105](#), unless the remodeling is limited to refurbishing an area within the

facility, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area, and replacing window or wall coverings in the area.

3. A facility shall be deemed to be in compliance with the provisions of subsection 2 if the facility is licensed on February 1, 2004, the use of the physical space in the facility is not changed and there are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public health and welfare.

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

(a) Federal and state laws;

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

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

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

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

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

Sec. 28. NAC 449.7334 is hereby amended to read as follows:

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

2. The minimum width of all doors to those rooms must be 3.66 feet (111.7 centimeters). Doors to the toilet rooms of patients and other rooms needing access for wheelchairs must have a minimum width of ~~3 2.83~~ feet (~~91.44 86.3~~ centimeters). Doors opening onto corridors must not swing into the corridor unless they lead to spaces that are not occupied.

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

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

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

6. Flooring materials must be easily cleaned and maintained in good repair. Floors in areas subject to wet cleaning must not be physically affected by germicidal and cleaning solutions. Nonslip surfaces must be provided for areas subject to traffic while wet. Wall bases in kitchens and operating and delivery rooms must be integrated with the floor.

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

8. Ceilings must be easily cleaned. Areas for preparing food must have ceilings which cover all overhead piping and ductwork. Acoustical ceilings must be provided in corridors in patient

areas, nurses' stations, dayrooms, dining areas and waiting rooms. If acoustical ceilings cannot be provided, other methods of eliminating excessive noise and echoing must be used.

Sec. 29. NAC 449.74525 is hereby amended to read as follows:

1. A facility for skilled nursing shall employ full-time, part-time or as a consultant, a person who is a licensed dietitian. If a 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 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 Academies.

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, *physician assistant, dentist, advanced practice registered nurse or podiatric physician* of the patient *or ordered by a licensed dietitian*.

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 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.

Sec. 30. NAC 449.74543 is hereby amended to read as follows:

1. A facility for skilled nursing must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the facility and members of the general public.

2. Except as otherwise provided in this section:

(a) A facility for skilled nursing shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to [NAC 449.0105](#).

(b) Any new construction, remodeling or change in use of a facility for skilled nursing must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c), ~~and~~ (d) *and* (e) of subsection 1 of [NAC 449.0105](#), unless the remodeling is limited to refurbishing an area within the facility, including, without limitation, painting the area, replacing the flooring, repairing windows, or replacing window and wall coverings.

3. A facility for skilled nursing shall be deemed to be in compliance with the provisions of subsection 2 if:

(a) The facility is licensed on January 1, 1999, the use of the physical space in the facility is not changed and there are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public health and welfare; or

(b) The facility has submitted building plans to the Bureau before February 1, 1999, and:

(1) The Bureau determines that the plans comply with standards for construction in effect before December 11, 1998;

(2) The facility is constructed in accordance with those standards;

(3) Construction of the facility is begun before August 1, 1999; and

(4) There are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public health and welfare.

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

(a) Federal and state laws;

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

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

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

5. A facility for skilled nursing which is inspected and approved by the State Public Works Division of the Department of Administration in accordance with the provisions set forth in [chapter 341](#) of NRS and [chapter 341](#) of NAC is not required to comply with any applicable local building codes related to the construction and maintenance of the facility.

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

Sec. 31. NAC 449.749 is hereby amended to read as follows:

1. "Branch office" means an office, other than the home office, from which a home health agency provides services.

2. “Home health agency” means an agency to provide nursing in the home as defined in [NRS 449.0015](#).

3. “Home health aide” means a nursing assistant as defined in [NRS 632.0166](#).

4. “Home office” means the central administrative office of a home health agency.

~~5. “Subunit agency” means an agency owned and controlled by a central organization, corporate entity or home office, but operated and directed by governing and administrative bodies separate from the central organization or any other unit owned and controlled by the central organization.~~

Sec. 32. NAC 449.758 is hereby amended to read as follows:

1. Each license is separate and is issued to a specific person to operate a home health agency at a specific location. The home health agency must be operated and conducted in the name designated on the license with the designated service area and the name of the person responsible for its operation also appearing on the face of the license. The license is not transferable.

