

LCB File No. R066-04

**PROPOSED REGULATION OF THE HEALTH DIVISION OF
THE DEPARTMENT OF HUMAN RESOURCES**

INTERMEDIATE CARE FACILITIES

General Provisions

EXPLANATION – Matter *italicized* is new language; matter in brackets is omitted language.

The following sections **have not** been revised or modified:

NAC 449.614, 440.617, 449.620, 449.623, 449.629, 449.632, 449.635, 449.638, 449.641, 449.644, 449.647, 449.650, 449.653, 449.656, 449.659, 449.668, 449.671, 449.674, 449.677, 449.680, 449.692, 449.695, 449.698, 449.704, 449.707, 449.710, 449.713, 449.716, 449.719, 449.722, 449.725, 449.728, 449.731, 449.734, 449.737, 449.740 and 449.743.

Section 1 Chapter 449 of NAC is hereby amended by adding thereto a new section to read as follows:

Dementia Training (It is suggested that this is put in the Staff and Attending Physicians section).

1. Staff that have direct contact with and provide care for persons with any form of dementia, including dementia caused by Alzheimer’s disease, must obtain the following educational training:

(a) Eight hours of dementia-specific training within the first 30 days of employment.

(b) Three hours of dementia-specific training every year as part of the facility’s in-service training or continuing educational training as required by the licensing or certifying occupational boards.

2. The dementia specific training required in section 1(a) must include the following areas:

(a). Overview of dementia/Alzheimer’s including diagnosis, prognosis and treatment

(b). Assessments

- (c). Communication*
- (d). Providing personal care*
- (e). Activities*
- (f). Aggressive and other difficult behaviors*
- (g) Family relationships*

3. The facility's personnel files shall contain evidence of training as required in this regulation.

Section 2. Chapter 449 of NAC is hereby amended by adding thereto a new section to read as follows:

Physical Environment

Compliance with standards for construction and maintenance; submission of building plans for new construction or remodeling:

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

2. Except as otherwise provided in this regulation:

(a) An intermediate care facility must comply with the provisions of NFPA 101: Life Safety Code, adopted by reference pursuant to General Requirements for Licensure Section 1.

(b) Except for an intermediate care facility for the mentally retarded , any new construction, remodeling or change in use of an intermediate care facility must comply with the Guidelines for Design and Construction of Hospital and Healthcare Facilities, adopted by reference pursuant to General Requirements for Licensure Section 1, unless the remodeling is

limited to refurbishing an area within the facility, including, without limitation, painting the area, replacing the flooring, repairing windows, or replacing window and wall coverings.

(c) Any new construction, remodeling or change in use of an intermediate care facility for the mentally retarded must comply with the provisions of NAC 449.806 through 449.937.

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

4. Except as provided in section (d), an intermediate care facility shall comply with all applicable:

(a) Federal and state laws;

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

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

(d) Pursuant to NRS Chapter 341, Buildings that are inspected and approved by the State Public Works Board are exempt from complying with local building codes.

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

5. An intermediate care facility must submit building plans for new construction or remodeling to the entity designated to review such plans by the health division pursuant to NAC 449.0115. The entity's review of those plans is advisory only and does not constitute approval for the licensing of the facility. The bureau shall not approve a facility for licensure until all construction is completed and a survey is conducted at the site of the facility.

Section 3 NAC 449.683 is hereby amended to read as follows:

NAC 449.683 Buildings: Safety and structural requirements; construction standards. (NRS 449.037)

1. ~~[A facility must comply with all currently adopted life safety, health division, building and zoning codes. If there is a difference between state and local codes, the more stringent standards apply. An intermediate care facility for the mentally retarded with less than 16 beds may apply the lodging or rooming house section of the residential occupancy requirements of the code if all of the residents are currently certified as ambulatory by a physician, receiving active treatment and capable of following instructions in an emergency.]~~

~~2.]~~ The health division may withhold a license pending compliance with local ordinances.

2. ~~[3.]~~ All new facilities, except intermediate care facilities for the mentally retarded with less than 16 beds, must be built according to the *Long- Term Care Facility Construction Standards* adopted by the board of health. All such facilities must contain all the elements described in the construction standards. Elements of the construction standards that are available through proper affiliation with an adjacent hospital or skilled nursing facility need not be duplicated in the facility. All intermediate care facilities for the mentally retarded are exempt from the handrail requirement, 14A3, and the call system requirement, 18F; newly constructed intermediate care facilities for the mentally retarded must meet those elements of the *Long-Term Care Facility Construction Standards* appropriate to the program of services to be provided as determined by the health division.

3. ~~[4.]~~ Intermediate care facilities licensed on December 5, 1975, must have their existing use or occupancy continued if the use or occupancy was licensed on the effective date of these regulations if no threat or danger to the lives or safety of the residents exists.

