

**ADOPTED REGULATION OF
THE STATE BOARD OF HEALTH**

LCB File No. R035-97

Effective October 30, 1997

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

AUTHORITY: §§2-13, 18, 20-26, 31, 33-36, NRS 449.037; §§14-17, 19, 27-30, 32, NRS 439.150, 449.037 and 449.050.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 14, inclusive, of this regulation.

Sec. 2. *As used in NAC 449.013, 449.016, 449.0165 and section 14 of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 13, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Ambulatory surgical center” has the meaning ascribed to it in NAC 449.972.*

Sec. 4. *“Branch office” has the meaning ascribed to it in NAC 449.749.*

Sec. 5. *“Freestanding facility for hospice care” has the meaning ascribed to it in NAC 449.0172.*

Sec. 6. *“Home health agency” has the meaning ascribed to it in NAC 449.749.*

Sec. 7. *“Home office” has the meaning ascribed to it in NAC 449.749.*

Sec. 8. *“Hospice care” has the meaning ascribed to it in NAC 449.0175.*

Sec. 9. *“Intermediate care facility for the mentally retarded or persons with developmental disabilities” has the meaning ascribed to it in NAC 449.632.*

Sec. 10. *“Nursing pool” has the meaning ascribed to it in NRS 449.0153.*

Sec. 11. *“Rural clinic” has the meaning ascribed to it in NRS 449.0175.*

Sec. 12. *“Rural hospital” has the meaning ascribed to it in NRS 449.0177.*

Sec. 13. *“Subunit agency” has the meaning ascribed to it in NAC 449.749.*

Sec. 14. *1. Except as otherwise provided in subsection 2, a holder of a license to operate a medical facility, facility for the dependent or program of hospice care who wishes or is required pursuant to NAC 449.307, 449.665, 449.7473 or 449.758 to modify his license to reflect:*

(a) A change in the name of the facility or program;

(b) A change of the administrator of the facility or program; or

(c) A change in the number of beds in the facility,

must submit an application for a new license to the health division and pay to the health division a fee of \$160.

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 health division:

(a) A fee of \$160; and

(b) A fee of \$50 for each additional bed in the facility.

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 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 health division; and

(b) Pay to the health division a fee of \$160.

4. A fee paid pursuant to this section is nonrefundable.

5. *As used in this section, “administrator” means the person who is responsible for the daily management of a medical facility, facility for the dependent or program of hospice care.*

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

449.013 1. [The nonrefundable fee for the issuance or renewal of a license to operate any:

(a) Ambulatory surgical center, facility for the treatment of irreversible renal disease, home health agency, freestanding facility for hospice care, rural clinic, obstetric center, program of hospice care or independent center for emergency medical care is \$500.

(b) Nursing pool is \$250.] *Except as otherwise provided in section 14 of this regulation, an applicant for a license to operate any of the following medical facilities or programs of hospice care must pay to the health division the following nonrefundable fees:*

- (a) *An ambulatory surgical center* \$1,200
- (b) *A facility for the treatment of irreversible renal disease* 1,200
- (c) *A home office or subunit agency of a home health agency* 1,200
- (d) *A branch office of a home health agency* 500
- (e) *A rural clinic*..... 1,200
- (f) *An obstetric center* 1,200
- (g) *A program of hospice care* 1,200
- (h) *An independent center for emergency medical care* 1,200
- (i) *A nursing pool*..... 750

2. *An applicant for the renewal of such a license must pay to the health division the following nonrefundable fees:*

- (a) *An ambulatory surgical center* \$600
- (b) *A facility for the treatment of irreversible renal disease* 600

(c) A home office or subunit agency of a home health agency	600
(d) A branch office of a home health agency	100
(e) A rural clinic.....	600
(f) An obstetric center	600
(g) A program of hospice care	600
(h) An independent center for emergency medical care	600
(i) A nursing pool.....	600

3. An application for a license is valid for 1 year after the date 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 he [submitted] *submits* his application, he must submit a new application and pay the required fee to be considered for licensure.

[3. As used in this section:

(a) “Ambulatory surgical center” has the meaning ascribed to it in NAC 449.972.