~~2. A separate license is required for each subunit agency.~~

3. Copies of the original license must be issued for each agency or branch of an agency which is maintained on separate premises under the same management.

4. Each home health agency must have proof that it is adequately covered against liabilities resulting from claims incurred in the course of operation.

Sec. 33. NAC 449.788 is hereby amended to read as follows:

~~1. If needed patient services are not available within the agency, the agency must assist in directing the patient to other community resources.~~

~~2. Services must be supplied only by qualified personnel and under the supervision of a physician licensed to practice in this State. Qualifications include licensure, registration, certification or their equivalent, as required by state or federal law, for each of the following disciplines:~~

~~(a) The professional registered nurse must hold a state license.~~

~~(b) The practical nurse must hold a state license.~~

~~(c) The home health aide must hold a certificate as a nursing assistant issued by the State Board of Nursing.~~

~~(d) The physical therapist must be registered in this State.~~

~~(e) The occupational therapist must meet the requirements of the American Occupational Therapy Association or the equivalent thereof.~~

~~(f) The speech therapist must hold a certificate from the American Speech-Language-Hearing Association or the equivalent thereof.~~

~~(g) The social worker must be licensed pursuant to chapter 641B of NRS.~~

(h) The nutritionist must *be a dietitian licensed pursuant to NRS Chapter 640E.* ~~have a bachelor of science degree in home economics in foods and nutrition or the equivalent thereof.~~

(i) ~~The inhalation therapist must be registered by the American Association of Inhalation Therapists or the equivalent thereof.~~ *The practitioner of respiratory care must be licensed pursuant to NRS Chapter 630.*

~~3. The agency is responsible for bonding all personnel.~~

Sec. 34. NAC 449.793 is hereby amended to read as follows:

- ~~—1.— The governing body of an agency is responsible for providing for an evaluation of the agency once a year. The purpose of the evaluation is to audit, review policies and procedures, recommend additions or changes and ensure that the policies and regulations are being met.~~
- ~~—2.— A committee shall review all contracts and charters held by the agency to ascertain that:
 - ~~—(a) Existing contracts are legal and up to date.~~
 - ~~—(b) The existing contracts meet the needs of all parties involved.~~~~
- ~~—3.— A committee shall review the management and office procedures of the agency to ascertain that:
 - ~~—(a) The agency is being operated in the most effective and economical means while still giving quality service.~~
 - ~~—(b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current.~~
 - ~~—(c) Equipment is in good repair and adequately meets operational needs.~~~~
- ~~—4.— The committee shall submit a report to the governing body with any recommendations for changes and pertinent observations as it deems necessary.~~
- ~~—5.— A committee shall review the medical and personnel policies to ensure that the policies are being fulfilled and necessary changes or additions are effected.~~

~~6.—~~1. The governing body shall *appoint a Committee to* provide for a quarterly review of 10 percent of the records of patients who have received services during the preceding 3 months in each service area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each area. ~~Each subunit agency must establish a committee to review cases within its area.~~ Minutes of the committee's meetings must be documented and available for review.

Sec. 35. NAC 449.794 is hereby amended to read as follows:

- ~~—1.— Clinical records must be kept for all patients who are receiving services directly from a home health agency or by contract with other health agencies or therapists. The records must contain pertinent past and current medical, nursing, social and therapeutic data.~~
- ~~—2.— The clinical records of patients who are receiving services must be kept on file in the home office and in each subunit agency and branch office and may not be removed except for activities relating to their utilization and review.~~
- 3. Clinical records must be kept *in accordance with NRS 629.051.* ~~on file for 5 years after the discharge of a patient from service.~~

Sec. 36. NAC 449.797 is hereby amended to read as follows:

- ~~—1.— The name, address and telephone number of the person who will be notified in an emergency involving the patient.~~

2. Information as to whether home health services are after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities.

3. A clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency.

~~—4.—A plan for patient care which includes:~~

~~—(a) Objectives and approaches for providing services.~~

~~—(b) Diagnoses of all medical conditions relevant to a plan of treatment.~~

~~—(c) Physical traits pertinent to the plan for care.~~

~~—(d) Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention.~~

~~—(e) Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each.~~

~~—(f) Requirements of activity, such as the degree allowed and any assistance required.~~

~~—(g) Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care.~~

~~—(h) Nutritional needs.~~

~~—(i) Medical supplies needed, such as dressings or irrigation sets.~~

~~—(j) The degree of participation of the family in the care.~~

5. A copy of:

(a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to [NRS 449.800](#) to [449.860](#), inclusive; and

(b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to [NRS 449A.433](#).