4. ~~5.~~ If there is existing and currently licensed construction and proposed new construction, the proposed new construction must meet or surpass the currently adopted construction standards and the existing construction must not have any condition or deficiencies which can be considered potentially hazardous or detrimental to the public health and welfare.

Section 4. NAC 449.701 is hereby amended to read as follows

NAC 449.701 Plan for disasters.

1. A facility must have a written and regularly rehearsed disaster preparedness plan for members of the staff and residents to follow in case of fire, explosion or other emergency.

2. There must be written procedures for personnel to follow in an emergency, including:

(a) The care of the residents and emergency coverage, by physicians;

(b) The notification of attending physicians and other persons responsible for the residents;

and

(c) Arrangements for transportation for hospitalization or other appropriate services.

(d) Arrangements to ensure water is available to the essential areas of the facility if there is an interruption in the facility's normal supply of water.

3. The intermediate care facility shall report to the bureau, within 24 hours, when a fire or disaster occurs in the facility.

Section 5 NAC 449.716 is hereby amended to read as follows:

NAC 449.716 Dietary services.

1. At least three meals or their equivalent must be served daily at regular times with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those residents who desire one.
2. Therapeutic diet menus must be planned by a qualified dietitian or be reviewed and approved by the attending or staff physician.
3. Menus must be planned and followed to meet the nutritional needs of the residents in accordance with the orders of a physician and, to the extent medically possible, in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Menus must be in writing, planned at least a week in advance, dated, posted and kept on file for 90 days. Any substitutions on a menu must be noted on the written menu so that the menu on file reflects what was actually served.
4. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food *in a sanitary manner* must be provided. ~~[and must meet the standards of the bureau of environmental health.]~~
5. ~~[Food service sanitation must meet the laws relating to food service sanitation. Sanitation inspection reports must be on file and must note the date and correction of each problem cited. Food and beverage served must meet the standards of the regulations relating to food and drink establishments in chapter 446 of NAC.]~~

An intermediate care facility with more than 10 clients must:

- (a) comply with the standards prescribed in chapter 446 of NAC,*
- (b) obtain the necessary permits from the bureau of health protection services of the division, and*

(c) maintain sanitation inspection reports for one year including the corrective action taken.

6. Residents needing special equipment, implements or utensils to assist them when eating must have those items provided.

7. Where a facility operates on the cottage plan, provision must be made for food service that assures hot, palatable meals. If the cottage plan provides for a central dining area, walkways to the dining area providing protection from the elements must be provided.

8. A qualified professional person must be used as a consultant on meal planning and food service. Four hours of consultation each month is the minimum requirement. A qualified person is:

(a) A ~~[person meeting the requirements for registration in the American Dietetic Association]~~; *person who is registered as a dietitian by the Commission on Dietetic Registration of the American Dietetic Association.*

(b) A graduate from an accredited college with a major in food and nutrition who has 2 years of supervisory experience in health care institutions or who has participated in a food service supervisor's course.

CONSTRUCTION STANDARDS FOR ~~[HOSPITALS, SKILLED NURSING FACILITIES AND]~~ INTERMEDIATE CARE FACILITIES *FOR THE MENTALLY RETARDED*

The following sections **have not** been revised or modified:

NAC449.806, 449.830, 449.836, 449.839, 449.845, 449.848, 449.890, 449.893, 449.896, 449.899 , 449.905, 449.908, 449.911, 449.934 and 449.937.

Section 1 Chapter 449 of NAC is hereby amended by adding thereto a new section to read as follows:

“Facility” defined. “Facility” means for the purpose of NAC 449.806 to 449.937 an intermediate care facility for the mentally retarded or for persons with developmental disabilities as defined in NAC 449.632.

Standards

Section 2 NAC 449.833 is hereby amended to read as follows:

NAC 449.833 Adoption by reference of standards for construction; fire alarms; emergency radio system; submission of building plans for new construction or remodeling. (NRS 449.037)

1. ~~The state board of health hereby adopts by reference~~

~~(a) 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 \$173.90.~~

~~(b) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the board gives notice that the most recent version is not suitable for this state pursuant to this paragraph. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, or by telephone at (800) 344-3555, for the price of \$45.50 for members of the National Fire Protection Association, or \$50.50 for nonmembers, plus \$6.95 for shipping and handling. The state board of health shall review each revision of *NFPA 101: Life Safety Code* adopted by reference pursuant to this paragraph to ensure its suitability for the state. If the board determines that the revision is not~~

~~suitable for this state, it will hold a public hearing to review its determination and give notice of that hearing within 6 months after the date of the publication of the revision. If, after the hearing, the board does not revise its determination, the board will give notice that the revision is not suitable for this state within 30 days after the hearing. If the board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to this paragraph.~~

~~2].~~ The construction of a new facility must be in accordance with the *most currently adopted local building code* [~~Uniform Building Code, 1994 edition, and the current edition of NFPA 101: Life Safety Code.~~] *and the NFPA 101 as adopted pursuant to General Requirements for Licensure Section 1.*

~~3]2.~~ 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.