(b) “Home health agency” has the meaning ascribed to it in NAC 449.749.]

Sec. 16. NAC 449.016 is hereby amended to read as follows:

449.016 1. [The nonrefundable fee for the issuance or renewal of a license to operate any medical facility or facility for the dependent, other than as prescribed by NAC 449.013, is \$25 for each bed in the facility and:

(a) If the facility is a hospital or skilled nursing facility, an additional \$500.

(b) If the facility is an intermediate care facility, residential facility for groups or facility for the treatment of abuse of alcohol or drugs, an additional \$250.

(c) If the facility is a facility for the care of adults during the day, an additional \$150.]

Except as otherwise provided in section 14 of this regulation, an applicant for a license to operate any of the following medical facilities or facilities for the dependent must pay to the health division a nonrefundable fee of \$50 for each bed in the facility and the following nonrefundable fees:

- (a) A skilled nursing facility.....\$1,200*
- (b) A hospital.....1,200*
- (c) An intermediate care facility for the mentally retarded or persons with developmental disabilities.....750*
- (d) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities.....1,200*
- (e) A residential facility for groups.....500*
- (f) A facility for the treatment of abuse of alcohol or drugs500*
- (g) A freestanding facility for hospice care1,200*

2. An applicant for the renewal of such a license must pay to the health division a nonrefundable fee of \$35 for each bed in the facility and the following nonrefundable fees:

- (a) A skilled nursing facility.....\$1,100*
- (b) A hospital.....1,100*
- (c) A rural hospital.....600*
- (d) An intermediate care facility for the mentally retarded or persons with developmental disabilities.....600*
- (e) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities.....600*
- (f) A residential facility for groups300*

(g) *A facility for the treatment of abuse of alcohol or drugs*300

(h) *A freestanding facility for hospice care*600

3. An application for a license is valid for 1 year after the date 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 he [submitted] *submits* his application, he must submit a new application and pay the required fee to be considered for licensure.

Sec. 17. NAC 449.0165 is hereby amended to read as follows:

449.0165 [If an] *An* applicant for a license or the renewal of a license to operate a medical facility, facility for the dependent or program of hospice care [submits with his application] *who wishes or is required pursuant to NAC 449.180, 449.27725 or 449.4063 to have* building plans for new construction or remodeling [, the fee is \$150 for the] *reviewed by the health division must:*

1. *Submit to the health division the building plans and his application for a license or renewal of a license; and*

2. *Pay to the health division:*

(a) *For the initial* review of each plan submitted [*If an applicant submits with his application a request for additional beds, the fee is \$25 for each new bed. Any fee paid is nonrefundable.*], *a fee of \$360; and*

(b) *For each subsequent review of a plan submitted, a fee of \$130.*

The fees required to be paid pursuant to this subsection are not refundable and are in addition to the fees charged for the issuance or renewal of the license pursuant to NAC 449.013 or 449.016.

Sec. 18. NAC 449.079 is hereby amended to read as follows:

449.079 1. The failure or refusal to comply with regulations adopted by the *state* board of health is sufficient grounds for the denial, suspension or revocation of a license by the health division. Notice of denial, suspension or revocation and the legal authority and reasons for the action taken will be sent to the applicant by certified mail within 30 days.

2. Within 10 calendar days after the date of the notice from the health division, the applicant or licensee may file a notice of appeal with the state health officer.

3. Within 20 calendar days after receipt of the notice of appeal by the state health officer, the health division must hold a hearing in the manner provided by chapter 233B of NRS and the regulations of the *state* board of health.

4. Notice of the hearing must be given ~~[no]~~ *not* less than 5 days before the date set for the hearing.

5. Any person who operates an accredited alcohol and drug treatment facility which receives federal or state ~~[funds,]~~ *money*, and does not have a license issued by the health division is guilty of a misdemeanor ~~[under]~~ *pursuant to* NRS 449.210.

6. Whenever the health division has reason to believe that an accredited facility is operating without a license, or a licensed facility is not conforming to the conditions of the license or the regulations for alcohol or drug abuse treatment facilities, the health division ~~[or bureau]~~ may inspect the premises where the violation is alleged to have occurred and conduct such other investigations as may be indicated.

