

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

LCB File No. R043-22

April 6, 2022

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

AUTHORITY: §§ 1-4, 8-17, 19-26 and 28-31, NRS 439.200 and 449.0302; §§ 5, 6, 18, 34 and 35, NRS 439.200, 449.0302 and 449.094; §§ 7, 27, 32, 33 and 36, NRS 439.200, 449.0302 and 449.1845.

A REGULATION relating to residential facilities for groups; revising requirements concerning training for certain employees; requiring a facility to develop a person-centered service plan for each resident; revising the persons authorized to conduct a physical examination of a resident; authorizing a physician assistant or advanced practice registered nurse to prescribe medication for a resident; removing the requirement that certain facilities which offer or provide care for certain residents with Alzheimer’s disease or other forms of dementia must obtain an endorsement; revising provisions governing the operation of certain such facilities; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires the State Board of Health to adopt regulations for the licensing and regulation of residential facilities for groups, including separate regulations for the licensing and regulation of such facilities that provide care to persons with Alzheimer’s disease or other severe dementia. (NRS 449.0302) **Sections 2 and 3** of this regulation define the terms “Alzheimer’s disease” and “dementia,” respectively.

Sections 4-6 of this regulation define certain terms relevant to residential facilities for groups.

Section 16 of this regulation indicates the placement of **sections 2-15** of this regulation in the Nevada Administrative Code.

Existing regulations require a caregiver of a residential facility for groups to receive at least 8 hours of annual training related to providing for the needs of residents of the facility. (NAC 449.196) Existing regulations also prescribe specific training requirements for a caregiver at a residential facility for groups whose residents are elderly persons or persons with disabilities or an employee of a residential facility for groups who provides care to persons with dementia. (NAC 449.2758, 449.2768) **Sections 18, 34 and 35** of this regulation revise requirements governing training for such caregivers or employees without changing the total amount of training required.

Existing law requires the administrator of a residential facility for groups to cause a qualified provider of health care to conduct: (1) an annual physical examination of each resident

of the facility; and (2) an assessment of the conditions and needs of each resident of the facility upon admission and at certain other times. (NRS 449.1845) **Section 7** of this regulation interprets the term “qualified provider of health care” for that purpose, and **section 27** of this regulation revises provisions of existing regulations concerning physical examinations to conform to existing law.

Existing law requires an employee of a residential facility for groups who assists residents in the administration of controlled substances or dangerous drugs to: (1) complete training approved by the Division of Public and Behavioral Health of the Department of Health and Human Services; and (2) pass an examination approved by the Division. (NRS 449.0302) **Sections 9 and 10** of this regulation define certain terms relating to such training. **Section 11** of this regulation generally requires a person or entity that proposes to offer a course of training in the administration of medication to apply to the Bureau of Health Care Quality and Compliance of the Division. **Section 11** authorizes the Bureau to approve a nationally recognized organization to offer a course without an application if it determines that the course meets the applicable requirements. **Section 11** provides that the approval of a course is valid for 2 years. **Section 12** of this regulation prescribes the required content of such a course. **Section 12** requires a participant in such a course to achieve a passing score of at least 80 percent on a written examination. **Sections 18 and 28** of this regulation eliminate duplicative requirements.

Section 11 requires an application for the approval of a course of training in the administration of medication to include proof that the instructor has been approved by the Bureau. **Section 13** of this regulation: (1) prescribes the requirements to apply for approval as an instructor; and (2) provides that the approval of an instructor is valid for 2 years. **Section 14** of this regulation prescribes the required qualifications and ethical duties of a person who teaches a course of training in the administration of medication. **Section 15** of this regulation authorizes the Bureau to revoke the approval of a course or instructor under certain circumstances. **Section 25** of this regulation makes a conforming change to indicate that a caregiver who administers medication to a resident with diabetes must complete training and an examination approved by the Bureau. **Section 25** also updates the name of a publication adopted by reference pertaining to food substitution for special diets and establishes a process for the incorporation of future revisions to that publication.

Existing regulations prohibit the administration of medication to a resident of a residential facility for groups without the approval of a physician. (NAC 449.231) **Sections 19, 22 and 28-31** of this regulation authorize a physician assistant or advanced practice registered nurse to prescribe medication for a resident. **Section 17** of this regulation makes a conforming change to update terminology used to refer to advanced practice registered nurses.

Existing regulations require a residential facility for groups to provide certain supervision for residents, permit a resident to engage in certain activities and establish a written program of activities for each resident. (NAC 449.259, 449.260) **Section 20** of this regulation requires a residential facility for groups to develop a person-centered service plan for each resident in collaboration with the resident, his or her family and other persons who provide care to the resident. **Section 20** prescribes the required contents of a person-centered service plan, which include required supervision, authorized activities, the written program of activities for the resident and, if the resident has Alzheimer’s disease or another form of dementia, measures to address the dementia and ensure the safety of the resident in the facility. **Section 4** of this regulation defines the term “person-centered service plan,” and **sections 21, 26 and 32** of this regulation make conforming changes related to such a plan.