~~6.—Nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations.~~

~~7.—Therapists' notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered.~~

~~8.—A written evaluation for services made at the time the patient is admitted for care. Regular written reevaluations for services and assessments of patients made on a continuing basis.~~

~~9.—A report given to the attending physician, written or by phone, whenever unusual findings occur. A written progress note must be submitted to the physician at least every 62 days.~~

10. A record of the termination of services, including the date and reason for termination and the time when the physician was notified of the termination.

Sec. 37. Assembly Bill 147 – Authorizes PA/APRN to order HHA services

NAC 449.800 is hereby amended to read as follows:

1. A complete diagnosis must be included with the **medical** physician, *physician assistant or advanced practice registered nurse's* orders as well as any relevant problems.

2. Initial **medical** physician, *physician assistant or advanced practice registered nurse* orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out. All **medical** *physician, physician assistant or advanced practice registered nurse* orders must bear the signature of the physician, *physician*

assistant or advanced practice registered nurse who initiated the order within 20 working days after the receipt of the oral order.

3. Orders must be specific regarding the level of care and the service given.

4. Medication orders must include:

(a) The name of the drug.

(b) The exact dosage in units, milligrams, grams or other measurements.

(c) Frequency.

(d) The duration of treatment.

(e) The method of administration.

(f) Any special precautions, including requests for doctor's, *physician assistant or advanced practice registered nurse's* orders for the use of adrenaline for possible anaphylaxis.

5. The agency must have an established policy regarding the administration of injectable narcotics and other drugs subject to the drug abuse law. If the policy allows the administration of injectable narcotics and other dangerous drugs subject to drug abuse law, they must be prescribed according to state regulations.

6. Specific orders must be given for:

(a) Rehabilitative and restorative care such as physiotherapy;

(b) Skilled nursing and home health aide care;

(c) Nutritional needs;

(d) The degree of activity permitted;

(e) Dressings and the frequency of change;

(f) The instruction of a member of the family in technical nursing procedures; and

(g) Any other items necessary to complete a specific plan of treatment for the patient.

7. All orders must be renewed in writing by the physician, *physician assistant or advanced registered practical nurse* at least every 62 days.

8. New orders are required when there is a change in diagnosis, a change in orders, a change of physician, *physician assistant or advanced registered practical nurse* or following hospitalization.

Sec. 38. NAC 449.97026 is hereby amended to read as follows:

1. Except as otherwise provided in subsection 5, a parent facility or independent facility which is issued a license to operate a mobile unit shall ensure that the mobile unit complies with the applicable provisions of the guidelines adopted by reference in paragraphs (c), ~~and~~ (d) *and* (e) of subsection 1 of [NAC 449.0105](#).

2. Except as otherwise provided in subsection 4, before any new construction of a mobile unit or any remodeling of an existing mobile unit is begun:

(a) The parent facility or independent facility that applies for the license to operate the mobile unit or that has been issued the license to operate the mobile unit must submit a copy of the building plans for the new construction or remodeling to the entity designated to review such plans by the Division pursuant to the provisions of [NAC 449.0115](#); and

(b) The building plans must be approved by the Division.

3. The building plans submitted for review and approval as required pursuant to subsection 2 must be drawn to scale and include a statement indicating:

(a) The services and procedures that will be provided at the mobile unit; and

(b) Each staging area designated by the parent facility or independent facility for the mobile unit.

4. A parent facility or independent facility is not required to submit plans for remodeling to the entity designated to review such plans by the Division pursuant to the provisions of [NAC 449.0115](#) if the remodeling is limited to refurbishing an area within a mobile unit, including, without limitation, painting the area, replacing the flooring in the area, repairing the windows in the area, and replacing window or wall coverings in the area.

