

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

**LCB File No. R073-03**

Effective January 22, 2004

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

AUTHORITY: §§1-40, NRS 449.037.

**Section 1.** NAC 449.173 is hereby amended to read as follows:

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

**Sec. 2.** NAC 449.194 is hereby amended to read as follows:

449.194 The administrator of a residential facility shall:

1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.

2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this ~~paragraph,~~ *subsection*, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential

information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this ~~paragraph~~ *subsection shall be present* at the facility at all times. *The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge.*

3. Maintain in the facility, and make available upon request, a copy of the provisions of NAC 449.156 to 449.2766, inclusive, and the report of the latest investigation of the facility conducted by the Bureau pursuant to NRS 449.150.

***4. Ensure that the records of the facility are complete and accurate.***

**Sec. 3.** 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, mature and have the personal qualities which will enable him to understand the problems of the aged and disabled;
- (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he 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 related to providing for the needs of the residents of a residential facility.

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

*3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must receive, in addition to the training required in subsection 1, training in the management of medication. The training must include not less than 1 hour of instruction in the requirements of this chapter concerning the management of medication. The caregiver must receive such training at least every 3 years and must supply the residential facility with satisfactory evidence of the content of the training and his attendance at the training.*

**Sec. 4.** NAC 449.199 is hereby amended to read as follows:

449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility.

2. Except as otherwise provided in NAC 449.2756, the administrator of a residential facility which has more than 20 residents shall ensure that at least one employee is awake and on duty at the facility at all times. An additional employee must be available to provide care within 10 minutes after he is informed that his services are needed.

3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility.

4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.

*5. An employee of a residential facility who is less than 18 years of age must be under the direct supervision of an employee who is 18 years of age or older.*

Sec. 5. NAC 449.200 is hereby amended to read as follows:

449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:

(a) The name, address, telephone number and social security number of the employee;

(b) ~~Proof that the employee is not less than 18 years of age;~~

~~—(c)—~~ The date on which the employee began his employment at the residential facility;

~~[(d)]~~ (c) Records relating to the training received by the employee;

~~[(e)]~~ (d) The health certificates required pursuant to chapter 441A of NAC for the employee;

~~[(f)]~~ (e) Evidence that the references supplied by the employee were checked by the residential facility; and

~~[(g)]~~ (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.

2. ~~[(If the administrator of the residential facility is the owner of the residential facility, a residential facility must keep a personnel file for the administrator that fulfills the requirements set forth in subsections 1 and 3, except for the requirement set forth in paragraph (f) of subsection 1.]~~

~~—3.]~~ The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1 ~~[(a)]~~:

(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation ~~[(a)]~~:

~~—4.]~~; and

(b) *Proof that the caregiver is 18 years of age or older.*

3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.

**Sec. 6.** NAC 449.204 is hereby amended to read as follows:

449.204 1. A residential facility ~~must:~~

~~—(a) If it is a new facility, have a reasonable expectation of sufficient money to carry it through the first 3 months of operation and furnish evidence to that effect;~~

~~—(b)] shall:~~

(a) Maintain a recognized system of financial accounting; and

~~[(e)] (b)~~ Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility.

2. ~~[In determining the money required pursuant to paragraph (a) of subsection 1, the facility must not include money:~~

~~—(a) Held on behalf of a resident of the facility; or~~

~~—(b) Received or expected to be received from a resident for the costs of his residency and care received at the facility.~~

~~—3.]~~ A certificate of insurance must be furnished to the Division as evidence that the contract ~~[pursuant to paragraph (e) of]~~ **required by** subsection 1 is in force , and a license must not be

issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the Bureau before the effective date of a cancellation or nonrenewal of the policy.

**Sec. 7.** NAC 449.213 is hereby amended to read as follows:

449.213 1. A residential facility shall:

- (a) Provide laundry and linen services on the premises of the facility; or
- (b) Contract with a commercial laundry for the provision of those services.

2. A residential facility that provides its own laundry and linen services ~~[must]~~ *shall* have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods.

3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure.