Existing regulations require the administrator of a residential facility for groups to provide certain information concerning the services of the facility and the cost of those services in writing upon request. (NAC 449.2704) **Section 24** of this regulation: (1) clarifies that such information must be provided to any person upon request; and (2) requires the administrator to provide a person paying for services or his or her representative with certain information concerning those services upon the admission of the resident receiving those services, upon a change to those services or their cost or upon request.

Existing law requires a resident who suffers from dementia to an extent that the resident may be a danger to himself or herself or others under certain circumstances to be placed in a residential facility for groups that meets requirements prescribed by the Board. (NRS 449.1845) Existing regulations: (1) require a residential facility which offers or provides care for a resident with Alzheimer's disease or related dementia to obtain an endorsement on its license; and (2) impose certain requirements governing the operations of such a facility. (NAC 449.2754, 449.275) **Sections 32 and 33** of this regulation limit those requirements to only apply to a residential facility for groups that provides care to a resident with Alzheimer's disease or another form of dementia to the extent that the resident may be a danger to himself or herself or others under the circumstances prescribed by existing law. **Section 33** also revises requirements governing equipment to alert the staff of a such a residential facility when a door used to exit the facility is opened. **Section 36** of this regulation repeals an unnecessary definition.

Existing regulations authorize a residential facility that provides care to persons with Alzheimer's disease to admit and retain a resident who requires containment in locked quarters. (NAC 449.2754) **Sections 23 and 32** of this regulation remove this authorization, thereby prohibiting a residential facility that provides care to persons with Alzheimer's disease or other forms of dementia from admitting and retaining such a patient.

Existing regulations require the administrator of a residential facility to maintain a record of the medication administered to each resident. (NAC 449.2744) **Section 29** of this regulation expands the information required to be included in such a record.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 15, inclusive, of this regulation.

Sec. 2. *“Alzheimer’s disease” means a form of dementia caused by an irreversible, progressive brain disorder that slowly destroys memory, thinking and the ability to carry out tasks of daily living.*

Sec. 3. *“Dementia” means the loss of cognitive functioning and behavioral abilities, which may include, without limitation, memory, language skills, visual perceptions, problem solving, self-management and the ability to focus and pay attention, to the extent that it interferes with the daily life and activities of a person.*

Sec. 4. *“Person-centered service plan” means a plan developed for a resident of a residential facility pursuant to NAC 449.259 that describes the manner in which the facility will provide for the needs of the resident.*

Sec. 5. *“Tier 1 training” means basic training for employees of a residential facility that includes, without limitation, training in responding to emergencies, working with residents and their families and an introduction to person-centered care.*

Sec. 6. *“Tier 2 training” means training for employees of a residential facility that:*

- 1. Is more detailed and comprehensive than tier 1 training; and*
- 2. Includes, without limitation, training in the psychosocial aspects of dementia, current science concerning dementia, signs and symptoms of dementia and working with persons suffering from dementia.*

Sec. 7. *As used in NRS 449.1845, the Division shall interpret the term “qualified provider of health care” to mean a provider of health care for whom the activities described in NRS 449.1845 are within the scope of his or her license or certification. The term includes a provider of health care who is licensed or certified in another state or territory or the District of Columbia if a resident of that jurisdiction or his or her legal representative is seeking placement in a residential facility for groups in this State.*

Sec. 8. *As used in sections 8 to 15, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 9 and 10 of this regulation have the meaning ascribed to them in those sections.*

Sec. 9. *“Course” means a course of training in the administration of medication offered to satisfy the requirements of NAC 449.196, 449.2726 and 449.2742 and section 14 of this regulation.*

Sec. 10. *“Instructor” means the instructor of a course.*

Sec. 11. 1. *To obtain the approval of the Bureau for a course, the person or entity that proposes to offer the course must apply to the Bureau in the form prescribed by the Bureau.*

The application must include, without limitation:

(a) Certification that the course will be taught by an instructor who has been approved by the Bureau pursuant to section 13 of this regulation;

(b) The proposed syllabus of the course;

(c) The information that will be provided to participants in the course;

(d) A written evaluation of the content and presentation of the course that will be completed by each participant in the course;

(e) A statement of the purpose of the course and the requirements for attendance; and

(f) Any additional proof necessary to demonstrate that the course meets the requirements of section 12 of this regulation.

2. The Bureau may request from an applicant any additional information that the Bureau determines necessary to evaluate the course that the applicant proposes to offer.

3. The Bureau shall consider the information provided pursuant to paragraph (c) of subsection 1 to be proprietary and shall not release such information without the consent of the applicant.

4. The Bureau may approve a nationally recognized organization to offer a course without an application pursuant to this section if the Bureau determines that the course meets the requirements of section 12 of this regulation.

5. The Bureau may approve a course if it determines that the course:

(a) Meets the requirements of section 12 of this regulation; and

(b) Will be taught by an instructor who has been approved by the Bureau pursuant to section 13 of this regulation.

6. Upon approving a course, the Bureau shall issue to the person or entity that offers the course an approval code.

7. Approval of a course expires 2 years after the date on which the approval was granted unless the person or entity offering the course reapplies for approval in the manner prescribed by this section at least 60 days before the date on which the approval is scheduled to expire. If approval of a course expires, the person or entity that offers the course must cancel any training scheduled to be provided as part of the course.