5. A parent facility or independent facility which is issued a license to operate a mobile facility shall ensure that the mobile unit for which the license is issued:

(a) Complies with any applicable zoning regulation for each staging area designated for the mobile unit;

(b) Is of sufficient size and is arranged in a manner that is appropriate to provide the services for which the mobile unit is licensed;

(c) Is furnished with the appropriate equipment to provide for the comfort and safety of each patient who receives services at the mobile unit;

(d) Is maintained in good repair and in a clean and sanitary manner; and

(e) During any period in which the operator of the mobile unit provides services at the mobile unit:

(1) Is located and illuminated in such a manner that each patient who receives services at the mobile unit may safely and comfortably enter and exit the mobile unit; and

(2) Complies with any applicable statute, ordinance or regulation relating to the parking of the mobile unit.

Sec. 39. NAC 449.99718 is hereby amended to read as follows:

1. A recovery center must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the recovery center and members of the general public.

2. A recovery center shall comply with all applicable:

(a) Federal and state laws;

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

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

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

3. Except as otherwise provided in this section:

(a) Each recovery center shall comply with the provisions of *NFPA 101: Life Safety Code*, as adopted by reference pursuant to [NAC 449.0105](#).

(b) Any new construction, remodeling or change in use of a recovery center must comply with the *applicable provisions of the guidelines adopted by reference in paragraphs (c), (d) and (e) of subsection 1 of NAC 449.0105, ~~Guidelines for Design and Construction of Hospitals and Outpatient Facilities, as adopted by reference pursuant to NAC 449.0105~~*, unless the remodeling is limited to refurbishing an area within the recovery center, including, without limitation, painting the area, replacing the flooring, repairing windows or replacing window and wall coverings.

4. A recovery center shall be deemed to be in compliance with the provisions of subsection 3 if:

(a) The recovery center:

(1) Was licensed as a facility for intermediate care pursuant to [NRS 449.040](#) to [449.094](#), inclusive, before September 21, 2017;

(2) Is seeking to change its operation as an intermediate care facility to a recovery center;

(3) Does not change the use of the physical space in the recovery center; and

(4) Does not have any deficiencies in the construction of the recovery center that are likely to cause serious injury, harm or impairment to the health and welfare of the public; or

(b) Before September 21, 2017, the recovery center initially applied for licensure as an intermediate care facility pursuant to [NRS 449.040](#) to [449.094](#), inclusive, and:

(1) The recovery center submitted building plans to the Division in the manner set forth in [NAC 449.0115](#);

(2) The Division determines that the plans comply with the standards for construction of intermediate care facilities, which are set forth in [NAC 449.685](#) to [449.731](#), inclusive;

(3) Construction of the recovery center has commenced;

(4) The center is constructed in accordance with such standards; and

(5) There are no deficiencies in the construction of the recovery center that are likely to cause serious injury, harm or impairment to the health and welfare of the public.

5. A recovery center shall submit building plans for new construction or remodeling to the entity designated to review such plans by the Division pursuant to [NAC 449.0115](#). The entity's review of those plans is advisory only and does not constitute approval for the licensing of the recovery center. Before the construction or remodeling may begin, the plans for the construction or remodeling must be approved by the Division. The Division shall not approve a recovery center for licensure until all construction or remodeling has been completed and a survey is conducted at the site of the recovery center.

Sec. 40. NAC 449.99732 is hereby amended to read as follows:

1. A recovery center shall ensure that each patient admitted to the center receives:

(a) Meals at regular intervals; and

(b) A therapeutic diet if such a diet is prescribed by the attending physician, *physician assistant, dentist, advanced practice registered nurse or podiatric physician* of the patient *or ordered by a licensed dietitian*.

2. A recovery center shall provide to each patient admitted to the center:

(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.

3. A recovery center shall provide each patient in the center with sufficient fluids to maintain proper hydration and health.

4. A recovery center shall:

(a) Comply with the applicable provisions of [chapter 446](#) of NRS and [chapter 446](#) of NAC and obtain such permits as are necessary from the Division for the preparation and service of food;

(b) Maintain a report of each inspection concerning the sanitation of the center 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.