7. If the bureau revokes or does not renew the accreditation of a facility, the health division ~~[will]~~ *shall* revoke the license of the facility subject to the appeals procedure ~~[outlined in subsections 1 to 6, inclusive.]~~ *set forth in chapter 439 of NAC.*

Sec. 19. NAC 449.120 is hereby amended to read as follows:

449.120 1. Building plans for new construction or remodeling may be [reviewed by the bureau upon appointment. A copy of the building plans, drawn to scale, may be brought to the bureau by the applicant for a functional joint review. This review does not constitute prelicensing approval but is advisory only.

2. If the applicant requests a more comprehensive review, the bureau will forward the applicant's plan to one of the bureau's construction consultants for professional review. The cost of this review must be paid by the applicant in advance based upon the contract established with the construction consultant. The bureau and applicant must receive a copy of the construction consultant's report.

3. Licensure approval will not be given by the bureau] *submitted to the health division for review pursuant to the provisions of NAC 449.0165.*

2. *The health division shall not approve the plans for licensing* until all construction has been completed and a survey is conducted at the site. [This review does not constitute prelicensing approval but is advisory only.]

Sec. 20. NAC 449.126 is hereby amended to read as follows:

449.126 1. [Residential facilities must be provided with proper] *A residential facility must maintain:*

(a) *A laundry with equipment which is adequate* for the sanitary washing and finishing of linen and other washable goods ; or [must maintain written agreements]

(b) *A written agreement* with a commercial establishment [.] *to provide laundry services for the residential facility.*

2. Emergency and inpatient facilities must comply with the laundry requirements of "Long-Term Care Facility Construction Standards" issued by the health division.

3. Detoxification and intermediate residential facilities must meet the standards [as] *that* are appropriate to the facility and its program as determined by the health division . [or bureau.

4. **Laundry]**

4. *The laundry* must be situated in an area which is separate [and apart] from any [room] *area* where food is stored, prepared or served. The [area] *laundry* must be well-lighted, ventilated, adequate in size to house *the* equipment [,] *and* maintained in a sanitary manner . [and] *The equipment must be* kept in good repair.

5. Soiled linen must be collected and transported to the laundry in washable or disposable containers in a sanitary manner. Soiled linen must not be transported through areas *used* for preparing or serving food.

6. Laundry supplies must be stored in a secure area.

7. Clean linen to be dried, ironed, folded, transferred or distributed must be handled in a sanitary manner, specified in writing.

8. Closets for storing linen must be provided and must not be used for any other purpose.

Sec. 21. NAC 449.129 is hereby amended to read as follows:

449.129 1. *The state board of health hereby adopts by reference the “Life Safety Code 101,” 1994 edition. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$44.50, plus \$4.84 for shipping and handling.*

2. Each facility must comply with all currently adopted life safety, fire, health division and zoning codes. If there is a difference between state and local codes, the more stringent standards apply.

[2.] 3. Emergency and inpatient facilities must meet the requirements of the “General Hospital Construction Standards” adopted by the *state* board of health.

[3.] 4. Existing detoxification and intermediate residential facilities housing [16] 17 or more clients must meet the requirements of [section 11-2 of chapter 11, Hotels,] *chapter 17, “Existing Hotel and Dormitories”* of the “Life Safety Code [.] 101,” 1994 edition. Those facilities housing not more than [15] 16 clients must meet the requirements of [section 11-5 of chapter 11,] *chapter 20, “Lodging or Rooming Houses,”* of the “Life Safety Code [.

4. Outpatient and outreach facilities must meet the requirements of section 11-6 of chapter 11, 1 and 2 Family Dwellings, or chapter 13, Office Occupancies, of the Life Safety Code.] 101,” 1994 edition.

5. New facilities must comply with all currently adopted building, electrical and plumbing codes.

Sec. 22. NAC 449.132 is hereby amended to read as follows:

449.132 1. Each room used for sleeping, living or dining in a facility must have at least two means of egress, at least one of which must be a door or stairway providing a means of unobstructed travel to the outside of the building at the level of the street or ground.

2. No room or space may be occupied for sleeping, living or dining which is accessible only by a ladder, by folding stairs or through a trapdoor.