4. ~~[Laundry may be sanitized by the use of]~~ *Clothes, bedding, linens and any other materials laundered pursuant to subsection 1 must be made clean by the laundering process. If a residential facility provides its own laundry and linen services, the residential facility shall:*

*(a) Make appropriate use of detergents, soaps, heat or chemicals* ~~[. If laundry is sanitized by the use of heat, precautions must be taken]~~ *; and*

*(b) Take precautions* to ensure that ~~[a]~~ **no** resident, member of the staff of the facility or other person in the facility is ~~[not burned by water from a sink or bathtub. Delicate clothing may be washed in a sink or bathtub. The sink or bathtub in which the clothes are washed must be sanitized immediately after it is used for that purpose.]~~ **harmed by exposure to the detergents, soaps, heat or chemicals used in the laundering process.**

**Sec. 8.** NAC 449.217 is hereby amended to read as follows:

449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.

2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less.

3. Sufficient storage must be available for all food and equipment used for cooking and storing food. ***Food that is stored must be appropriately packaged.***

4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.

5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored.

6. A residential facility with more than 10 residents ~~[must:]~~ ***shall:***

(a) Comply with the standards prescribed in chapter 446 of NAC; and

(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.

7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Bureau of Health Protection Services of the Division and the state and local fire safety authorities.

**Sec. 9.** NAC 449.2175 is hereby amended to read as follows:

449.2175 1. A residential facility ~~[must]~~ *shall* have adequate facilities and equipment for the preparation, service and storage of food.

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

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

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

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

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

7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a



day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available ~~{in}~~ between meals for the residents who are not prohibited by their physicians from eating between meals.

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

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

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

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

- (a) The development and review of weekly menus;
- (b) Training for the employees who work in the kitchen;
- (c) Advice regarding compliance with the nutritional program of the facility; and

(d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.

**Sec. 10.** NAC 449.218 is hereby amended to read as follows:

449.218 1. A bedroom in a residential facility that is shared by two or three residents must have at least 60 square feet of floor space for each resident who resides in the bedroom. A resident may not share a bedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80 square feet of floor space.

2. Each bedroom in a residential facility must have one or more windows that ~~are capable of being opened from the inside. Windows must have a height of not less than 24 inches and a width of not less than 20 inches. The windows must have a sill that is not more than 44 inches above the floor. The combined size of the windows in a bedroom must equal not less than 10 percent of the floor space in the room. If the room does not have a window that~~ can be opened from the inside without the use of tools ~~[,] or~~ a door to the outside ~~[,]~~ which is at least 36 inches wide and can be opened from the inside . ~~[, must be provided.]~~

3. *The combined size of the windows in a bedroom in a facility that was issued a license on or after January 14, 1997, must equal not less than 10 percent of the floor space in the room, and each bedroom window must:*

*(a) Be not less than:*

*(1) Twenty-four inches in height; and*

*(2) Twenty inches in width; and*

*(b) Have a sill that is not more than 44 inches above the floor.*

4. The arrangement of the beds and other furniture in the bedroom must provide privacy for and promote the safety of the residents occupying the bedroom. Adjustable curtains, shades, blinds or similar devices must be provided for visual privacy.

~~[4.]~~ 5. Each resident must be provided:

- (a) At least 10 square feet of space for storage in a bedroom for each bed in the bedroom; and
- (b) At least 24 inches of space in a permanent or portable closet for hanging garments.

~~[5.]~~ 6. A separate bed with a comfortable and clean mattress must be ~~[provided]~~ *made available* for each resident. The bed must be at least 36 inches wide . ~~[and made with two]~~ *Two* clean sheets, a blanket, a pillow and a bedspread ~~[ ]~~ *must be available for each bed*. Linens must be changed at least once each week and more often if the linens become dirty. Additional bedding, including ~~[rubber or other protective sheets,]~~ *protective mattress covers*, must be provided if necessary.

~~[6.]~~ 7. Upon the request of a resident, a residential facility may authorize the resident to use personal furniture and furnishings that comply with the requirements of subsection ~~[5]~~ 6 if their use does not jeopardize the health and safety of any of the residents of the facility.

~~[7.]~~ 8. There must be a light outside the entrance to each bedroom to provide a resident with adequate lighting to reach safely a switch for turning on a light fixture inside the bedroom. Upon the request of a resident, bedside lighting must be provided.

**Sec. 11.** NAC 449.220 is hereby amended to read as follows:

449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge.