Sec. 41. NAC 449.9843 is hereby proposed to read as follows:

1. An ambulatory surgical center shall comply with the provisions of *NFPA 99: Health Care Facilities Code* concerning medical gases, adopted by reference pursuant to [NAC 449.0105](#), and the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to [NAC 449.0105](#).
2. Any new construction, remodeling or change in the use of an ambulatory surgical center must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c), ~~and~~ (d) *and* (e) of subsection 1 of [NAC 449.0105](#), unless the remodeling is limited to refurbishing an area within the center, including, without limitation, painting the area, replacing flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.
3. An ambulatory surgical center shall be deemed to be in compliance with the provisions of subsection 2 and subsection 2 of [NAC 449.983](#) if:
 - (a) The center is licensed on February 1, 1999, the use of the physical space in the center is not changed and there are no deficiencies in the construction of the center that are likely to cause serious injury, harm or impairment to the public health and welfare; or
 - (b) The center has submitted building plans to the Bureau before February 1, 1999, and:
 - (1) The Bureau determines that the plans comply with standards for construction in effect before December 11, 1998;
 - (2) The center is constructed in accordance with those standards;
 - (3) Construction of the center is begun before August 1, 1999; and
 - (4) There are no deficiencies in the construction of the center that are likely to cause serious injury, harm or impairment to the public health and welfare.
4. An ambulatory surgical center shall comply with all applicable:
 - (a) Federal and state laws;
 - (b) Local ordinances, including, without limitation, zoning ordinances; and
 - (c) Life safety, environmental, health, fire and local building codes.

If there is a difference between state and local requirements, the more stringent requirements apply.

5. An ambulatory surgical center shall submit building plans for new construction or remodeling to the entity designated to review such plans by the Division pursuant to [NAC 449.0115](#). The entity's review of those plans is advisory only and does not constitute approval for the licensing of the center. Before the construction or remodeling may begin, the plans for the construction or remodeling must be approved by the Division. The Bureau shall not approve a center for licensure until all construction is completed and a survey is conducted at the site of the center.

Sec. 42. NAC 449.99921 is hereby amended to read as follows:

The costs and expenses of temporary management, including the compensation of the manager, must be paid by the facility ~~through the Bureau~~ *directly to the temporary management services entity* while the temporary manager is assigned to the facility.

LCB DRAFTING NOTES

NRS 449.202 Classification of hospitals. A hospital which provides only one or two of the following categories of service:

1. Medical;

2. Surgical;
 3. Obstetrical; or
 4. Psychiatric,
- shall be designated a medical hospital, surgical hospital, obstetrical hospital or psychiatric hospital or combined-categories hospital, as the case may be.

Remove the reference to general hospital in NAC Chapter 449 and any other NAC chapter in which the term is used and replace with the appropriate reference in NRS 449.202.

OMITTED REGULATIONS

~~NAC 449.0127 “Subunit agency” defined. (NRS 449.0302) “Subunit agency” has the meaning ascribed to it in NAC 449.749.~~

~~NAC 449.770 Governing body; bylaws. (NRS 449.0302)~~

~~—1.— A home health agency must have an organized governing body or designated person who is legally responsible for the conduct of the agency.~~

~~—2.— The ownership of the home health agency must be disclosed to the Division. The governing body is responsible for compliance with all applicable local, state and federal laws and regulations.~~

~~—3.— The governing body shall appoint an advisory group of professional personnel, including one or more members who are practicing physicians, one or more professional registered nurses and representatives from other professional disciplines as indicated by the scope of the agency’s program.~~

~~—4.— The governing body is responsible for periodic administrative and professional evaluations of the agency.~~

~~—5.— The governing body shall receive, review and take action on recommendations made by the evaluating groups and document those actions.~~

~~—6.— The governing body shall adopt bylaws or an acceptable equivalent in accordance with legal requirements. The bylaws must be written, revised as needed, and made available to all members of the governing body, the Division and the advisory group. The terms of the bylaws must include at least the following:~~

~~—(a) The basis upon which members of the governing body are selected, their terms of office and their duties and responsibilities.~~

~~—(b) A provision specifying to whom responsibilities for the administration and supervision of the program and the evaluation of practices may be delegated, and the methods established by the governing body for holding those persons responsible.~~