Sec. 12. A course must:

1. Be conducted entirely in English and consist of:

(a) At least 16 hours of training in the management of medication, consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training; or

(b) At least 8 hours of refresher or remedial training in the management of medication.

2. Include, without limitation, instruction concerning:

(a) The duties, responsibilities and authorized activities of a caregiver who administers or assists with the administration of medication to residents;

(b) Common abbreviations used by physicians, physician assistants, advanced practice registered nurses and pharmacists when writing prescriptions and instructions for using medications;

(c) Following a plan for managing the administration of medications maintained by a residential facility pursuant to paragraph (d) of subsection 1 of NAC 449.2742 and any other policies concerning ordering new prescriptions, reordering existing prescriptions, requesting

refills, storage and handling of different types of medication, destruction of medication in accordance with subsection 9 of NAC 449.2742 and maintaining a log of medication deliveries;

(d) Common classifications of medications, including, without limitation, generic, brand name, statins, blood thinners, nitroglycerin, laxatives, antihistamines, antibiotics, bronchodilators, diuretics, antihypertensives, analgesics, antidepressants, anti-anxiety, sedatives, hypnotics, antipsychotics, anti-ulcer, anti-osteoporosis, eye drops and ear drops;

(e) Controlled substances and other medications commonly prescribed to residents;

(f) Types of orders commonly given by physicians, physician assistants and advanced practice registered nurses;

(g) Routes by which medication can be administered, including, without limitation, oral, sublingual, transdermal, topical, otic and ophthalmic;

(h) Types of packaging for medication, including, without limitation, bottles, bubble packs, blister packs and patches;

(i) Forms of medication, including, without limitation, tablet, capsule, cream, elixir, enteric-coated tablet, fast-dissolving tablet, gel capsule, powder, inhaler, ointment, solution, suspension and transdermal patch;

(j) Allergies, interactions between drugs, contraindications, side effects, adverse reactions and toxicity;

(k) Reading the medication label;

(l) The importance of:

(1) Following the instructions on a medication label;

(2) Administering medications as prescribed, including, without limitation, the effect of the manner in which medication is administered on the level of medication in the bloodstream and the therapeutic effect of the medication; and

(3) Ensuring that over-the-counter medications and dietary supplements are administered only as authorized by NAC 449.2742;

(m) Determining the schedule for administering a medication based on the instructions provided by the prescribing physician, physician assistant or advanced practice registered nurse;

(n) The necessity of an agreement entered into by a resident pursuant to paragraph (i) of subsection 1 of NRS 453.375 or paragraph (p) of subsection 1 of NRS 454.213 and the rights of a resident concerning the administration of medication;

(o) Verifying before and during the administration of medication that:

(1) The medication is being administered to the correct resident;

(2) The correct medication is being administered to the resident;

(3) The dosage of the medication is correct;

(4) The medication is being administered according to the schedule established by the prescribing physician, physician assistant or advanced practice registered nurse;

(5) The medication is being administered through the correct route; and

(6) The administration of the medication is documented properly;

(p) Checking the name of the resident receiving medication, the strength and dosage of the medication and the frequency of administration against the order or prescription, the record of the administration of the medication maintained pursuant to NAC 449.2744 and the instructions on the container of the medication;

- (q) When to cut or crush a pill and the proper procedure for cutting or crushing a pill;*
- (r) When and how to administer a liquid medication, including, without limitation, measuring the amount of a liquid medication;*
- (s) Antibiotic therapy and achieving therapeutic levels of an antibiotic in blood serum;*
- (t) Situations where it is appropriate to administer topical solutions, including, without limitation, antibiotic cream, without an order from a physician, physician assistant or advanced practice registered nurse;*
- (u) Determining when to administer a medication if the directions provide for administration as needed;*
- (v) Maintaining a record of medication administration in accordance with NAC 449.2744;*
- (w) Actions to take if an error is made in the administration of medication;*
- (x) Signs and symptoms of an allergic reaction to medication and other changes in the condition of a resident to whom medication is administered that must be reported to a physician, physician assistant or advanced practice registered nurse;*
- (y) Situations where it is necessary to seek the assistance of providers of emergency medical services;*
- (z) Assisting residents who use oxygen, residents who receive kidney dialysis and residents with diabetes, dementia, Parkinson's disease and asthma;*
- (aa) Dealing with medication-seeking behavior and other problematic behavior of residents relating to medication;*
- (bb) Assisting residents with the self-administration of medication;*
- (cc) Preventing infectious diseases, including, without limitation, proper procedures for hand washing and actions to take when exposed to blood-borne pathogens; and*

(dd) Finding necessary information concerning medications.