2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if:

(a) The doors may be unlocked *with a single motion* from inside the bedroom or closet without the use of a key; and

(b) The doors of the bedroom may be unlocked from outside the room and the keys are readily available at all times.

**Sec. 12.** NAC 449.224 is hereby amended to read as follows:

449.224 1. Bedrooms must be provided for any members of the staff of a residential facility and their families who live at a residential facility. The bedrooms must comply with the provisions of subsections 2 to ~~7~~ 8, inclusive, of NAC 449.218 and the provisions of NAC 449.220 and 449.221.

2. Members of the staff of the facility and their families who live at the facility shall be deemed residents of the facility for the purposes of determining the number of toilets, lavatories and tubs or showers the facility is required to have pursuant to NAC 449.222. All toilets, lavatories and tubs or showers used by the members of the staff of the facility or their families must comply with the provisions of NAC 449.222.

**Sec. 13.** NAC 449.227 is hereby amended to read as follows:

449.227 A residential facility with a resident who uses a wheelchair or a walker ~~must~~ *shall:*

1. Have hallways, doorways and exits wide enough to accommodate a wheelchair or walker;
  2. Have ramps ~~at all primary exits~~ *to accommodate access to areas used by residents;*
- and

3. Provide assistance to such a resident at all ~~other exits and at any~~ steps located inside the facility on the first floor that is entirely above grade.

**Sec. 14.** NAC 449.229 is hereby amended to read as follows:

449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and ~~any~~ *all* local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.

2. A residential facility ~~must~~ *shall* have a plan for the evacuation of residents in case of fire or other emergency. The plan must be:

- (a) Understood by all employees;
- (b) Posted in a common area of the facility; and
- (c) Discussed with each resident at the time of his admission.

3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility ~~for~~ *for not less than 12 months after the drill.*

4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshal to conduct such inspections.

5. ~~Portable heaters or space heaters~~ *A portable heater or space heater* must not be used in a residential facility ~~for~~ *unless the heater:*

- (a) Is located 2 feet or more from any combustible material;*
- (b) Is plugged directly into a wall socket;*
- (c) Turns off automatically if tipped over; and*
- (d) Has no exposed heating elements.*

6. A fireplace must be equipped with glass doors or a metal screen to prevent ashes or burning wood from falling outside the fireplace.

~~6.7.~~ 7. The administrator shall ensure that a written policy on smoking is developed and carried out by the facility. The policy must be:

- (a) Developed with the purpose of preventing a fire caused by smoking in the facility; and
- (b) Posted in a common area of the facility.

~~7.8.~~ 8. The windows and doors of a residential facility must not be covered with security bars.

~~8.9.~~ 9. Smoke detectors must be maintained in proper operating condition at all times and must be tested monthly. The results of the tests conducted pursuant to this subsection must be recorded and maintained at the facility.

*10. An exit door in a residential facility must not be equipped with a lock that requires a key to open it from the inside unless approved by the State Fire Marshal or his designee.*

**Sec. 15.** NAC 449.232 is hereby amended to read as follows:

449.232 1. Each residential facility ~~must~~ *shall* have a telephone that the residents may use to make local calls.

2. A list of telephone numbers to be called in case of an emergency for each resident must be located near the telephone. The list must include the telephone number of the resident's physician and the telephone number of a friend of the resident or one of the members of the resident's family.

3. The telephone number of the facility must be listed in the telephone directory ~~in~~ *under the name of the facility.*

**Sec. 16.** NAC 449.258 is hereby amended to read as follows:

449.258 1. Written policies for a residential facility that comply with the provisions of NAC 449.156 to 449.2766, inclusive, must be developed.

2. ~~[[f]]~~ *A policy on* visiting hours ~~[are established, the]~~ *must be established to promote contact by the residents with persons who are not residents of the facility. The* policy regarding visits must be flexible ~~[[f]]~~ to ensure that every resident has the opportunity to retain and strengthen ties with family and friends.

3. Assurances must be provided that incoming and outgoing mail for a resident will not be interfered with in any way, unless written permission is obtained from the resident or his representative. Permission obtained from the resident or his representative may specifically state the type of mail that may be interfered with by the members of the staff of the facility. Permission granted by a resident or his representative pursuant to this subsection may be revoked by the resident at any time.