~~4]3.~~ The facility must contain a device for emergency radio communications to be prepared for disasters.

~~5]4.~~ The radio system must be self-sufficient in an emergency and 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.

~~6]5.~~ Building plans for the construction of a new facility or for remodeling an existing facility ~~may~~ *must* be submitted to the entity designated to review such plans by the health division pursuant to the provisions of NAC 449.0115. *The entity's review of those plans is advisory only and does not constitute approval for the licensing of the facility.*

~~7]6.~~ The health division shall not approve the plans for licensing until all construction has been completed and a survey is conducted at the site.

Section 3 NAC 449.842 is hereby amended to read as follows:

NAC 449.842 Mechanical requirements. (NRS 449.037)

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 *Life Safety Code 101*, ~~1994 edition~~ *as adopted pursuant to General Requirements for Licensure Section 1*.
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 maintained at a temperature of not more than 110 degrees Fahrenheit for use in the patient toilet and shower rooms, and at all patient hand washing sinks.* The water must be provided with at least 25 pounds of pressure.

Section 4. NAC 449.917 is hereby amended to read as follows:

NAC 449.917 Nursing unit. (NRS 449.280)

1. Nursing units must be limited to 60 beds. The maximum room capacity is four patients.
2. The minimum area for a room, exclusive of toilet rooms, closets, lockers, wardrobes and vestibules of less than one-half of the width of a room, is 100 square feet (9.29 square meters) in rooms with one bed and 80 square feet (7.43 square meters) per bed in multibed rooms. In

multibed rooms, there must be at least 3.66 feet (1.12 meters) of clear area at the foot of each bed and at least 5 feet (1.5 meters) of clear area between each bed. No more than two beds may be beside one another, parallel to the wall with a window.

3. ~~[Each room must have a nurses' call system installed in accordance with NAC 449.839.]~~

~~[4]~~ 4. Each patient must have access to a toilet and lavatory without entering the general corridor. One toilet and lavatory may serve no more than four beds and no more than two patients' rooms.

~~[5]~~ 4. Each patient must have a wardrobe, locker or closet with clear internal dimensions of at least 1.83 feet (55.9 centimeters) by .83 feet (25.4 centimeters) with a shelf and enough vertical height to hang full-length garments.

~~[6]~~ 5. Cubicle curtains or equivalent built-in devices providing complete visual privacy for each patient in multibed rooms must be installed. The curtains must be suspended at least 1.5 feet (46 centimeters) from the ceiling with chain or mesh.

~~[7]~~ 6. A patient's room must not be located more than 120 feet (36.58 meters) from:

- (a) The nurses' station; and
- (b) The clean and soiled workrooms.

TEXT OF REPEALED SECTIONS

NAC 449.686 Buildings: Opening, constructing, leasing or purchasing; change of operating ownership; submission of building plans for new construction or remodeling.

(NRS 449.037)

1. An applicant for a license to operate an intermediate care facility must contact the health division before opening, constructing, leasing or purchasing a building.

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. Building plans for new construction or remodeling may be submitted to the entity designated to review such plans by the health division pursuant to the provisions of NAC 449.0115.

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.

NAC 449.689 Accommodations for handicapped persons.

1. A facility must be accessible to and functional for residents, personnel and the public. All necessary accommodations must be made to meet the needs of persons with semi-ambulatory disabilities, sight and hearing disabilities, disabilities of coordination as well as other disabilities in accordance with the American National Standards Institute Standard No. A117.1 (1961).

2. The facility's grounds must be graded to the same level as the primary entrance so that the building is accessible to the physically handicapped.

3. The width and grade of walks used by residents and the public must be designed so that they can be used by the handicapped.

4. If the facility has a parking lot, it must have properly designated parking spaces available near the building, allowing room for the physically handicapped to get in and out of an automobile onto a surface suitable for wheeling and walking. Ramps must be designed so they can be negotiated by persons in wheelchairs. There must be a primary entrance useable by persons in wheelchairs.

5. Doors used by residents and the public must be of sufficient width and of a weight to permit persons in wheelchairs to open them with a single effort.
6. Stairs that may be used by the physically handicapped must be of a height and design that allows persons to negotiate them without assistance. Stairs must be equipped with handrails, at least one of which extends past the top and bottom steps.
7. Floors must be made of a nonslip surface and must be on a common level or connected by a negotiable ramp.
8. An appropriate number of toilet rooms must be accessible to and useable by the handicapped. An appropriate number of water fountains must be accessible to and useable by the handicapped.
9. An appropriate number of public telephones must be accessible to and useable by the handicapped.
10. In a multistory building, elevators must be accessible to and useable by the handicapped at the level of the entrance and all levels normally used by the public. Essential switches and controls must be within the reach of users in wheelchairs.
11. Appropriate means must be provided for the blind to identify rooms, facilities and hazardous areas. Simultaneous audible and visual warning signals must be provided.
12. The facility must eliminate hazards for the handicapped.
13. Residents' closets must be accessible to and useable by the physically handicapped.
14. Residents' beds must be of a height that permits a person in a wheelchair to get in and out of bed unassisted.