3. Require a participant in the course to demonstrate competency in:

(a) Washing hands;

(b) Putting on and removing gloves;

(c) Pouring medication and passing the medication to a resident while performing the duties described in paragraphs (o) and (p) of subsection 2;

(d) Assisting with the administration of medication orally, sublingually, topically or through eye drops, ear drops, nose drops or spray and inhalers;

(e) Cutting and crushing pills;

(f) Reading and interpreting the label of a prescription medication;

(g) Labeling over-the-counter medications and nutritional supplements;

(h) Counting the amount of a controlled substance;

(i) Properly storing medication;

(j) Recording the administration of medication in a record of medication administration maintained pursuant to NAC 449.2744 if:

(1) The medication is administered pursuant to a routine schedule; and

(2) The instructions of the prescribing physician, physician assistant or advanced practice registered nurse provide for administration as needed;

(k) Recording an order to discontinue medication in a record of medication administration maintained pursuant to NAC 449.2744;

(l) Completing a report documenting an error in the administration of medication;

(m) Documenting the delivery and destruction of medication in a log maintained pursuant to NAC 449.2744;

(n) Completing a form to notify the physician, physician assistant or advanced practice registered nurse who prescribed or ordered a medication for a resident if the resident refuses or otherwise misses an administration of the medication as required by subsection 7 of NAC 449.2742;

(o) Recording a change to an order or prescription in the record of medication administration and on the container of the medication; and

(p) Destroying unused medication in accordance with subsection 9 of NAC 449.2742.

4. Require a participant in the course to achieve a passing score of at least 80 percent on a written examination in order to receive a certificate of completion. The examination must:

(a) Consist of questions prescribed by the Division; and

(b) Be administered in four different versions.

5. Require each participant in the course to complete the written evaluation of the content and presentation of the course provided to the Bureau pursuant to paragraph (d) of subsection 1 of section 11 of this regulation.

6. Result in the award of a certificate of completion approved by the Bureau to each person who successfully completes the course, including, without limitation, successfully completing the competency demonstration described in subsection 3 and achieving a passing score on the written examination described in subsection 4. The certificate must be signed by the instructor and must include, without limitation:

(a) The number of hours of training completed;

(b) The names of the person who completed the course and the instructor;

(c) The date of the training; and

(d) The approval code issued by the Bureau pursuant to section 11 of this regulation.

Sec. 13. 1. *To obtain the approval of the Bureau as an instructor, a person must apply to the Bureau in the form prescribed by the Bureau. The application must include, without limitation:*

(a) The name and address of the applicant;

(b) The resume of the applicant;

(c) Proof that the applicant meets the requirements of subsection 1 of section 14 of this regulation;

(d) A statement signed by the applicant agreeing to comply with the requirements of subsection 2 of section 14 of this regulation if the application is approved; and

(e) The name of the person or entity that will offer the courses to be taught by the instructor.

2. The Bureau may approve an instructor if it determines that the instructor meets the requirements of subsection 1 of section 14 of this regulation.

3. Approval of an instructor expires 2 years after the date on which the approval was granted unless the instructor reapplies for approval in the manner prescribed by this section at least 60 days before the date on which the approval is scheduled to expire. If the approval of an instructor expires, the person or entity that offers the course must cancel any training scheduled to be taught by the instructor or reassign an approved instructor to teach the training.

Sec. 14. 1. *An instructor must:*

(a) Be authorized to use a curriculum concerning the management of medication that is approved by the Bureau pursuant to section 11 of this regulation;

(b) Have completed:

(1) At least 16 hours of training in the management of medication, consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, approved by the Bureau pursuant to section 11 of this regulation within the year immediately preceding the submission of an application pursuant to section 13 of this regulation; or

(2) At least 16 hours of training in the management of medication, consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training approved by the Bureau pursuant to section 11 of this regulation, at any time and at least 8 hours of refresher or remedial training in the management of medication approved by the Bureau pursuant to section 11 of this regulation within the year immediately preceding the submission of an application pursuant to section 13 of this regulation;

(c) Have the ability to speak, read, write and teach the entire course in the English language;

(d) Have at least 3 years of experience administering medication or supervising the administration of medication in a medical facility or a facility for the dependent or be licensed in good standing as a physician, physician assistant, registered nurse or licensed practical nurse; and

(e) In addition to passing the examination administered at the conclusion of the course completed pursuant to paragraph (b), have achieved a score of at least 80 percent on a comprehensive examination concerning:

(1) The curriculum that the applicant proposes to teach;

(2) Regulations concerning the management of medication; and

(3) Skills for presenting information in person or by videoconference.

2. When teaching a course, the instructor shall:

(a) Utilize and follow the curriculum approved by the Bureau pursuant to section 11 of this regulation while providing comprehensive instruction concerning each topic in the curriculum;

(b) Issue certificates of completion only to persons who meet the requirements of subsection 6 of section 12 of this regulation;

(c) Protect the integrity of the examination administered pursuant to subsection 4 of section 12 of this regulation by refraining from sharing the questions on the examination and the answers to those questions with any person who is not authorized to view those questions and answers;

(d) Educate himself or herself concerning the provisions of NAC 449.196, 449.2742, 449.2744 and 449.2746 and provide accurate information concerning those provisions to participants in the course;

(e) Notify the Bureau of any changes in the information submitted to the Bureau as part of an application pursuant to section 13 of this regulation;

(f) Verify the identity of each person who participates in a course of training for which the person provides instruction;

(g) Administer and supervise the examination described in subsection 4 of section 12 of this regulation;

(h) Not later than 10 days after the conclusion of a course, provide electronically to the Bureau a list of the names of each participant in the course; and

(i) Allow employees of the Bureau to attend the course, with or without prior notice.