4. The employees of the facility shall comply with the policies developed pursuant to this section.

**Sec. 17.** NAC 449.259 is hereby amended to read as follows:

449.259 1. A residential facility shall:

- (a) Provide each resident with protective supervision as necessary;
- (b) Inform all caregivers of the required supervision;
- (c) Provide each resident with the opportunity to attend the religious service of his choice and participate in personal and private pastoral counseling;
- (d) Permit a resident to rest in his room at any time;
- (e) Permit a resident to enter or leave the facility at any time if the resident:
  - (1) Is physically and mentally capable of leaving the facility; and

(2) The resident complies with the rules established by the administrator of the facility for leaving the facility;

(f) Provide laundry services for each resident unless a resident elects in writing to make other arrangements;

(g) Ensure that each resident's clothes are clean, comfortable and presentable; *and*

~~(h) Provide for the residents each week at least 10 hours of scheduled activities that are suited to their interests and capacities;~~

~~—(i) Encourage the residents to participate in the activities scheduled pursuant to paragraph (h);~~

~~—(j) Post a calendar of activities for each month that is prepared at least 1 month in advance and notifies residents of the major activities that will occur in the facility; and~~

~~—(k)] Inform each resident or his representative of the actions that the resident should take to protect his valuables.~~

2. The administrator of a residential facility may require a resident who leaves the facility to inform a member of the staff of the facility upon his departure and return.

~~3. The calendar required pursuant to paragraph (j) of subsection 1 must be posted in a common area of the facility. A copy of the calendar must be maintained at the facility for at least 6 months after it expires.~~

~~—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 own, whenever possible.

**Sec. 18.** 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) ~~Establish daily visiting hours to promote contact with persons who are not residents of the facility; and~~

~~(e)~~ Provide each resident with a written program of activities ~~[-]~~;

*(e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;*

*(f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e); and*

*(g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be:*

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

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

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

3. The administrator of a residential facility with 50 or more residents shall, in addition to appointing a member of the staff of the facility pursuant to subsection 2, appoint such other

members of the staff as the administrator deems necessary to assist the person who is responsible for conducting the activities.

4. A residential facility ~~{must}~~ *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. 19.** 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 to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative.

**Sec. 20.** NAC 449.267 is hereby amended to read as follows:

449.267 1. An employee of a residential facility shall not handle a resident's money without first being requested to do so in writing by the resident or his representative.

2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include:
  - (a) A separate accounting of the money held by the facility on behalf of the resident;
  - (b) Receipts for expenditures made by the facility on behalf of the resident; and
  - (c) A written acknowledgment by the resident for each withdrawal of his money.
  
3. ~~[AHH]~~ *Unless a resident otherwise requests in writing, all* money in excess of ~~[\$100]~~ *\$400* held by the facility on behalf of ~~[a]~~ *the* resident must be maintained in a financial institution in an account separate from the facility's operating accounts and must be clearly designated as such.
  
4. Each resident must have access to ~~[not less than \$50 of]~~ his money *held at the facility on his behalf* during normal business hours on each business day. ~~[The resident must be able to receive the remainder of his money within 2 business days after making a request for that money.]~~
  
5. If a member of the staff of a residential facility receives from a resident a request to make a withdrawal of money in such an amount that the member of the staff has reason to believe that the resident is being or has been exploited, the member of the staff shall report the transaction to:
  - (a) If the resident is 60 years of age or older:
    - (1) The *local office of the* Aging Services Division of the Department of Human Resources; ~~[or~~
    - ~~— (2) The Welfare Division of the Department of Human Resources; or]~~
    - (2) *The local law enforcement agency;*
    - (3) *The office for protective services for the county in which the facility is located if that county has such an office; or*

*(4) The toll-free telephone service designated by the Aging Services Division pursuant to NRS 200.5093.*

(b) If the resident is less than 60 years of age:

(1) The office for protective services for the county in which the facility is located if that county has such an office; or

(2) The local law enforcement agency if the county in which the facility is located does not have an office for protective services.

6. Except as otherwise provided in subsection 7, an operator or employee of a residential facility shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as an attorney in fact for any resident.

7. If a resident whose only source of income is in the form of monthly checks is legally determined to be unable to manage his money and documentary evidence can be produced showing that efforts to obtain a legal guardian have failed, the facility may be the substitute payee on the checks. Records of all checks received, deposited or dispersed by the facility must be maintained in the resident's file.