NAC 449.812 "General hospital" defined. "General hospital" has the meaning ascribed to it in subsection 2 of NRS 449.021.

NAC 449.815 “Handicapped person” defined. “Handicapped person” means a person who is nonambulatory, semiambulatory, or who possesses sight or hearing disabilities, disabilities of incoordination or temporary disabilities which reduce his mobility, perception and coordination.

NAC 449.821 “Inpatient” defined. “Inpatient” means a person who has been formally admitted for observation, diagnosis or treatment and who is expected to remain overnight or longer.

NAC 449.824 “License” defined. “License” means the basic document issued by the health division permitting the operation of a hospital, skilled nursing or intermediate care facility.

NAC 449.827 “Licensee” defined. “Licensee” means the natural person, corporation, partnership, association, or other public or private organization ultimately responsible for the overall operation of a hospital, skilled nursing or intermediate care facility.

NAC 449.854 Rooms for disturbed patients.

1. In the absence of a psychiatric unit, each hospital must have a room which contains facilities for patients who need close supervision, which is designed to prevent their escape, suicide or hiding. To minimize injury to patients, the design of the room must exclude sharp projections.

2. As far as possible, all requirements of a normal patient’s room must be met, as described in NAC 449.917.

NAC 449.857 Emergency units.

1. Emergency facilities must be located to prevent patients from traversing areas for inpatients.

2. The emergency entrance must:

(a) Be at grade level and sheltered from the weather.

(b) Have provisions for patients arriving by ambulance.

(c) Be well-marked and be accessible to pedestrians.

3. A reception area must be located near the entrance.

4. Waiting space for the public with toilets, a telephone, a drinking fountain and seating must be provided.

5. Treatment rooms must be provided and contain cabinets, storage for medication, a work counter, medical suction outlets, an X-ray film illuminator and space for the storage of appropriate supplies and equipment. Toilets must be located near the treatment rooms.

6. Clean and soiled workrooms and the medicine room must comply with NAC 449.934.

NAC 449.860 Hemodialysis facilities. If hemodialysis facilities are provided, they must comply with the following:

1. Each area for a patient's bed must have an area of at least 80 square feet (7.43 square meters). Each bed must have a clearance of 4 feet (1.1 meters) on one side. The bed must be placed in the room so that connections to either an arm or leg may be made.

2. Space must be available for the maintenance of instruments, storage and the testing of dialyzers.

3. A nurses' call system must be provided in accordance with NAC 449.839.

NAC 449.863 Intensive care units. If intensive care units are planned, the following must be provided:

1. Rooms must have 120 square feet (11.5 square meters) of clear floor area per bed. The minimum clearance between beds must be 7 feet (2.13 meters) and there must be at least 3.66 feet (1.12 meters) of clear area at the foot of each bed.

2. Viewing panels, if appropriate, must be provided in doors and walls for observation by the nursing staff.

3. Each patient must have access to a toilet and lavatory without entering the general corridor. Facilities for flushing bedpans must be provided.

4. NAC 449.917 applies. NAC 449.934 applies except for subsection 7.

5. Individual lockers must be provided for the personal effects of patients. The lockers need not be located in the unit.

6. A waiting room must be provided in accordance with NAC 449.848.

NAC 449.869 Nursery units. The following must be provided for newborn nursery units:

1. Lavatories for washing hands at the rate of one for every six bassinets. The sinks must be equipped with blade-type faucets.

2. A nurses' call system in accordance with NAC 449.839.

3. Where appropriate, observation windows.

4. Oxygen.

5. Each full-term nursery must have a minimum floor area for each bassinet of 24 square feet (2.23 square meters).

6. An examination and workroom.

7. A premature or special care nursery in hospitals with 25 or more maternity beds unless equivalent facilities are conveniently available elsewhere. The minimum floor area must be 40 square feet (3.71 square meters) per bassinet.

8. Each nursery must be served by a connecting workroom which must contain a gowning area, work space, counters, a lavatory equipped for washing hands and a refrigerator. One

workroom may serve more than one nursery. If the workroom is located within the nursery, the gowning facilities must be located near the entrance and must be separate from the work area.