Sec. 15. 1. The Bureau may revoke the approval of a course or an instructor upon a determination that the course or instructor, as applicable, has:

(a) *Failed to comply with the requirements of sections 8 to 15, inclusive, of this regulation;*
(b) *Presented false, misleading or materially incomplete information to the Bureau; or*
(c) *Engaged in other unlawful conduct relating to a course or the ability to offer or teach, as applicable, such a course.*

2. *Before denying an application for the approval of a course or instructor or revoking such approval, the Bureau shall notify the person or entity that offers the course or the instructor, as applicable, in accordance with NAC 439.345. A person or entity that is aggrieved by the denial or revocation of approval may appeal the denial or revocation in accordance with NAC 439.346.*

Sec. 16. NAC 449.156 is hereby amended to read as follows:

449.156 As used in NAC 449.156 to 449.27706, inclusive, *and sections 2 to 15, inclusive, of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 449.1565 to 449.178, inclusive, *and sections 2 to 6, inclusive, of this regulation* have the meanings ascribed to them in those sections.

Sec. 17. NAC 449.169 is hereby amended to read as follows:

449.169 “Medical professional” means a physician or a physician assistant, *advanced practice registered* nurse , ~~practitioner,~~ registered nurse, physical therapist, occupational therapist, speech-language pathologist or practitioner of respiratory care who is trained and licensed to perform medical procedures and care prescribed by a physician.

Sec. 18. NAC 449.196 is hereby amended to read as follows:

449.196 1. A caregiver of a residential facility must:

(a) Be at least 18 years of age;

(b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities;

(c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, *and sections 2 to 15, inclusive, of this regulation* and sign a statement that he or she has read those provisions;

(d) Demonstrate the ability to read, write, speak and understand the English language;

(e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and

(f) Receive annually not less than 8 hours of training *approved by the Bureau* related to providing for the needs of the residents of a residential facility. *Such training must include, without limitation, at least 2 hours of tier 2 training.*

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

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

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

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

(c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742 . ~~f~~ and

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

Sec. 19. NAC 449.231 is hereby amended to read as follows:

449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.

2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation:

- (a) A germicide safe for use by humans;
- (b) Sterile gauze pads;
- (c) Adhesive bandages, rolls of gauze and adhesive tape;
- (d) Disposable gloves;
- (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and
- (f) A thermometer or other device that may be used to determine the bodily temperature of a person.

3. Except for first aid in an emergency, no treatment or medication may be administered to a resident without the approval of a physician ~~H~~, *physician assistant or advanced practice registered nurse.*

Sec. 20. NAC 449.259 is hereby amended to read as follows:

449.259 1. A residential facility shall ~~§~~ *ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 7 of this regulation, to:*

(a) Develop a person-centered service plan for the resident; and

(b) Review the person-centered service plan at least once each year.

2. *A person-centered service plan developed pursuant to this section must include, without limitation:*

~~(a) Provide each resident with protective~~ *Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services;*

(b) Protective supervision as necessary ~~§~~

~~(b) Inform~~ *for the resident;*

(c) The manner in which all caregivers will be informed of the required supervision ~~§~~

~~(c) Provide each resident with~~ *of the resident;*

(d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling;

~~(d) Permit a~~

(e) Permission for the resident to rest in his or her room at any time;

~~(e) Permit a~~

(f) Permission for the resident to enter or leave the facility at any time if the resident:

(1) Is physically and mentally capable of leaving the facility; and
(2) ~~{The resident complies}~~ **Complies** with the rules established by the administrator of the facility for leaving the facility;

~~{(f) Provide laundry}~~

(g) Laundry services for ~~{each}~~ **the** resident unless ~~{a}~~ **the** resident elects in writing to make other arrangements;

~~{(g) Ensure}~~

(h) The manner in which the facility will ensure that ~~{each}~~ **the** resident's clothes are clean, comfortable and presentable; ~~{and}~~

~~{(h) Inform each}~~

(i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables ~~{I}~~;

(j) A written program of activities for the resident that includes at least 10 hours each week of scheduled activities that are suited to his or her interests and capacities; and

(k) If the resident has Alzheimer's disease or another form of dementia, measures to address that dementia and ensure the safety of the resident in the facility, including, without limitation:

(1) Any measures taken pursuant to NAC 449.2754 or 449.2756; and

(2) Provisions for the transfer of the resident pursuant to NAC 449.2706 if:

(I) It is determined through an assessment conducted pursuant to paragraph (c) of subsection 1 of NRS 449.1845 that the resident meets the criteria prescribed in paragraph (a) of subsection 2 of that section; and

(II) The facility does not meet the requirements of NAC 449.2754 or 449.2756 or is otherwise unable to properly care for the resident.

~~{2}~~ 3. The administrator of a residential facility may require a resident who leaves the facility to inform a member of the staff of the facility upon his or her departure and return.

~~{3}~~ 4. The employees of a residential facility shall:

- (a) Treat each resident in a kind and considerate manner; and
- (b) Respect each resident's independence and ability to make decisions on his or her own, whenever possible.