3. If a basement is used for living and dining, at least one exit must be provided directly to the outside at ground level. No facility may:

- (a) Be situated more than one story below the ground.
- (b) Use any basement or space in a basement for sleeping.

4. Each [sleeping] room *used for sleeping* must have at least one outside window which may be opened from the inside without the need for any tool and providing a clear opening of not less than 22 inches (55 centimeters) in least dimension and 5 square feet (2 square meters) in area. The lower sill of the window must not be higher than 48 inches (110 centimeters) from the floor of the room. Any room with two doors providing separate ways of escape or with one door leading directly *to the* outside of the building is exempt from these requirements.

5. Every exit or access to an exit must be so arranged that no corridor or aisle has a pocket or dead end exceeding 20 feet (7 meters) in length.

6. Interior corridors must be at least 36 inches (90 centimeters) wide.

7. Exit doors to stairways and the outside of the facility must be at least 36 inches (90 centimeters) wide.

8. Existing interior doors providing *a* means of exit must be at least 32 inches (80 centimeters) wide.

9. The distance between any:

(a) Door intended as an access to an exit and an exit must not exceed 100 feet (29 meters).

(b) Point in a room and an exit must not exceed 150 feet (44 meters).

(c) Point in an [institutional sleeping] room or suite *used for sleeping* and a door intended as an access to an exit in that room or suite must not exceed 50 feet (15 meters).

[These] *The* distances may be increased by 50 feet (15 meters) if the facility is equipped with an approved sprinkler system.

10. Any room or suite of rooms which is greater than 1,000 square feet (35 square meters) must have at least two access doors which are remote from each other.

11. Interior finishes in all spaces which may be occupied or spaces providing a means of egress from the facility must be class A, B or C in accordance with [section 11 of] the “ Life Safety Code [.] 101,” 1994 edition.

12. A doorway between a floor with an exit to the outside of the facility and any floor below must be equipped with a self-closing door with at least a 20-minute fire protection rating or a 1 3/4-inch (9 centimeters) solid bonded wood core door.

13. If the floor above the floor with an exit to the outside of the facility is used for sleeping, there must be a door as described in subsection 12 at the top or bottom of each stairway.

Sec. 23. NAC 449.135 is hereby amended to read as follows:

449.135 1. Products of combustion other than heat detectors must be installed on the ceiling of each story, in front of doors to stairways, and at not more than 30 feet (9 meters) apart in the corridors of all floors, including the center. Detectors must also be installed in the center of any lounge or recreational area. The detectors may be single station units with an integral alarm having a decibel rating of at least 85.

2. Portable fire extinguishers must be installed throughout the facility at the direction of the fire authority having jurisdiction.

3. Any facility with a kitchen range with an upper surface of more than 15 square feet (1.4 square meters) must provide the range with an exhaust hood having an automatic fire protection system in accordance with chapter 96 of the [National Fire Protection Association's] “ Life Safety Code [.] 101,” 1994 edition.

4. Hazardous areas, including general storage areas, boiler or furnace rooms, fuel storage areas, janitor closets, wood shops, paint shops, laundries and kitchens, must be separated from

the other parts of the building by construction having at least a 1-hour fire resistance rating and all openings must be provided with self-closing fire doors.

5. Combustion and ventilation air for boiler, heater or incinerator rooms must be taken directly from and discharged directly to the outside.

6. Portable room heating devices are prohibited. Any heating device other than a central heating plant must be so designed and installed that combustible material will not be ignited by it or its appurtenance.

7. Receptacles or outlets serviced by extension cords are prohibited.

8. Rooms in which smoking is not allowed by direction of the facility or the fire authority having jurisdiction must be provided with plainly visible “No Smoking” signs.

9. Facilities must conduct fire drills at least monthly and a written record of each drill conducted must be retained in the facility.

10. The requirements of this section for any facility may be modified if their application would be clearly impractical in the judgment of the authority having jurisdiction and if the resulting alternative arrangements secure as nearly equivalent safety to life from fire as practical. In no case may the modification offer less safety than compliance with the standards of this section.