9. If commercially prepared formula is used, the storage and handling of the formula may be done in the workroom. If commercially prepared formula is not used, a lavatory for washing hands, a hot plate, refrigerator, bottle washer, sterilizer for formula, sterilizer for equipment, work counter and storage space must be provided in a separate room.

NAC 449.872 Obstetrical units. In obstetrical units:

1. The number of delivery, labor and recovery rooms and the sizes of the service areas must be determined by the estimated obstetrical workload.

2. The appropriate portions of NAC 449.884 apply.

3. Delivery rooms must have a minimum clear area of 300 square feet (27.87 square meters) exclusive of fixed and movable equipment. The minimum dimension must be 16 feet (4.88 meters). Resuscitation facilities must be provided for newborn infants, including electrical outlets, oxygen, suction and compressed air.

4. Labor rooms must comply with the appropriate provisions of NAC 449.917. In facilities having only one delivery room, a labor room must be equipped to function as an emergency delivery room. At least one shower must be provided for the use of the patients in the labor room.

5. Recovery rooms must contain no less than two beds. The recovery room may be omitted in facilities which have fewer than 1500 births in a year. The recovery room must comply with subsection 5 of NAC 449.934.

NAC 449.875 Outpatient facilities.

1. The outpatient facilities must comply with NAC 449.857.

2. Rooms for general examinations must be provided. The rooms must have a minimum area of 80 square feet (7.43 square meters). There must be at least 2 1/2 feet (76 centimeters) of clearance at the foot and at each side of the examination table.

3. The size of each room for special examinations must be determined by its use, but it must not be smaller than a room for general examinations.

4. Treatment rooms for minor surgery or cast procedures must contain a minimum of 120 square feet (11.15 square meters). The minimum dimension of the room must be 10 feet (3.05 meters).

5. An observation room for handling isolation, suspect or disturbed patients must be provided. The room must be designed to minimize the possibility of hiding, escape, injury, or suicide by patients. The observation room must provide access for patients to a toilet without entering the general corridor. In facilities with not more than 15,000 patients in a year, a separate room is not required if an examination room is modified to accommodate this function.

NAC 449.878 Pediatric and adolescent units. In pediatric and adolescent units:

1. Rooms for patients must comply with subsection 7 of NAC 449.934 if they contain hospital beds.

2. If the rooms contain bassinets, they must be limited to eight. The minimum clear area for each bassinet must be 40 square feet (3.71 square meters). The rooms must contain a lavatory for washing hands.

3. Service areas must comply with NAC 449.934 with the following additions:

(a) Toilet rooms must be provided at a ratio of one toilet for every eight beds, excluding bassinets.

(b) Storage closets or cabinets for toys, educational material and recreational equipment must be provided.

4. Rooms for playing must be provided.

5. Applicable portions of NAC 449.869 apply.

NAC 449.881 Psychiatric care units.

1. If included as a separate unit, a psychiatric care unit must be designed for patients who need close supervision to prevent escape, suicide or hiding.

2. Patients' rooms must comply with NAC 449.934 with the following exceptions:

(a) A nurses' calling system and cubicle curtains are not required.

(b) Access to toilet rooms for patients may be controlled by the staff.

(c) Windows in patients' rooms must be secured to prevent escape.

(d) In multibed rooms, provision for privacy must be available.

3. Subsections 4 and 5 of NAC 449.934 need not be complied with.

4. Space for dining, recreational and occupational therapy must be provided. The total area for these purposes must be 40 square feet (3.71 square meters) per patient.

5. Adequate storage for the personal effects of the patients must be provided.

6. The rooms for patients and the doors of toilet rooms must be capable of being opened from the outside at all times.

NAC 449.884 Surgical units.

1. A surgical suite must be located to prevent through traffic.

2. The number of operating rooms must be determined by the expected surgical workload.

3. Each operating room must have a clear area of at least 360 square feet (33.44 square meters) exclusive of fixed and movable equipment. The minimum dimension must be 18 feet

(5.49 meters). Each operating room must have an emergency communication system connecting to the control station of the surgical suite. Each room must have an X-ray illuminator for at least two X-ray films. Storage space for splints and traction equipment must be provided in the appropriate rooms.

4. If a cystoscopic room is provided, it must have a minimum of 250 square feet (23.23 square meters) exclusive of fixed and movable equipment. Each cystoscopic room must have an X-ray illuminator for at least two X-ray films. A scrub sink and facilities for the disposal of liquid waste must be provided.

5. A recovery room must be provided if there is at least an average of 10 daily surgical procedures. The recovery room must contain a station for distributing drugs, facilities for washing hands, a clinical sink with a device for flushing bedpans, and storage space for supplies and equipment. Each recovery station must contain a nurses' call system, medical suction, oxygen, emergency power outlets and a high intensity light.

6. Service areas must include the following:

(a) A control station located to permit visual surveillance of all persons who enter the surgical suite.