Sec. 21. NAC 449.260 is hereby amended to read as follows:

449.260 1. The caregivers employed by a residential facility shall:

- (a) Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents;
- (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests;
- (c) Plan recreational opportunities that are suited to the interests and capacities of the residents;
- (d) ~~{Provide each resident with a written program of activities;~~
- ~~—(e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;~~
- ~~—(f) Encourage {the residents} each resident to participate in the activities scheduled pursuant to {paragraph (e)}; his or her person-centered service plan;~~ and
- ~~{(g)}~~ (e) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be:

(1) Prepared at least 1 month in advance; and

(2) Kept on file at the facility for not less than 6 months after it expires.

2. The administrator of a residential facility with at least 20 residents shall appoint a member of the staff of the facility who will be responsible for the organization, conduct and evaluation of activities for the residents. The person so appointed shall ensure that the activities are suited to the interests and capacities of the residents.

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

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

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

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

Sec. 22. NAC 449.262 is hereby amended to read as follows:

449.262 1. The administrator of a residential facility shall ensure that residents are provided with or are assisted in obtaining dental and optical care, treatment for hearing and hearing impairment and social services. The employees of the facility shall maintain a record of the services or assistance provided pursuant to this subsection.

2. If an employee of the facility suspects that a resident is being abused, neglected, isolated or exploited, the employee shall report that fact in the manner prescribed in NRS 200.5093.

3. The members of the staff of a residential facility shall not:

(a) Use restraints on any resident;

(b) Lock a resident in a room inside the facility; or

(c) Provide sedatives to a resident unless that sedative has been prescribed for that resident by a physician , *physician assistant or advanced practice registered nurse* to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative.

Sec. 23. NAC 449.2702 is hereby amended to read as follows:

449.2702 1. Each residential facility shall have a written policy on admissions which includes:

(a) A statement of nondiscrimination regarding admission to the facility and treatment after admission; and

(b) The requirements for eligibility as a resident of that type of facility.

2. A person who wishes to reside in a residential facility with residents that require a higher category of care than the person requires may reside in the facility if he or she is not otherwise prohibited from residing in the facility.

3. A person who is admitted to a residential facility must be at least 18 years of age.

4. Except as otherwise provided in NAC 449.275 , ~~and 449.2754,~~ a residential facility shall not admit or allow to remain in the facility any person who:

(a) Is bedfast;

(b) Requires restraint;

(c) Requires confinement in locked quarters; or

(d) Requires skilled nursing or other medical supervision on a 24-hour basis.

5. A person may not reside in a residential facility if the person’s physician or the Bureau determines that the person does not comply with the requirements for eligibility.

6. As used in this section:

(a) “Bedfast” means a condition in which a person is:

(1) Incapable of changing his or her position in bed without the assistance of another person; or

(2) Immobile.

(b) “Restraint” means:

(1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms;

(2) A manual method for restricting a resident’s freedom of movement or the resident’s normal access to his or her body; or

(3) A device or material or equipment which is attached to or adjacent to a resident’s body that cannot be removed easily by the resident and restricts the resident’s freedom of movement or the resident’s normal access to his or her body.

Sec. 24. NAC 449.2704 is hereby amended to read as follows:

449.2704 *1.* The administrator of a residential facility shall, upon *the* request ~~of~~ *of any person*, make the following information available in writing:

~~11~~ *(a)* The basic rate for the services provided by the facility;

~~12~~ *(b)* The schedule for payment;

~~13~~ *(c)* The services included in the basic rate;

~~14~~ *(d)* The charges for optional services which are not included in the basic rate; and

~~15~~ *(e)* The residential facility’s policy on refunds of amounts paid but not used.

2. Upon admitting a resident to a residential facility, changing the services provided for in a person-centered service plan or changing the cost of those services or upon request, the administrator of a residential facility shall provide a written description of the services included in the person-centered service plan of a resident and the cost of those services to the person paying for those services or his or her representative.

Sec. 25. NAC 449.2726 is hereby amended to read as follows:

449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

(a) The resident's glucose testing is performed by:

(1) The resident himself or herself without assistance; or

(2) With the consent of the resident, a caregiver who meets the requirements of NAC 449.196; and

(b) The resident's medication is administered:

(1) By the resident himself or herself without assistance;

(2) By a medical professional, or licensed practical nurse, who is:

(I) Acting within his or her authorized scope of practice and in accordance with all applicable statutes and regulations; and

(II) Trained to administer the medication; or

(3) If the conditions set forth in subsection 2 are satisfied, with the assistance of a caregiver employed by the residential facility.

2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his or her diabetes if:

(a) A physician, physician assistant or advanced practice registered nurse has determined that the resident's physical and mental condition is stable and is following a predictable course.

(b) The amount of the medication prescribed to the resident for his or her diabetes is at a maintenance level and does not require a daily assessment, including, without limitation, the use of a sliding scale.

(c) A written plan of care by a physician or registered nurse has been established that:

(1) Addresses possession and assistance in the administration of the medication for the resident's diabetes; and

(2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.

(d) The medication prescribed to the resident for his or her diabetes is not administered by injection or intravenously or is administered using an auto-injection device in accordance with the requirements of NRS 449.0304 and NAC 449.1985.

