

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

**LCB File No. R067-04**

Effective August 4, 2004

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

AUTHORITY: §§1-11, NRS 449.037.

A REGULATION relating to facilities for skilled nursing; adopting by reference certain construction and maintenance standards; requiring facilities for skilled nursing to comply with such construction and maintenance standards; requiring such facilities to pay certain costs relating to the review of building plans for the new construction or certain remodeling; establishing continuing education requirements for certain employees of facilities for skilled nursing concerning the care of persons with dementia; revising provisions relating to the sanitation inspection reports of, construction of, maintenance of and provision of closet space by a facility for skilled nursing; and providing other matters properly relating thereto.

**Section 1.** Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

**Sec. 2. 1.** *The State Board of Health hereby adopts by reference:*

*(a) NFPA 101: Life Safety Code, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <<http://www.nfpa.org>> or by telephone at 800.344.3555, for the price of \$55.80 for members or \$62 for nonmembers, plus \$7.95 for shipping and handling.*

*(b) NFPA 99: Standard for Health Care Facilities, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent*

*revision is not suitable for this State pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <<http://www.nfpa.org>> or by telephone at 800.344.3555, for the price of \$41.63 for members or \$46.25 for nonmembers, plus \$7.95 for shipping and handling.*

*(c) Guidelines for Design and Construction of Hospital and Health Care Facilities, in the form most recently published by the American Institute of Architects, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the American Institute of Architects at the AIA Store, 1735 New York Avenue, NW, Washington, DC 20006-5292, at the Internet address <<http://www.aia.org>> or by telephone at 800.242.3837, for the price of \$52.50 for members or \$75 for nonmembers, plus \$9 for shipping and handling.*

*2. The State Board of Health will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.*

**Sec. 3. 1.** *Except as otherwise provided in subsection 4, each person who is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, who has direct contact*

*with and provides care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia:*

*(a) In his first year of employment with a facility for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and*

*(b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment.*

*2. The hours of continuing education required to be completed pursuant to this section:*

*(a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and*

*(b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education.*

*3. Each facility for skilled nursing shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section.*

*4. A person employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months.*

*5. As used in this section, "continuing education specifically related to dementia" includes, without limitation, instruction regarding:*

*(a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer's disease, which includes instruction on the symptoms, prognosis and treatment of the disease;*

*(b) Communicating with a person with dementia;*

*(c) Providing personal care to a person with dementia;*

*(d) Recreational and social activities for a person with dementia;*

*(e) Aggressive and other difficult behaviors of a person with dementia; and*

*(f) Advising family members of a person with dementia concerning interaction with the person with dementia.*

**Sec. 4.** NAC 449.0115 is hereby amended to read as follows:

449.0115 1. An applicant for a license or the renewal of a license to operate a medical facility, facility for the dependent or program of hospice care who wishes or is required pursuant to NAC 449.15359, ~~449.4063~~ *or 449.74543* to have building plans for new construction or remodeling reviewed by the Health Division must:

(a) Submit to the Health Division or have on file a current application for a license or renewal of a license;

(b) Pay to the Health Division any fees required for the issuance or renewal of a license pursuant to NAC 449.013 or 449.016; and

(c) Submit two complete sets of building plans for new construction or remodeling prepared by a registered architect, registered residential designer or licensed general contractor to the entity designated to review such plans by the Health Division.

2. All costs incurred for the review of building plans and any changes or revisions made to the plans must be borne by the applicant and paid directly to the designee of the Health Division conducting the review of the plans.

3. The costs required to be paid pursuant to subsection 2 are not refundable and are in addition to the fees charged for the issuance or renewal of the license pursuant to NAC 449.013 or 449.016.

**Sec. 5.** NAC 449.744 is hereby amended to read as follows:

449.744 As used in NAC 449.744 to 449.74549, inclusive, *and section 3 of this regulation*, unless the context otherwise requires, “facility for skilled nursing” has the meaning ascribed to it in NRS 449.0039.