Sec. 24. NAC 449.310 is hereby amended to read as follows:

449.310 1. ~~[A license will not be issued]~~ *The health division shall not issue a license* to any hospital which does not conform to the state licensing regulations and to the state and local health, fire safety, zoning and building ordinances. In areas considered excessively susceptible to fire damage, additional precautions may be required.

2. It is the responsibility of the licensee to maintain the hospital in a safe structural condition and free of any structural elements detrimental to life and safety. If the health division determines that an evaluation of the structural condition of a hospital or a portion of **[it] a hospital** is necessary, the licensee, at his expense, may be required to submit **to the health division** a report by a licensed structural engineer or architect establishing a basis to eliminate or correct structural conditions which may be hazardous to occupants.

3. No hospital may have more patients than the number of beds for which it is licensed, except in emergencies. **[If this is necessary,]** **In an emergency, the hospital shall notify** the local and state health officers **[must be notified.]** **that it has more patients than the number of beds for which it is licensed.** Rooms for ambulatory patients must only be used for ambulatory patients except in acute emergencies.

4. **[All institutions]** **Each medical facility** must submit annual reports to the health division as prescribed by the state health officer on forms provided by the **health** division.

5. **[The facility must be inspected]** **The bureau shall inspect each medical facility** at least annually **[with] and provide** copies of all inspection reports to **[be provided to]** the administrator of the **medical** facility.

6. For those **[facilities]** **medical facilities that are** not accredited by the Joint Commission on Accreditation **[,] of Healthcare Organizations,** the bureau **[of health facilities will]** **shall** have a physician review the quality of care being rendered. If there is a question of deficiency, the bureau will arrange for the review. **[For accredited facilities, the bureau will not be]** **The bureau is not** required to make an annual medical review **[. However, if]** **of accredited medical facilities but the bureau will arrange for a medical review if** during the **[interim]** period between surveys, it appears that a situation exists which warrants a medical review **. [, the health division will**

arrange for the review.] To accomplish this review, medical records must be available upon demand by the *health* division at any reasonable time.

Sec. 25. NAC 449.334 is hereby amended to read as follows:

449.334 1. [Provision must be made] *A hospital shall provide* for the safe handling and storage of medical gas cylinders or containers. The transfer of gas by hospital personnel from one cylinder *or container* to another *cylinder or container* is prohibited, except when approved by the health division for research and investigational purposes.

2. All anesthesia machines and medical gas cylinders, pressure regulators, wall outlets, piping systems and external removable connection hoses used therewith must, by physical design, be so constructed that connections for different gases are not interchangeable. [This standard must be accomplished by installing permanent fittings as indicated in the American Standard, Compressed Gas Cylinder Valve Outlet and Outlet Connections ASAB 57, 1-1953, American Standard Connections No. 540 for O₂N₂O₂, 350 Ethylene, cylinders for medical gases, other than oxygen, nitrous oxide and ethylene used with anesthesia machines is limited to Style E and smaller, or other standards as set forth by the health division upon submitted evidence of performance.

3. Wall outlets from piped systems for oxygen and nitrous oxide must conform to National Fire Protection Association Bulletin No. 565, Section 3-3 “Standards for Nonflammable Medical Gas Systems,” as amended.

4. Removable connection hoses from wall outlets, or large cylinders to yokes of anesthesia machines must be fitted with fittings to match the standards listed above.

5.] 3. Outlets of all gas regulators, inlets other than yoke-type to anesthesia machines and removable flexible hoses used therewith must, by physical design, be so constructed that

connections for different gases are not interchangeable. This requirement includes removable flexible hoses between gas regulators and heads of anesthesia machines. Oxygen and nitrous oxide connections must conform to the standards listed above. No removable adapters may be used in conjunction with anesthesia machines.

[6. After January 1, 1970, all]

4. All medical gas cylinders, medical gas piping systems and equipment used in hospitals in conjunction with anesthesia machines, resuscitators and oxygen therapy apparatus, must, by physical design, be so constructed that connections for different gases are not interchangeable. All adapters which [might] *may* permit an interchange of medical gases must be eliminated from the hospital.