(e) The caregiver has successfully completed training and examination approved by the ~~Division~~ *Bureau pursuant to section 11 of this regulation* regarding the administration of such medication.

3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that:

(a) Sufficient amounts of medicines, equipment to perform tests, syringes, needles and other supplies are maintained and stored in a secure place in the facility;

(b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place; and

(c) The caregivers responsible for the resident have received instruction in the recognition of the symptoms of hypoglycemia and hyperglycemia by a medical professional who has been trained in the recognition of those symptoms.

4. The caregivers of a residential facility with a resident who has diabetes and requires a special diet shall provide variations in the types of meals served and make available food substitutions in order to allow the resident to consume meals as prescribed by the resident's physician. The substitutions must conform with the recommendations for food exchanges contained in the ~~{Exchange}~~ *Choose Your Foods: Food Lists For* ~~{Meal Planning,}~~ *Diabetes*, published by the American Diabetes Association, Incorporated, and the ~~{American Dietetic Association,}~~ *Academy of Nutrition and Dietetics*, which is hereby adopted by reference. A copy of the publication may be obtained ~~{from the American Diabetes Association, Incorporated, Order Fulfillment Department, P.O. Box 930850, Atlanta, Georgia 31193-0850,}~~ *at the Internet address <https://www.eatrightstore.org/product-type/brochures-handouts/choose-your-foods-food-lists-for-diabetes>* at a cost of ~~{\$2.50,}~~ *\$2.99 for members and \$3.89 for nonmembers.*

5. The Board will review each revision of the publication adopted by reference in subsection 4 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 12 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 in subsection 4.

Sec. 26. NAC 449.2732 is hereby amended to read as follows:

449.2732 1. Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

- (a) The resident is able to follow instructions;
- (b) The resident is able to make his or her needs known to the caregivers employed by the facility;
- (c) The resident can be protected from harming himself or herself and other persons; and
- (d) The caregivers employed by the facility can meet the needs of the resident ~~†~~, *as documented in the person-centered service plan established for the resident.*

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

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

- (a) The caregivers employed by the facility are capable of providing the supervision for that resident without neglecting the needs of the other residents of the facility; and
- (b) ~~{There is a written plan for providing}~~ *The person-centered service plan developed for that resident provides for* protective supervision for that resident.

Sec. 27. NAC 449.274 is hereby amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

(c) A medical professional.

5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by ~~his or her physician.~~ *a qualified provider of health care in accordance with NRS 449.1845.* The resident must be cared for pursuant to any instructions provided by the ~~resident's physician.~~ *qualified provider of health care.*

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

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

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

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

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

Sec. 28. NAC 449.2742 is hereby amended to read as follows:

449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:

(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:

(1) Reviews for accuracy and appropriateness, at least once every 6 months, the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and

(2) Provides a written report of that review to the administrator of the facility.

(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report.

(c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).

(d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation:

(1) Preventing the use of outdated, damaged or contaminated medications;

(2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages;

(3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744;

(4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident;

(5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.0302 and NAC 449.196;

(6) Ensuring that each caregiver who administers a medication is adequately supervised;

(7) Communicating routinely with the prescribing physician , *physician assistant or advanced practice registered nurse* or other physician , *physician assistant or advanced*

practice registered nurse of the resident concerning issues or observations relating to the administration of the medication; and

(8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications.

(e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers.

(f) In his or her first year of employment as an administrator of the residential facility, receive, from a ~~{program}~~ *course* approved by the Bureau ~~{}~~ *pursuant to section 11 of this regulation*, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training.

(g) After receiving the initial training required by paragraph (f), receive annually *from a course approved by the Bureau pursuant to section 11 of this regulation* at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training.

~~{(h) Annually pass an examination relating to the management of medication approved by the Bureau.}~~

2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician , *physician assistant or advanced practice registered nurse* of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.

3. Before assisting a resident in the administration of any medication, including, without limitation, any over-the-counter medication or dietary supplement, a caregiver must obtain written information describing the side effects, possible adverse reactions, contraindications and toxicity of the medication.

4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met.

5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , *physician assistant or advanced practice registered nurse* has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician **H** , *physician assistant or advanced practice registered nurse*. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician **H** , *physician assistant or advanced practice registered nurse*. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.

6. Except as otherwise provided in this subsection, a medication prescribed by a physician , *physician assistant or advanced practice registered nurse* must be administered as prescribed by

the physician ~~H~~, *physician assistant or advanced practice registered nurse*. If a physician , *physician assistant or advanced practice registered nurse* orders a change in the amount or times medication is to be administered to a resident:

(a) The caregiver responsible for assisting in the administration of the medication shall:

(1) Comply with the order;

(2) Indicate on the container of the medication that a change has occurred; and

(3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744;

(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician , *physician assistant or advanced practice registered nurse* must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and

(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, ~~the~~ *physician assistant or advanced practice registered nurse*, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.

7. If a resident refuses, or otherwise misses, an administration of medication, a physician , *physician assistant or advanced practice registered nurse* must be notified within 12 hours after the dose is refused or missed.