**Sec. 6.** NAC 449.74413 is hereby amended to read as follows:

449.74413 1. The owner of a facility for skilled nursing shall, at least 30 days before there is a change of ownership, change of use or change in the construction of the facility, notify the Bureau of that change. If the facility is not in compliance with the *Guidelines for Design and Construction of Hospital and ~~Healthcare~~ Health Care Facilities* adopted by reference pursuant to ~~NAC 449.74541,~~ *section 2 of this regulation*, the notice must identify those provisions of the guidelines with which the facility has failed to comply.

2. Upon a change in use or change in the construction of a facility, the facility must comply with the *Guidelines for Design and Construction of Hospital and ~~Healthcare~~ Health Care Facilities* before admitting patients to the area that is being changed or is under construction.

**Sec. 7.** NAC 449.74525 is hereby amended to read as follows:

449.74525 1. A facility for skilled nursing shall employ full time, part time or as a consultant, a person who is registered as a dietitian by the Commission on Dietetic Registration

of the American Dietetic Association. If a registered dietitian is not employed full time, the facility shall designate a person to serve as the director of food service who receives frequently scheduled consultations from a registered dietitian.

2. A facility shall employ an adequate number of qualified and competent personnel to provide food service to the patients in the facility.

3. Menus must be planned in advance and followed to meet the nutritional needs of the patients in the facility in accordance with the recommended dietary allowances of the Food and Nutrition Board of the ~~[National Research Council]~~ *Institute of Medicine* of the National Academy of Sciences.

4. A facility shall provide to each patient in the facility:

(a) Food that is prepared to conserve the nutritional value and flavor of the food.

(b) Food that is nourishing, palatable, attractive and served at the proper temperature.

(c) A well-balanced diet that meets the daily nutritional and special dietary needs of the patient.

(d) Who refuses the food that is regularly served by the facility, a substitute of similar nutritional value.

5. A therapeutic diet served to a patient by a facility must be prescribed by the attending physician of the patient.

6. A facility shall serve to each patient in the facility at least three meals daily, at such times as are comparable to regular mealtimes within the community in which the facility is located. A snack must be offered to each patient daily at bedtime. Except as otherwise provided in this subsection, breakfast must be served not more than 14 hours after the previous evening meal. If a

nourishing snack is served at bedtime, breakfast may be served not more than 16 hours after the previous evening meal if approved by a group of patients organized pursuant to NAC 449.74499.

7. A facility shall provide special eating equipment and utensils to each patient who requires them.

8. A facility shall:

(a) Comply with the applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto and obtain such permits as are necessary from the Bureau of Health Protection Services of the Health Division ~~[of the Department of Human Resources]~~ for the preparation and service of food;

(b) *Maintain a report of each inspection concerning the sanitation of the hospital for at least 1 year after the date of the inspection;*

(c) *Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (b) for at least 1 year after the date of the corrective action;*

(d) Procure food from sources that are approved or considered satisfactory by federal, state and local authorities;

~~[(e)]~~ (e) Store, prepare and serve food under sanitary conditions; and

~~[(d)]~~ (f) Dispose of refuse and garbage properly.

**Sec. 8.** NAC 449.74543 is hereby amended to read as follows:

449.74543 1. A facility for skilled nursing must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the facility and members of the general public.

2. Except as otherwise provided in this section:

(a) A facility for skilled nursing shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to ~~[NAC 449.74541.]~~ *section 2 of this regulation*.

(b) Any *new* construction, ~~[or]~~ remodeling *or change in use* of a facility for skilled nursing must comply with the *Guidelines for Design and Construction of Hospital and ~~[Healthcare]~~ Health Care Facilities*, adopted by reference pursuant to ~~[NAC 449.74541:]~~

~~— (1) Except for section 1.2 of the introduction to the guidelines governing renovations; and~~

~~— (2) Unless] section 2 of this regulation, unless~~ the remodeling is limited to refurbishing an area within the facility, including, without limitation, painting the area, replacing the flooring, repairing windows, or replacing window and wall coverings.