(b) A high speed autoclave conveniently located to serve all operating rooms. If adequate provisions have been made to replace sterile instruments during surgery, sterilizing facilities in the surgical suite are not required.

(c) A station for distributing drugs with double-locked storage for controlled substances.

(d) Two scrub stations which are to be located near the entrance to the operating rooms. The stations may serve no more than four operating rooms. Viewing panels must be installed to permit the observation of the operating room from the scrub area.

(e) A soiled workroom with a clinical sink, work counter, receptacles for waste and soiled linen and facilities for washing hands with blade-type faucets.

(f) A clean workroom with facilities for washing hands with blade-type faucets, a work counter and space for clean and sterile supplies.

(g) An anesthesia workroom with a work counter and sink.

(h) Space for storing medical gas if the gases are not piped into the surgical suite.

(i) Adequate storage for equipment and supplies.

(j) Appropriate areas for changing clothing for males and females. These areas must be designed with a pattern of traffic going one way so that people going into surgery are not contaminated by those returning from surgery. These areas must contain lockers, showers, toilets, lavatories equipped for washing hands and space for donning scrub suits and boots.

(k) If there are two or more operating rooms, an alcove for patients awaiting surgery. This area must be in view from the control station of the surgical suite. A separate lounge and toilet facilities.

(l) Surgical suites for special purposes must be designed to accommodate special equipment and provide adequate space for its efficient functioning.

NAC 449.887 Central stores. For central stores:

1. A receiving area which is off of the street must be provided.
2. General storage rooms must have a total area of not less than 10 square feet (.93 square meters) of floor or shelf space for each inpatient's bed. Storage must be generally concentrated in one area.

NAC 449.908 Medical and surgical supply units. For medical and surgical supply units:

1. A receiving area must be provided.

2. An area for cleaning medical equipment must be provided. The area must contain a lavatory equipped for washing hands.

3. A clean workroom must be provided, as described in subsection 3 of NAC 449.934.

4. A storage area for sterile supplies must be provided. A separate area for nonsterile supplies must be provided.

NAC 449.914 Morgue and autopsy unit.

1. The following must be provided when autopsies are performed within a hospital:

(a) A holding area for refrigerated bodies.

(b) An autopsy room with a work counter, a sink equipped for washing hands, an autopsy table and adequate and appropriate storage space.

(c) An area for changing clothes with a shower, toilet and lockers.

2. If autopsies are performed outside of the facility, a well-ventilated room for holding bodies must be provided.

3. The morgue must be accessible from an outside entrance and must be located to avoid the movement of bodies through public areas.

NAC 449.921 Occupational therapy units.

1. If an occupational therapy suite is provided, it must contain the following:

(a) An activities area with appropriate counter and table space, and necessary equipment and storage space.

(b) Toilets and facilities for washing hands.

2. Appropriate elements of the physical therapy suite may be shared with the occupational therapy suite.

NAC 449.924 Pharmacy.

1. The size and type of services to be provided in a pharmacy depends upon the type of system for distributing drugs used in the facility and whether the facility provides, purchases or shares pharmaceutical services with other hospitals or medical facilities.

2. Areas must be provided for administration, quality control and dispensing. The storage areas must include locked storage for drugs and biologicals, double-locked storage for controlled substances and refrigerated storage. Facilities for washing hands must also be provided.

3. If the compounding of intravenous and admixtures is planned, a sterile area for products must be provided.

NAC 449.927 Physical therapy units. If a physical therapy suite is provided, it must contain the following:

1. Treatment areas.
2. Cubicle curtains around each treatment area.
3. A toilet and facilities for washing hands.
4. Exercise areas, dressing areas and adequate storage.

NAC 449.931 Radiology units.

1. A radiology suite must comply with these minimum requirements contained in chapter 459 of NAC concerning:

- (a) Regulations for radiation control X rays.
- (b) Regulations for radiation control radioactive materials.
- (c) Regulations for radiation control particle accelerators.

2. The suite must contain space for storing, processing and viewing film.

3. A toilet and lavatory equipped for washing hands must be located within the suite and be directly accessible from each fluoroscopic room without entering a general corridor.

4. There must be a waiting area for ambulatory and nonambulatory patients.

NAC 449.940 Intermediate care facilities. (NRS 449.037)

1. Intermediate care facilities must comply with the applicable provisions of NAC 449.806 to 449.949, inclusive, concerning:

- (a) Correction of deficiencies;
- (b) Nursing units, except for the provisions of subsection 2 of NAC 449.917 relating to multibed rooms;
- (c) Service areas;
- (d) Psychiatric units;
- (e) Physical therapy units;
- (f) Occupational therapy units;
- (g) Pharmacy units;
- (h) Dietary units;
- (i) Administration and public areas;
- (j) Medical records units;
- (k) Central stores;
- (l) Linen service;
- (m) Employees' facilities;
- (n) Janitors' closets;
- (o) Engineering services and equipment;
- (p) Processing waste;
- (q) Details and finishes;
- (r) Construction, review of plans and fire resistive requirements;

(s) Elevators;

(t) Mechanical requirements; and

(u) Electrical requirements.