8. An employee of a residential facility shall not draw medication into a syringe or administer an injection unless authorized by law to do so.

9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the

medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744.

10. The administrator of a facility is responsible for any assistance provided to a resident of the residential facility in the administration of medication, including, without limitation, ensuring that all medication is administered in accordance with the provisions of this section.

Sec. 29. NAC 449.2744 is hereby amended to read as follows:

449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain:

(a) A log for each medication received by the facility for use by a resident of the facility. The log must include:

- (1) The type and quantity of medication received by the facility;
- (2) The date of its delivery;
- (3) The name of the person who accepted the delivery;
- (4) The name of the resident for whom the medication is prescribed; and
- (5) The date on which any unused medication is removed from the facility or destroyed.

(b) A record of the medication administered to each resident. The record must include:

- (1) The type of medication administered;
- (2) The date and time that the medication was administered;
- (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; ~~and~~

(4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician ~~H~~, *physician assistant or advanced practice*

registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed;

(5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication;

(6) Any time when the resident is out of the facility; and

(7) Any mistakes made in the administration of medication.

2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication.

Sec. 30. NAC 449.2746 is hereby amended to read as follows:

449.2746 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless:

- (a) The resident is able to determine his or her need for the medication;
- (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or
- (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.

2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:

- (a) The reason for the administration;
- (b) The date and time of the administration;
- (c) The dose administered;
- (d) The results of the administration of the medication;
- (e) The initials of the caregiver; and
- (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician **H**, *physician assistant or advanced practice registered nurse*.

Sec. 31. NAC 449.2748 is hereby amended to read as follows:

449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident's medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key.

2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.

3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:

(a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and

(b) Kept in its original container until it is administered.

4. Except as otherwise provided in subsection 5, when a resident is discharged or transferred from a residential facility, all medications prescribed for the resident must be provided to the resident or to the facility to which he or she is transferred.

5. If a resident is transferred to a hospital or skilled nursing facility, the residential facility shall hold the resident's medications until the resident returns or for 30 days after the transfer, whichever is less, unless the hospital or skilled nursing facility requests the residential facility to provide the hospital or skilled nursing facility with the medications. If the resident does not return within 30 days after the transfer, the residential facility shall promptly dispose of any remaining medications. Upon the return of the resident from the hospital or skilled nursing facility, the residential facility shall, if there has been any change in the resident's medication regimen:

(a) Contact a physician, *physician assistant or advanced practice registered nurse* within 24 hours after the resident returns, to clarify the change; and

(b) Document the ~~physician~~ contact *with a physician, physician assistant or advanced practice registered nurse* in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.

Sec. 32. NAC 449.2754 is hereby amended to read as follows:

449.2754 1. A residential facility which offers or provides care for a resident with Alzheimer's disease or ~~related~~ *another form of dementia who meets the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845* must obtain an endorsement on its license

~~{authorizing it to operate}~~ as a residential facility which provides care to persons with Alzheimer's disease ~~{}~~ *or other forms of dementia. A residential facility which offers or provides care for a resident with Alzheimer's disease or another form of dementia who does not meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 may obtain an such an endorsement.* The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915.

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

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

~~—4.}~~ A residential facility which provides care to persons with Alzheimer's disease *or other forms of dementia who meets the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845* must be administered by a person who:

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

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

~~{}~~ 3. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes:

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

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

(c) A description of:

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

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

(3) The manner in which ~~the behavioral problems~~ *behavior* will be managed;

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

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

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

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

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

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

~~16.1~~ **4.** The written statement required pursuant to subsection ~~15.1~~ **3** must be available for review by *residents of the facility*, members of the staff of the facility, visitors to the facility and the Bureau.

~~17.1~~ **5.** The administrator shall ensure that the facility complies with the provisions of the statement required pursuant to subsection ~~15.1~~ **3**.

~~18.—The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the residents. The following activities must be conducted at least weekly:~~

- ~~—(a) Activities to enhance the gross motor skills of the residents;~~
- ~~—(b) Social activities;~~
- ~~—(c) Activities to enhance the sensory abilities of the residents; and~~
- ~~—(d) Outdoor activities.]~~

Sec. 33. NAC 449.2756 is hereby amended to read as follows:

449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease *or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845* shall ensure that:

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

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

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

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

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

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

- (1) May be used by the residents for outdoor activities;
- (2) Has at least 40 square feet of space for each resident in the facility;

(3) Is fenced; and

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

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

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

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

Sec. 34. NAC 449.2758 is hereby amended to read as follows:

449.2758 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of *a combination of tier 1 and tier 2* training related to the care of those residents.

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

Sec. 35. NAC 449.2768 is hereby amended to read as follows:

449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:

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

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

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

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

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

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

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

Sec. 36. NAC 449.173 is hereby repealed.

TEXT OF REPEALED SECTION

449.173 “Residential facility which provides care to persons with Alzheimer’s disease” defined. “Residential facility which provides care to persons with Alzheimer’s disease” means a residential facility that provides care and protective supervision for persons with Alzheimer’s disease or a related disease, including, without limitation, senile dementia, organic brain syndrome or other cognitive impairment.