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

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

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

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

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

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

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

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



- (a) Federal and state laws;
- (b) Local ordinances, including, without limitation, zoning ordinances; and
- (c) Life safety, environmental, health, *fire and local* building ~~[and fire]~~ codes,

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

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

6. A facility for skilled nursing ~~[may]~~ *shall* 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. *Before the construction or remodeling may begin, the plans for the construction or remodeling must be approved by the Health Division.* The Bureau shall not approve a facility for licensure until all construction is completed and a survey is conducted at the site of the facility.

**Sec. 9.** NAC 449.74549 is hereby amended to read as follows:

449.74549 1. A patient's room within a facility for skilled nursing must be designed and equipped in a manner that allows adequate nursing care to be provided and provides comfort and privacy for the patient.

2. A facility for skilled nursing shall provide to each patient in the facility:

- (a) A separate bed of proper size and height for the convenience of the patient;
- (b) A clean, comfortable mattress;

- (c) Bedding that is appropriate for the weather and climate;
- (d) Clean linens for his bed and bath that are in good condition; *and*
- (e) Furniture that is appropriate for the patient's needs . ~~and~~

~~—(f) Individual closet space in the patient's room with clothes racks and shelves that are accessible to the patient.]~~

**Sec. 10.** NAC 449.74541, 449.74545 and 449.74547 are hereby repealed.

**Sec. 11.** 1. Each person who on August 4, 2004, is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, and who is required to complete the hours of continuing education specifically related to dementia required pursuant to section 3 of this regulation, shall complete at least 8 hours of continuing education specifically related to dementia within 12 months after August 4, 2004, unless the person has completed the training within the 12 months before August 4, 2004.

2. Evidence that such a person has completed the training required pursuant to subsection 1 must be included in his personnel file and must be kept at the facility.

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### TEXT OF REPEALED SECTIONS

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**449.74541 Adoption by reference of standards for construction. (NRS 449.037)**

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

(a) NFPA 101: Life Safety Code, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, or by telephone at 800.344.3555, for the price of \$45.50 for members or \$50.50 for nonmembers, plus \$6.95 for shipping and handling.

(b) NFPA 99: Standard for Health Care Facilities, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, or by telephone at 800.344.3555, for the price of \$33.50 for members or \$37.25 for nonmembers, plus \$5.95 for shipping and handling.

(c) Guidelines for Design and Construction of Hospital and Healthcare Facilities, in the form most recently published by the American Institute of Architects, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the AIA Rizzoli Bookstore, 1735 New York Avenue, N.W., Washington, D.C. 20006, or by telephone at 888.272.4115, for the price of \$60, plus \$5 for shipping and handling.

2. The State Board of Health shall review each revision of the publications adopted by reference pursuant to subsection 1 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 subsection 1.

**449.74545 Emergency electrical power. (NRS 449.037)**

1. A facility for skilled nursing shall have an adequate supply of emergency electrical power to ensure that there is power to:

- (a) Light all entrances and exits;
- (b) Maintain all fire alarms and systems to detect and extinguish fires; and
- (c) Maintain life support systems,

↪ if there is an interruption in the normal supply of electrical power.

2. If life support systems are used by a facility for skilled nursing, emergency electrical power must be provided by an emergency generator that is located on the premises of the facility.

3. As used in this section, “emergency generator” has the meaning ascribed to it in NFPA 99: Standard for Health Care Facilities, adopted by reference pursuant to NAC 449.74541.

**449.74547 Space and equipment for certain activities. (NRS 449.037)** A facility for skilled nursing shall:

1. Provide sufficient space and equipment for dining, health care and recreational services and areas for patients’ activities to ensure that each patient in the facility receives the services required by his plan of care.

2. Provide at least one room designated for dining and patients’ activities. The room must:
- (a) Be well lighted;

- (b) Be well ventilated, with nonsmoking areas identified;
  - (c) Be adequately furnished; and
  - (d) Have sufficient space to accommodate all activities.
3. Maintain all equipment used at the facility in a safe operating condition.