[7. For the purposes of this section, “gases for medical use” include oxygen, carbon dioxide, cyclopropane, ethylene, helium, nitrous oxide, helium-oxygen mixtures and carbon dioxide-oxygen mixtures.]

Sec. 26. NAC 449.337 is hereby amended to read as follows:

449.337 1. There must be an organized dietary department directed by qualified personnel and integrated with other departments of the hospital. [Facilities must be provided] *A hospital shall provide an area of sufficient size and the equipment necessary* for the general dietary needs of the hospital, including the preparation of modified special diets.

2. [There] *In each hospital, there* must be one or more full-time registered dietitians, or a part-time or consulting dietitian with therapeutic training working at least 8 hours per month [in each institution] *or an amount of time* which is sufficient to provide a food service meeting the standards of the health division. A written contract between the [facility] *hospital* and the consultant and the written records of each consultant must be on file in the administrator’s office.

In the absence of a full-time dietitian, there must be a full-time qualified person responsible for directing the [department's] activities *of the department* and integrating *those activities* with other departments in the [facility.] *hospital*.

3. There must be a systematic record of diets to be correlated with the medical records.

4. The dietary department [must] *shall* have a manual for dietary procedures containing the objectives of the department, the responsibilities of the department and its personnel, personnel policies, policies relating to planning menus, purchasing food, storing food, caring for equipment and descriptions of jobs.

5. The manager of the dietary department shall attend all routine meetings of the heads of departments, help develop *the policies of the* department [policies] and participate in the selection of dietary employees.

6. A dietitian or consultant shall conduct in-service training within the dietary department and participate in in-service training programs of the [facility.] *hospital*.

7. There must be personnel on duty for at least 12 hours each day.

8. [Facilities which contract] *A hospital which contracts* with *a* food management [companies must] *company shall* comply with all applicable regulations of the [bureau of health facilities.] *state board of health*.

9. [The institution must] *A hospital shall* provide sufficient desk space for [proper planning.] *a dietitian to plan menus and activities relating to the dietary department*. Space must be available for the dietitian to provide private counseling or instruction as needed.

10. Acceptable isolation procedures for tray service must be in writing and observed.

11. Dishwashing procedures must be in writing and posted in the dishwashing area.

12. Written health inspections of the dietary department must be on file within the [facility.] *hospital.*
13. A notation of compliance must be given by the person in charge to the administrator of the [facility] *hospital* as to recommendations of the health inspector.
14. Menus must be written, planned 1 week in advance, dated, posted , [and] corrected to read as served [. They must be] *and* filed as served for 6 months . [and there] *There* must not be more than 14 hours between the evening meal and breakfast.
15. The recommended dietary allowance of the [food and nutrition board,] *Food and Nutrition Board of the* National Research Council, National Academy of Sciences must be used as a guide for nutritional adequacy.
16. Therapeutic diets must be ordered in writing by the physician on the patient's chart. Nursing service must order the diet in writing from the dietary department.
17. Raw eggs must not be served. All meats must bear a federal or state inspection stamp.
18. Trays must be labeled with the patient's name and diet order.
19. A diet manual, approved by [the state nutrition consultant] *a registered dietitian employed by the hospital or a consulting dietitian under contract with the hospital,* must be available to dietary personnel at all times for reference.
20. If a full-time dietitian is not employed by the [facility,] *hospital,* the consultant [must] *shall* train the manager of the *dietary* department in the use of the manual.
21. The provisions of this section also apply to facilities for long-term care, nursing homes and extended care facilities.

Sec. 27. NAC 449.61136 is hereby amended to read as follows:

449.61136 1. To obtain a license to operate an obstetric center, an applicant must:

(a) Submit a completed application with a notarized signature to the health division;

(b) Submit with the application:

(1) [A nonrefundable application fee of \$500;] *The fee required pursuant to NAC 449.013;*

(2) Complete information concerning the ownership of the proposed obstetric center, including the name and address of each owner, officer and director of the corporation or each partner, as appropriate;

(3) Evidence concerning the character of the applicant if he is a natural person, or of the person in charge if the applicant is other than a natural person or governmental agency, including information on business activities and associations of the applicant and financial status during the preceding 3 years;

(4) Evidence of the ability of the applicant to comply with the provisions of this chapter and chapter 449 of NRS;

(5) Assurances that the obstetric center complies with all applicable fire and safety codes, zoning ordinances, and state and local building codes; and

(6) Assurances that the applicant meets all applicable federal, state and local laws; and

(c) Submit a copy of:

(1) The certificate of occupancy or a copy of the business license of the obstetric center to the *health* division; and

(2) The bylaws and articles of incorporation of the obstetric center.