2. There must be 20 square feet (1.86 square meters) of space set aside for recreational purposes for each patient.

3. An area must be provided for the care and grooming of the patients' hair. The area must be provided with a lavatory for washing hands.

4. A means must be provided for toilet training.

5. A locked area for a reasonable amount of the patients' excess clothing and possessions must be provided.

LCB File No. R066-04

SMALL BUSINESS IMPACT STATEMENT (1)

(Nevada Revised Statutes 233B.0608)

Proposed Amendment of Nevada Administrative Code, Chapter 449 Skilled Nursing Facilities and Intermediate Care Facilities.

**Proposed Regulations Skilled Nursing Facilities and Intermediate Care Facilities
Dementia Training**

Background

The purpose of the proposed revised regulations for dementia training, Nevada Administrative Code Chapter 449 is to add a new section to the existing regulations governing Skilled Nursing Facilities and Intermediate Care Facilities to meet the statutory mandate of AB 323 (Nevada Revised Statutes 449.0357) passed in the 2003 Legislative Session.

This new section establishes minimum continuing education requirements concerning the care of persons with any form of dementia, including, without limitation, dementia caused by Alzheimer’s disease for certain employees in Skilled Nursing Facilities and Intermediate Care Facilities.

1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2) (a), BLC has requested input from operators of all state licensed facilities, Chapter 449.

BLC had received five (5) comments from the small business impact questionnaire.

Responses received from the facility types:

Facility type	Number of Responses
Skilled Nursing Facility	1
Intermediate Care	1
Hospital (includes SNF beds)	1
Adult Day Care Center	1
Facility for the Treatment of Irreversible Renal Disease	1

Interested parties can obtain a copy of the information packet, including the Small Business Impact Questionnaire sent to skilled nursing facilities and intermediate care facilities from Shirley Rains, Administrative Assistant IV, Bureau of Licensure and Certification, 1550 East College Parkway, Suite 158, Carson City, Nevada 89706

2. The estimated economic effect of the proposed regulation on the small business which it is to regulate including without limitation both adverse and beneficial effects and both direct and indirect effects.

Adverse: There will be increased training costs to Skilled Nursing and Intermediate Care Facilities for providing “Dementia Training.

Beneficial: Skilled Nursing and Intermediate Care Facilities will be able to provide better care to residents with diagnosis of dementia and Alzheimer’s disease. There may also be an additional benefit in the area of staff retention in these two facilities types due to the required training.

3. A description of the methods that BLC considered to reduce the impact of the proposed regulation on small businesses and statement regarding whether the agency actually used those methods.

BLC attempted to keep the standards at a minimum as specified in the Nevada Revised Statute. This would also reduce the training costs incurred by the facilities.

4. The estimated cost to the agency for enforcement of proposed regulations.

There will be approximately 1-3 hours of surveyor time each year (\$116.00 -\$500.00) to review the employees files to assure that staff are receiving the required training. The surveyor may also need to review a sampling of courses either provided by the facility, or taken by licensed staff, to assure the information applies to the care of residents with dementia training. This cost will be passed on in annual renewal fees for the Skilled Nursing Facilities and Intermediate Care Facilities.

5. Total amount BLC expects to collect from any fees and the manner in which the money will be used.

This amount has not been determined because the exact hours for enforcing the regulations and revising the Nevada Administrative Code has not been calculated.

6. An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

These regulations are more stringent/prescriptive than the Federal Code of Regulations and the current Nevada Administrative Codes applying to these facilities. The regulations were a result of AB323.

Summary of comments from healthcare operators:

Question #2 Will a specific regulation have an adverse economic effect upon your business?

YES	2
NO	3

Comments:

Yes Responses:

- “Dementia training: 2 hours for the first 40 hours. It would be more beneficial to allow 1 HR training within the first 40 HRS of employment. New hires have to go through orientation and floor training to provide patient care. It is crucial that they be on the floor more than theoretical approach.”
- “Dementia training – more training before going to the floor.”

No Responses:

- No comments

Question #3 Will the regulation have any beneficial effect upon your business?

YES	2
NO	3

Comments:

Yes Responses:

- “Good exposure to understanding behaviors.”
- “Training for dementia behaviors”.

No Responses:

- No comments

Question #4 Do you anticipate any indirect adverse effects upon your business?

YES	1
NO	4

Comments:

Yes Responses:

- More training time-more costly.

No Responses:

- No comments

Question #5 Do you anticipate any indirect beneficial effects upon your business?