~~—(c) A provision specifying the frequency of board meetings and requiring that minutes be taken at each meeting.~~

~~—(d) A provision requiring the establishment of personnel policies.~~

~~—(e) The agency’s statements of objectives.~~

~~—7.— The governing body shall adopt policies for the agency including policies relating to admissions, care and discharge of patients.~~

~~—8.— The governing body is legally responsible for the appointment of a qualified administrator and the delegation of responsibility and authority.~~

~~—9.— The governing body shall ensure that the administrator has sufficient freedom from other responsibilities to permit adequate attention to the direction and management of the agency.~~

~~—NAC 449.773—Administrator: Qualifications; duties. (NRS 449.0302)~~

~~—1.—The administrator must be a professional registered nurse or licensed physician, either of whom must be licensed in this State, or a person with training or experience in health administration. The administrator must have at least 1 year of supervisory or administrative experience in a field related to health.~~

~~—2.—The administrator shall represent the governing body in the daily operation of the agency. His or her responsibilities include:~~

~~—(a) Keeping the governing body fully informed of the conduct of the agency through regularly written reports and by attendance at meetings of the governing body.~~

~~—(b) Employing qualified personnel and arranging for their orientation and continuing education.~~

~~—(c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and financial position of the agency.~~

~~—(d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the agency.~~

~~—(e) Holding periodic meetings to maintain a liaison between the governing body, the advisory groups and the members of the staff.~~

~~—(f) Other duties as may be assigned.~~

~~—3.—The administrator shall appoint a person authorized to act in his or her absence. The person appointed by the administrator must possess the qualifications set forth in subsection 1.~~

~~NAC 449.776—Director of professional services. (NRS 449.0302)~~

~~—1.—The director of professional services must be a physician or a registered professional nurse licensed to practice in this State who is readily available through the agency's office to advise the members of the staff.~~

~~—2.—The director of professional services shall:~~

~~—(a) Direct, supervise and coordinate the skilled nursing services and other therapeutic services provided by the agency.~~

~~—(b) Develop and revise written objectives for the care of patients, policies and procedure manuals.~~

~~—(c) Assist in the development of descriptions of jobs.~~

~~—(d) Assist in the recruitment and selection of personnel.~~

~~—(e) Recommend to the administrator the number and levels of members of the nursing staff.~~

~~—(f) Plan and conduct orientations and continuing education for members of the staff engaged in the care of patients.~~

~~—(g) Evaluate the performance of the nursing staff.~~

~~—(h) Assist in planning and budgeting for the provision of services.~~

~~—(i) Assist in establishing criteria for the admission and discharge of patients.~~

~~NAC 449.779—Professional advisory group. (NRS 449.0302)~~

~~—1.—The professional advisory group must be appointed by the governing body and shall assist in establishing written policies covering skilled nursing, other therapeutic services and other aspects of professional health. These policies must be reviewed at least annually and revised as necessary, and must cover the following:~~

- ~~—(a) The scope of services offered;~~
- ~~—(b) Administrative records;~~
- ~~—(c) Personnel qualifications and responsibilities; and~~
- ~~—(d) The evaluation of programs.~~
- ~~— 2. The professional advisory group must include at least one member who is a licensed practicing physician, one professional registered nurse, representatives from other professional disciplines as indicated by the scope of the agency's program and two members who are representatives of the general public served by the agency. At least one member of the advisory group may not be an owner or employee of the agency. The administrator or his or her designee shall attend all meetings of the advisory group.~~
- ~~— 3. The advisory group shall meet at regular intervals, but at least once a year. Dated minutes must reflect an evaluation of overall agency performance, including the availability of services, the utilization of services and the quality of services. Recommendations must be forwarded to the governing body.~~
- ~~— 4. The advisory group must be available to advise the governing body on policies issued and the evaluation of programs.~~
- ~~— 5. The advisory group shall participate in a continuing program to acquaint the community with the established policies and the scope and availability of services provided by the agency and to promote appropriate utilization.~~
- ~~— 6. The member of the advisory group who is a physician shall interpret the established policies to the local medical society and to other physicians.~~
- ~~— 7. Brochures and pamphlets describing the home health services of the agency must be prepared with the advice of the advisory group and distributed to other community resources and the general public.~~