2. The application must include a narrative description of the operations of the obstetric center and services which are or will be available at the obstetric center.

Sec. 28. NAC 449.6114 is hereby amended to read as follows:

449.6114 Before the construction of a facility or alteration to an existing obstetric center is begun, the architectural plans and specifications for the construction may be submitted to the health division for review [or recommendations in accordance with this chapter. A fee of \$150 must be submitted to the health division at the time the request to review architectural plans is made.] *pursuant to the provisions of NAC 449.0165.*

Sec. 29. NAC 449.61350 is hereby amended to read as follows:

449.61350 A person may submit [to the health division] architectural plans and specifications of new construction or remodeling of an independent center for emergency medical care *to the health division pursuant to the provisions of NAC 449.0165* to determine [if *whether* the plans and specifications comply with the provisions of NAC 449.61302 to 449.61384, inclusive. The health division may make recommendations for compliance with those provisions.

Sec. 30. NAC 449.686 is hereby amended to read as follows:

449.686 1. [New applicants] *An applicant for a license to operate an intermediate care facility* must contact the health division before opening, constructing, leasing or purchasing a building . [whether previously licensed or not.]

2. Upon a change of operating ownership, a building must meet current regulations, building and life safety codes. The health division will furnish to a prospective buyer or lessee information about changes needed and a history of past deficiencies with the written permission of the current owner or lessee.

3. [The health division will, upon request, perform a preclosure survey of a proposed existing building and furnish the applicant with a written statement of findings.

4.] Building plans for new construction or remodeling may be [reviewed by the bureau of health facilities, upon appointment. A copy of the plans, drawn to scale, may be brought to the bureau by the applicant for a functional joint review. This review does not constitute precicensing approval but is advisory only.

5. If the applicant requests a more comprehensive review, the bureau will forward the applicant's plan to one of the bureau's construction consultants for professional review. The cost of this review must be paid by the applicant in advance, based upon the contract established with the construction consultant. The bureau and applicant must be furnished a copy of the construction consultant's report.

6. Approval for licensing will not be given by the bureau] *submitted to the health division for review pursuant to the provisions of NAC 449.0165.*

4. *The health division shall not approve the plans for licensing* until all construction has been completed and a survey is conducted at the site. [This review does not constitute precicensing approval but is advisory only.]

Sec. 31. NAC 449.806 is hereby amended to read as follows:

449.806 As used in NAC [449.809] 449.806 to 449.949, inclusive, unless the context otherwise requires, the words and terms defined in NAC [449.809] 449.812 to 449.830, inclusive, have the meanings ascribed to them in those sections.

Sec. 32. NAC 449.833 is hereby amended to read as follows:

449.833 1. *The state board of health hereby adopts by reference the "Uniform Building Code," 1994 edition. A copy of the code may be obtained from the International Conference of Building Officials, 5360 South Workman Mill Road, Whittier, California 90601, for the price of \$173.75.*

2. The construction of a new facility must be in accordance with the [International Conference of Building Officials, Uniform Building Code, (1976), and the National Fire Protection Association, Life Safety Code, (1973).

2.] *“Uniform Building Code,” 1994 edition, and the “Life Safety Code 101,” 1994 edition.*

3. Fire alarms must be manually operated and connected to an electrically supervised system. Each alarm signal must be coded to indicate the location of the station of origin.

[3. A] 4. *The facility must contain a* device for emergency radio communications [must be provided] to be prepared for disasters.

[4.] 5. The radio system must be self-sufficient in [time of] *an* emergency and [must] be capable of operation without reliance on the building’s service or the emergency power system. The radio system must be linked with state and community communication networks.