YES	1
NO	4

Comments:

Yes Responses:

- “More trained staff Note: Certainly there will always be a pro and a con with training. When appropriately done, training is very beneficial – training needs to be spread during the year.

No Responses:

- No comments

SMALL BUSINESS IMPACT STATEMENT (2)
(Nevada Revised Statutes 233B.0608)

Proposed Amendment of Nevada Administrative Code (NAC)

Plan Review and Dietary Services

Background:

The purpose of the proposed revised regulations for plan review is to require a review of architectural plans for the majority of facility types.

The construction standards regulations were revised to adopt by reference the National Fire Protection Association's (NFPA) 101 Life Safety Code, and the NFPA 99 Health Facilities Standards and the American Institute of Architects Guidelines for Design and Construction of Hospitals and Health Care Facilities throughout all applicable facility types. The revisions included changing the "Uniform Building Code" to local building codes due to changes being made on a national level from the "Uniform Building Code" to the International Codes or the National Fire Protection 5000 codes. It is the intent of the Bureau of Licensure and Certification (BLC) to eliminate a conflict between the state requirements and the local requirements in the area of the building codes.

The regulations addressing the dietary personnel of hospitals were revised to allow the director of the dietetic services department to have professional qualifications in the area of professional chef, hotel-restaurant management, or is certified at minimum as a dietary manager and has additional work experience with medical-therapeutic diets.

The regulations addressing the requirement for a food establishment permit issued by the Bureau of Health Protection Services (BHPS), in Intermediate Care Facilities, Facilities for the Treatment of Alcohol and Drug Abuse, Modified Medical Detoxification Facilities were revised to require facilities with more than 10 clients/residents to have an inspection and permit.

Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, sent to all licensed facilities, from Shirley Rains, Administrative Assistant III, Bureau of Licensure and Certification, 1550 East College Parkway, Suite 158, Carson City, Nevada 89703

1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2) (a), the BLC has requested input from operators of the following facility types:

- Obstetric Care
- Facilities for the Treatment of drug and Alcohol Abuse
- Facilities for Treatment of Irreversible Renal Disease
- Hospitals
- Independent Centers for Emergency Medical Care
- Mobile Units
- Facilities for Modified Medical Detoxification
- Facilities for the Care of Adults During the Day
- Surgical Centers for Ambulatory Patients
- Intermediate Care Facilities

A Small Business Impact Statement Questionnaire was send to the facilities in the table above along with written correspondence detailing the proposed amendments, including a copy of the proposed regulations, on February 27, 2004. The questions on the questionnaire were:

- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Facility Type	Number of Responses
Ambulatory Surgery Center	3
Hospital	4
End Stage Renal Dialysis Center	1

Saint Rose Dominican Hospitals responded by indicating the regulations will have an adverse economic effect upon our business. A comment was included that stated they feel plan review should be conducted early in the process for identification of any potential oversight in the specifications before the licensing inspection is conducted.

This respondent states that NAC 449.3156(1) (d) should read ...the use of the physical space has not changed in such a way to not comply with the Guidelines for Design and Construction of Hospitals and Health Care Facilities or cause serious injury, serious harm or impairment to public health and welfare.

Additionally, this respondent stated that the regulations at NAC 449.3385(2) will have a beneficial effect upon the hospital because the changes in the regulation will make this position much easier to fill, and still contains the clinical dietetic advantages.

2. The estimated economic effect of the proposed regulation on the small business which it is to regulate including without limitation both adverse and beneficial effects and both direct and indirect effects.

There will be an added economic effect to those facilities previously not required to submit architectural plans for review, however, the benefit in identifying potential non-compliance at a point where changes must be made to plans, rather than a constructed building, balance the costs of the plan review.

The proposed revisions to the dietary personnel requirements will not have additional economic effect on a facility.

The regulations revising the requirement for facilities with more than 10 clients/residents to have an inspection and permit issued by the Bureau of Health Protection Services (BHPS), in Intermediate Care Facilities, Facilities for the Treatment of Alcohol and Drug Abuse, Modified Medical Detoxification Facilities provides a cost saving in these facilities not being required to purchase commercial grade kitchen equipment to obtain a food establishment permit in a facility with less than 10 clients.

3. A description of the methods that BLC considered to reduce the impact of the proposed regulation on small businesses and statement regarding whether the agency actually used those methods.

The BLC considered the impact of facilities in certain counties with populations over 50,000 of the potential of having multiple building codes adopted. The BLC revised the construction standards regarding building codes to eliminate duplicity and possible contradictory requirements.

4. The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost to the agency for enforcement of the proposed amendments to NAC 449.016 and 449.0168 is negligible.

5. Total amount BLC expects to collect from any fees and the manner in which the money will be used.

The revisions to the plan review and dietary services regulations will not increase licensing fees.

6. An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

No duplication or more stringent provision are either created or already in existence.