8. Money that is held by a residential facility on behalf of a resident must be returned to the resident or his representative within 30 days after the resident is discharged from the facility.

9. An employee of a residential facility shall not borrow money from a resident.

**Sec. 21.** NAC 449.2702 is hereby amended to read as follows:

449.2702 1. Each residential facility ~~must~~ 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 he requires may reside in the facility if he is not otherwise prohibited from residing in the facility.

3. ~~Except as otherwise provided in subsection 4, a~~ A person who is admitted to a residential facility must be at least 18 years of age.

4. ~~A person who is less than 18 years of age may be admitted to a residential facility that provides care to females during pregnancy.~~

~~5.]~~ Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit 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.

~~6.]~~ 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.

~~7.]~~ 6. As used in this section:

(a) "Bedfast" means a condition in which a person is:

(1) Incapable of changing his 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 his normal access to his 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 his normal access to his body.

**Sec. 22.** NAC 449.2706 is hereby amended to read as follows:

449.2706 1. If a resident's condition deteriorates to such an extent that:

(a) The residential facility is unable to provide the services necessary to treat the resident properly; or

(b) The resident no longer complies with the requirements for admission to the facility,  
↪ the facility shall ~~[ensure that the resident is transferred to another facility]~~ *plan for the transfer of the resident* pursuant to NRS 449.700 and 449.705 ~~[ ]~~ *to another facility that is able to provide the services necessary to treat the resident properly.*

2. A resident, his next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he permanently leaves the facility.

**Sec. 23.** NAC 449.2708 is hereby amended to read as follows:

449.2708 1. A resident may be discharged from a residential facility without his approval if:

(a) He fails to pay his bill within 5 days after it is due;

(b) He fails to comply with the rules or policies of the facility; or

(c) The administrator of the facility or the Bureau determines that the facility is unable to provide the necessary care for the resident.

2. ~~[Before]~~ *Except as otherwise provided in this section, before* a resident may be discharged from a residential facility without his approval pursuant to this section, the facility must provide the resident, his representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged.

3. *A residential facility shall discharge a resident who is transferred pursuant to NRS 449.700 and 449.705 and admitted to another facility for a higher level of care. Written notice pursuant to subsection 2 that the resident will be discharged is not required if the condition of the resident necessitates immediate transfer to receive emergency care.*

4. If the resident or any of his visitors are engaging in behavior which is a threat to the mental or physical health or safety of the resident or other persons in the facility, the facility may issue a notice to quit to the resident. The notice to quit must include:

(a) The reasons for its issuance, with specific facts relating to the date, time and place of the incidents that posed a threat to the physical or mental health or safety of the resident or other persons in the facility; and

(b) The names of persons who witnessed the incidents and the circumstances under which the incidents occurred.

↪ If the resident or his visitors do not comply with the notice to quit, the resident may be discharged from the facility without his approval pursuant to subsection 2.

**Sec. 24.** 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 ~~[the resident is capable of performing his own]~~ :

(a) *The resident's* glucose testing ~~[with blood or urine specimens and:~~

~~—(a) The resident is capable of administering his medication orally or by injection;]~~ *is performed by:*

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

(2) *A medical laboratory licensed pursuant to chapter 652 of NRS; and*

(b) The resident's medication is administered ~~[by]~~ :

(1) *By the resident himself without assistance;*

(2) *By a medical professional , or licensed practical nurse, who [has been trained] is:*

(I) *Not employed by the residential facility;*

(II) *Acting within his authorized scope of practice and in accordance with all*

*applicable statutes and regulations; and*

(III) *Trained* to administer the medication; or

~~[(e) If the resident's medication is administered orally, the medication is administered by]~~

(3) *If the conditions set forth in subsection 2 are satisfied, with the assistance of a caregiver [trained in the administration of that medication.] 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 diabetes if:*

(a) *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 diabetes is at a maintenance level and does not require a daily assessment.*

*(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 diabetes is not administered by injection or intravenously.*

*(e) The caregiver has successfully completed training and examination approved by the Health Division regarding the administration of such medication.*

3. The caregivers employed by a residential facility with a resident who has diabetes shall ~~Ⓕ~~

~~—(a) Assist the resident in administering the medication pursuant to NAC 449.2742; and~~

~~—(b) Ensure that:~~

~~—(1)] 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;*

~~[(2)]~~ *(b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place; and*

~~[(3)]~~ *(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.*

~~[3-]~~ 4. The caregivers employed by 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 Lists For Meal Planning*, published by the American Diabetes Association, Incorporated and the American Dietetic Association, 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,]~~ *31193-0850*, at a cost of ~~[\$5.50.]~~ *\$2.50*.