~~— **NAC 449.785 — Contracts for home health services. (NRS 449.0302)** If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must:~~

- ~~— 1. Provide for retention by the primary agency of responsibility for and control of the services.~~
- ~~— 2. Designate the services which are to be provided, the setting and the geographical area served. Services provided must be within the scope and limitations set forth in the plan of treatment and may not be altered in type, amount, frequency or duration, except in the case of adverse reaction.~~
- ~~— 3. Describe how the contracted personnel are to be supervised.~~
- ~~— 4. Describe how services are coordinated with the primary agency.~~
- ~~— 5. Provide for the reporting of clinical notes and observations by contracted personnel for inclusion in the records of the primary home health agency to facilitate planning and evaluating patient care and to document the care given. Periodic progress notes by appropriate members of the staff must be submitted at least every 14 days and more often if warranted by the patient's condition.~~
- ~~— 6. Specify the method of determining charges and reimbursement by the primary agency for specific services provided under contract. Only the primary agency may bill for or collect for services.~~

~~—7.— Specify the period of time the contract is to be in effect and how frequently it is to be reviewed. The contract must be reviewed annually.~~

~~—8.— Assure that personnel and services contracted for, meet the requirements specified in NAC 449.749 to 449.800, inclusive, for home health agency personnel and services, including licensure, personnel qualifications, medical examination, functions, supervision, orientation, in-service education and case conferences.~~

~~—9.— Provide for the acceptance of patients for home health service only by the primary home health agency. Patients may not be admitted for home health service by any person without an appropriate review of the case and acceptance of the patient by the agency.~~

~~—10.— Assure that personnel and services contracted for will provide treatment to referred patients without regard to race, creed or national origin.~~

~~— **NAC 449.787— Duty to provide skilled nursing care and home health aide services; inclusion of additional services. (NRS 449.0302)**— A home health agency is directly responsible for providing skilled nursing care and home health aide services, and may include other services such as physical therapy, occupational therapy, speech therapy, medical-social services, nutritional guidance, pharmaceutical services, appliances and equipment services.~~

~~**NAC 449.791— Duties of personnel. (NRS 449.0302)**~~

~~—1.— A registered nurse shall:~~

~~—(a) Provide nursing guidance and care to patients at home.~~

~~—(b) Evaluate the home for its suitability for the patient's care.~~

~~—(c) Teach the patient and those in the home who nurse the patient how his or her care is to be given.~~

~~—(d) Supervise and evaluate the patient's care on a continuing basis.~~

~~—(e) Provide necessary professional nursing care.~~

~~—2.— A licensed practical nurse may perform certain nursing procedures under the supervision of the registered nurse:~~

~~—3.— The certified home health aide must be trained to function as a member of the health services team. Under the supervision of a registered nurse, he or she may:~~

~~—(a) Give the patient personal care, including assistance in the activities of daily living.~~

~~—(b) Perform certain household services to ensure that the patient's nutritional needs are met and to maintain a safe and clean environment for the patient.~~

~~—4.— The social worker shall:~~

~~—(a) Help the medical team to understand the social and emotional factors affecting the patient and his or her family.~~

~~—(b) Help the patient and his or her family to understand the medical team's activities.~~

~~—(c) Assess the social and emotional impact of the program on the patient and his or her family.~~

~~—5.— The physical therapist shall:~~

~~—(a) Assist the physician in the evaluation of the patient by giving functional ability tests.~~

~~—(b) With the physician, help to develop and implement a plan for physical therapy for the patient.~~

~~—(c) Instruct members of the health care team, the patient and his or her family in the procedures and techniques needed for his or her physical rehabilitation and maintenance.~~

~~—6.— The occupational therapist shall:~~

- ~~—(a) Assist the physician in his or her evaluation of the patient's level of function and ability to perform activities of daily living.~~
- ~~—(b) Help to develop and implement the patient's care plan.~~
- ~~—(c) Instruct members of the health care team and family who participate in the patient's occupational therapy.~~