[5.] 6. Building plans for the construction of a new facility or for remodeling an existing facility may be [reviewed by the bureau’s staff, upon appointment. A copy of the building plans, drawn to scale, may be brought to the bureau by the applicant for a functional joint review. This review does not constitute prelicensing approval but is advisory only.

6. If the applicant requests a more comprehensive review, the bureau will forward the applicant’s plan to one of the bureau’s construction consultants for a professional review. The cost of this review must be paid by the applicant in advance, based upon the contract established with the construction consultants. The bureau and the applicant must be furnished a copy of the construction consultant’s report.

7. An approval for licensing will not be given by the bureau] *submitted to the health division for review pursuant to the provisions of NAC 449.0165.*

7. *The health division shall not approve the plans for licensing* until all construction has been completed and a survey [*at the site is conducted. This review does not constitute prelicensing approval but is advisory only.*] *is conducted at the site.*

Sec. 33. NAC 449.842 is hereby amended to read as follows:

449.842 1. Before the completion and acceptance of a facility, all mechanical systems must be tested, balanced and operated to demonstrate to the owner or his representative that the installation and performance of the systems conform to the requirements of the plans and specifications.

2. The owner must be furnished with a complete set of operating maintenance and preventative maintenance instructions and parts listed with numbers and descriptions for each piece of equipment.

3. Facilities must be built and maintained in accordance with the [*National Fire Protection Association*] "*Life Safety Code 101,*" *1994 edition.* [, *Standard 101, (1973).*]

4. All air supply and air exhaust systems must be mechanically operated.

5. Hot water must be maintained at a temperature of not more than 125° F. (46° C.) for clinical use, 180° F. (82° C.) for dishwashing and at least 150°F. (66° C.) for use in the laundry. The water must be provided with at least 25 pounds of pressure.

Sec. 34. NAC 449.845 is hereby amended to read as follows:

449.845 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 [*to be occupied*] 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 2.83 feet (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 psychiatric 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. **[Conductive flooring may be omitted from]** *An* emergency treatment, operating **[and delivery rooms]** *or delivery room is not required to have conductive flooring* if:

(a) A written resolution is signed by the board of the hospital stating that **[no]** flammable anesthetic agents will *not* be used in **[these areas;]** *the room;* and

(b) An appropriate notice is permanently and conspicuously affixed to a wall in **[each]** *the* room.

7. 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 **[integral]** *integrated* with the floor.

8. Wall finishes must be washable. Walls **[must be moisture resistant]** around plumbing fixtures **[.]** *must be resistant to moisture.* Walls and floors must be free from cracks and holes.

9. Ceilings must be easily cleaned. The ceilings of the surgical, delivery and nursery suites must be washable. 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.

10. The following codes [and standards] apply:

(a) [National Fire Protection Association] *The "Life Safety Code [Standard 101, (1973).*

(b) *International Conference of Building Officials Uniform Building Code, 1976.) 101,"*
1994 edition; and

(b) *The "Uniform Building Code," 1994 edition.*

Sec. 35. NAC 449.946 is hereby amended to read as follows:

449.946 [1.] If the clarification or interpretation of any [section, paragraph, sentence, clause, phrase or reference in] *provision of* NAC 449.806 to 449.949, inclusive, is needed, the bureau may be contacted at:

[Bureau of Health Facilities

505 East King Street

Capitol Complex, Kinkead Building

Carson City, Nevada 89710]

Bureau of Licensing and Certification

1550 East College Parkway, Suite 158

Carson City, Nevada 89706

or

800-992-0900, Extension 4475.

[2. Codes and standards referred to in NAC 449.806 to 449.949, inclusive, may be ordered from the appropriate source listed below:

(a) International Conference of Building Officials , (\$18.00) 5360 South Workman Mill Road
, Whittier, California 90601

(b) National Fire Protection Association (\$5.00)

470 Atlantic Avenue

Boston, Massachusetts 02210

(c) Health Division (No Charge)

Bureau of Consumer Health Protection Services

505 East King Street

Capitol Complex, Kinkead Building]

Sec. 36. NAC 449.809 is hereby repealed.

TEXT OF REPEALED SECTION

449.809 “Bureau” defined. “Bureau” means the bureau of health facilities of the health division of the department of human resources.