**Sec. 25.** NAC 449.2728 is hereby amended to read as follows:

449.2728 1. A person who requires regular intramuscular, subcutaneous or intradermal injections must not be admitted to a residential facility or be permitted to remain as a resident of the facility unless the injections are administered by ~~[the resident or by a]~~ :

*(a) The resident; or*

*(b) A medical professional , or licensed practical nurse, acting within his authorized scope of practice and in accordance with all applicable statutes and regulations,*

↳ who has been trained to administer those injections.

2. The caregivers employed by a residential facility with a resident who requires regular intramuscular, subcutaneous or intradermal injections 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; and

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

**Sec. 26.** NAC 449.2734 is hereby amended to read as follows:

449.2734 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional ~~[shall]~~ *must* not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

(a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance;

(b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or

(c) The wound is the result of surgical intervention and care is provided as directed by the surgeon.

2. If a person who has a pressure or stasis ulcer or who *is* at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility:

(a) The condition must have been diagnosed by a physician;

(b) The condition must be cared for by a medical professional who is trained to provide care for *and reassessment of* that condition; and

(c) Before a caregiver provides care to the person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer, the caregiver must receive training related to the prevention and care of pressure sores from a medical professional who is trained to provide care for that condition.

3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer.

**Sec. 27.** NAC 449.2738 is hereby amended to read as follows:

449.2738 1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau:

(a) The assessments made by physicians concerning the physical and mental condition of the resident; and

(b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident.

2. If the Bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to NAC 449.271 to 449.2734, inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility must be notified of that determination. Upon receipt of such a notification, the administrator shall, within a period prescribed by the Bureau, submit a plan to the Bureau for the safe and appropriate relocation of the resident *pursuant to NRS 449.700* to a place where the proper care will be provided.

3. If an inspection or investigation reveals that the conditions at a residential facility may immediately jeopardize the health and safety of a resident, the administrator of the facility shall, as soon as practicable, ensure that the resident is transferred to a facility which is capable of properly providing for his care.

**Sec. 28.** 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 ~~{must:}~~ *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 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 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 physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.

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

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

(b) Monitor the ability of the resident to care for his own health conditions and ~~shall~~ document in writing any significant change in his 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 ~~shall~~ request that the resident sign that record as a confirmation of his 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 ~~24~~ 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. 29.** 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; and

(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).

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 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 449.037 are met.

5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement *in writing* or the facility is ordered to do so by another physician. *The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician.* 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 must be administered as prescribed by the physician.* If a physician 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

~~comply~~ :

(1) *Comply* with the order ~~and note~~ ;

(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 ~~;~~

~~(1) A]~~, a copy of the order or prescription signed by the physician must be included in the record ~~;~~ ~~and~~

~~(2) The medication container must indicate that a change has occurred; and]~~ *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, 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 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.

~~8.~~ 9. If the medication of a resident is discontinued, ~~or if~~ 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 ~~must~~ *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. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.

**Sec. 30.** 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; ~~and~~

(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.

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. 31.** 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 need for the medication ~~for the~~;

(b) *The determination of the resident's need for the medication* is made by a medical professional qualified to make that determination; or

~~(b)~~ (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.

**Sec. 32.** 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 without supervision may keep his medication in his 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. ~~When~~ *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 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, within 24 hours after the resident returns, to clarify the change; and*

*(b) Document the physician contact in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.*

**Sec. 33.** NAC 449.2749 is hereby amended to read as follows:

449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation:

(a) The full name, address, date of birth and social security number of the resident.

(b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him.

(c) A statement of the resident's allergies, if any, and any special diet or medication he requires.

(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:

(1) A description of any medical conditions which require the performance of medical services;

(2) The method in which those services must be performed; and

(3) A statement of whether the resident is capable of performing the required medical services.

(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.

(f) The types and amounts of protective supervision and personal services needed by the resident.

(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The ~~evaluation must be~~

~~completed annually, or more often if~~ *facility shall prepare such an evaluation:*

*(1) Upon the admission of the resident;*

*(2) Each time* there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living ~~if~~; *and*

*(3) In any event, not less than once each year.*

(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.

(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.

(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.

2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.

3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the Bureau who is acting in his capacity as an employee of the Bureau.

**Sec. 34.** NAC 449.275 is hereby amended to read as follows:

449.275 1. A residential facility that provides ~~hospice care for~~ *services to* a resident *who elects to receive hospice care* shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident.

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

(a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care; and

(b) Report any deviation from the established plan of care to the resident's physician within 24 hours after the deviation occurs.

3. If the Division grants a request made pursuant to NAC 449.2736 by the administrator of a residential facility that provides hospice care, the residential facility may retain a resident who:

- (a) Is bedfast, as defined in NAC 449.2702; or
- (b) Requires skilled nursing or other medical care on a 24-hour basis.

**Sec. 35.** NAC 449.2754 is hereby amended to read as follows:

449.2754 1. A residential facility which offers or provides care for ~~residents~~ *a resident* with Alzheimer's disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer's disease.

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

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

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

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

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

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

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

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

(c) A description of:

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

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

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

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

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

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

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

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

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

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

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



8. The members of the staff of the facility shall develop a 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. 36.** 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 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 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) Within 3 months after an employee is first employed at the facility, the employee successfully completes at least 8 hours of training in providing care, including emergency care, to a resident who suffers from Alzheimer's disease or related dementia and providing support for the members of the resident's family.
- (e) Knives, matches, firearms, tools ~~[other than tools ordinarily used in the kitchen,]~~ 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 paragraph (d) of subsection 1 must be provided pursuant to a curriculum approved by the Bureau, the Board or the Nevada State Board of Examiners for Administrators of Facilities for Long-Term Care. Such training 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. 37.** 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 or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.

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

**Sec. 38.** NAC 449.2762 is hereby amended to read as follows:

449.2762 1. Within 60 days after being employed by a residential facility for mentally retarded adults, a caregiver must receive not less than 4 hours of training related to the care of mentally retarded persons.

2. If a resident who is mentally retarded is referred to the facility by a referring agency, the members of the staff of the facility may conduct a program to modify the behavior of the resident if that program is developed by the agency that referred the resident to the facility.

3. As used in this section, “residential facility for mentally retarded adults” means a residential facility that provides care and protective supervision for ~~three or more~~ persons with mental retardation or related disorders, including, without limitation, birth trauma, anoxia, brain trauma or other genetic or developmental disorders.

**Sec. 39.** NAC 449.2764 is hereby amended to read as follows:

449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.

2. As used in this section, “residential facility for persons with mental illnesses” means a residential facility that provides care and protective supervision for ~~three or more~~ persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders.

**Sec. 40.** NAC 449.2766 is hereby amended to read as follows:

449.2766 1. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility ~~must~~ *shall* obtain at least 4 hours of in-service

training relating to the care provided to such persons and in the actions necessary to control infections.

2. Evidence of training received pursuant to subsection 1 must be included in the employee's personnel file.

3. As used in this section, "residential facility for persons with chronic illnesses" means a residential facility that provides care and protective supervision for ~~three or more~~ persons with chronic illnesses or progressively debilitating diseases, including, without limitation, acquired immunodeficiency syndrome and cancer.

**NOTICE OF ADOPTION OF PROPOSED REGULATION  
LCB File No. R073-03**

The State Board of Health adopted regulations assigned LCB File No. R073-03 which pertain to chapter 449 of the Nevada Administrative Code on December 12, 2003.

**Notice date:** 8/13/2003

**Date of adoption by agency:** 12/12/2003

**Hearing date:** 9/12/2003 & 12/12/2003

**Filing date:** 1/22/2004

**INFORMATIONAL STATEMENT**

**1. DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION OF HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.**

A Small Business Impact Questionnaire was mailed to the Residential Facilities for Groups and Residential Facilities for Groups/Alzheimer's on May 29, 2003. Attachment A is the Small Business Impact Statement Questionnaire. Attachment B is a copy of the small business impact summary.

Notice of public workshops held on June 18, 2003, in Las Vegas and in Reno was published in the Las Vegas Review Journal and Reno Gazette Journal on June 3, 2003. Notices of public workshops, and proposed regulations were mailed to all county libraries in Nevada, Residential Facilities for Groups, Residential Facilities for Groups/Alzheimer's, and interested parties on May 29, 2003. The small business impact summary was available at both workshops.

Seven individuals commented during the workshops, the comments were subject to a variety of sections.

**2. THE NUMBER OF PERSONS WHO:**

**(A) ATTENDED THE HEARING;**

Approximately 82 people attended the September 12, 2003, Board of Health hearing. Approximately 45 people attended the December 12, 2003, Board of Health hearing.

**(B) TESTIFIED AT EACH HEARING; AND**

September 12, 2003

Teresa Brushfield, Adult Care Consultant  
Wendy Simons, CARE and Park Place

December 12, 2003

No testimony.

**(C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.**

September 12, 2003

Gilda Johnstone, Chief of Elder Rights, Division for Aging Services  
Margaret McConnell, The Charleston Retirement and Assisted Living

December 12, 2003

No written statements.

**3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY**

Comment was solicited from affected or potentially affected businesses by mailing appropriate facilities and all interested parties the proposed regulations, a small business impact questionnaire, a copy of the small business impact summary, and the notices for the workshops and Board of Health hearings. Copies the workshop minutes and Board of Health hearing minutes may be obtained by calling the Bureau of Licensure and Certification at (775) 687-4475.

**4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.**

The proposed regulations are required by Nevada Revised Statutes (NRS) 449.037, "Adoption of standards, qualifications and other regulations." During the September 12, 2003 Board of Health meeting, the Board adopted proposed regulations Legislative Council Bureau (LCB) file R073-03 with errata and a minor language change by the Board. These regulations and errata were delivered back to LCB for review prior to submission to the Secretary of State. LCB determined that some of the language contained in the errata was not consistent with language in NRS Chapter 449. LCB also determined that some of the adopted language was not appropriate legal terminology. LCB has modified this language and these regulations are now being presented as revised proposed regulations.

After review of the regulatory language and errata adopted during the September Board meeting, LCB determined the new language in Section 24; NAC 449.2726 was not consistent with language in NRS 449.037. The language in the errata would have allowed a medical professional employed by the facility to administer injections; however NRS 449.037(6) (d) indicates that employees are precluded from administering medications by injection regardless of the employee's qualifications. LCB has revised the proposed language in this section so that it complies with the requirements of the statute.

LCB determined the new language in Section 25, NAC 449.2728 was not appropriate legal terminology, because "licensed professional" is not defined in statute nor in regulation. LCB has revised the proposed language in this section so that it allows a medical professional as defined in NAC 449.169 or licensed practical nurse to administer injections in accordance with the laws governing the same.

LCB determined the new language in Section 32, NAC 449.2748 subsections 4 and 5 was not appropriate legal terminology, and has changed the language in these sections to accommodate the intent of the language adopted by the Board. The revised proposed language will require the residential facility to provide medications upon transfer except when a resident is transferred to a hospital or nursing home. If the resident is transferred to a hospital or nursing home, the residential facility must maintain the medication for 30 days after transfer and dispose of the medication promptly if the resident doesn't return within 30 days. If the resident does return and the medication regime has been modified, the residential facility must contact a physician for clarification.

- 5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:**
- (A) BOTH ADVERSE AND BENEFICIAL EFFECTS; AND**
  - (B) BOTH IMMEDIATE AND LONG TERM EFFECTS.**

There is no anticipated adverse effect on the businesses, which NAC 449 regulates. The changes are not substantial and are designed to clarify issues rather than create more requirements. There are no immediate or long-term effects on the business which it is to regulate, or on the public.

- 6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.**

There is no anticipated additional cost to the agency for enforcement of the proposed regulation changes.

- 7. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, NAME THE REGULATING FEDERAL AGENCY.**

There is no duplication or overlap of other state or local government agency's regulations.

- 8. IF THE REGULATION INCLUDES PROVISION WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISION.**

None.

- 9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.**

None.