**NOTICE OF ADOPTION OF PROPOSED REGULATION  
LCB File No. R067-04**

The Health Division of the Department of Human Resources adopted regulations assigned LCB File No. R067-04 which pertain to chapter 449 of the Nevada Administrative Code on June 25, 2004.

**Notice date:** 5/25/2004  
**Hearing date:** 6/25/2004

**Date of adoption by agency:** 6/25/2004  
**Filing date:** 8/4/2004

**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 all Facilities for Skilled Nursing on February 27, 2004. 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 March 29, 2004, in Las Vegas and on April 1, 2004, in Reno, Nevada and was published in the Las Vegas Review Journal and Reno Gazette Journal on March 10, 2004. Notices of public workshops, and proposed regulations were mailed to all county libraries in Nevada, Facilities for Skilled Nursing, and interested parties on February 27, 2004. The small business impact summary was available at both workshops.

Notice of public hearing regarding the Board's intent to adopt amendments was published in the Las Vegas Review Journal and Reno Gazette Journal on May 25, 2004. Notices of public hearing, and proposed regulations were mailed to all county libraries in Nevada, Facilities for Skilled Nursing, and interested parties on May 25, 2004. The notice of public hearing was mailed to the Clark County Health District and the Washoe County District Health Department on May 25, 2004.

Eleven individuals commented during the workshops. Ten of the comments were to suggest that the hours of dementia training be expanded, and one was pleased with the uniform codes for plan review.

Copies of the workshop minutes and Board of Health hearing minutes may be obtained by calling the Bureau of Licensure and Certification at (775) 687-4475.

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

**(A) ATTENDED THE HEARING;**

Approximately 69 people attended the June 25, 2004, Board of Health hearing.

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

Assemblywoman Kathy McClain- testified in support of the proposed amendments.

Teresa Stricker, Division of Aging Services- testified in support of dementia training for skilled nursing facilities.

Charles Perry, Executive Director/CEO, Nevada Hospital Association (see question number 4).

Brandi Greg, Regional Director, Nevada Alzheimer's Association, indicated she was in support of the proposed regulation amendments.

Wendy Simons, Chairman, Alzheimer's Workgroup for the Commission on Aging, testified in support of the proposed regulation amendments.

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

Dottie Piekarz, RN, and Director of Washoe County adult Day Break Adult Health care Program, submitted a written statement at the April 1, 2004, workshop.

Wendy Simons, Park Place Assisted Living, member of the Commission on Aging, member of the Assisted Living Advisory Council, and a member of the Coalition of Assisted Residential Environments submitted a written statement at the April 1, 2004, workshop.

Stephanie Cory, Alzheimer's Association, submitted a copy of their eight hour curriculum for direct care training at the April 1, 2004, workshop.

Dr. Jane Fisher, Associate professor Department of Psychology University of Nevada Reno and Executive Director, Nevada Caregiver Support Center submitted a copy of her curriculum for Dementia care training at the April 1, 2004, workshop.

**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 of 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.**

Public comment was received from Charles Perry, Executive Director-CEO of the Nevada Health Care Association, representing Skilled and Intermediate Care Nursing Facilities. Mr. Perry objected to the number of hours required in the regulation. Mr. Perry requested that the Board direct the Bureau of Licensure and Certification to bring the affected groups and/or associations together to reach a compromise on the number of hours of dementia specific training to meet the mandate of AB 323, taking into consideration that the SNF and ICF providers are required to implement and follow a patient-specific Care Plan and the continuing education and training requirements currently imposed. Mr. Perry did not believe sufficient consideration was being given regarding the difference(s) between provider types. This request was not supported by the Board of Health as comments received at public workshop and also at the Board of Health meeting from Assemblywoman Kathy McClain, the Alzheimer's Association, the Division of Aging and the Commission on Aging, unanimously supported that the intent of the legislation was met by the number of hours of dementia training as presented in the regulation.

**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**

Anticipated effects on the business which NAC 449 regulates.

Adverse: There will be increased training costs to Skilled Nursing Facilities for providing "Dementia Training". The regulations for Skilled Nursing have been revised to require a plan review of architectural documents for new construction and remodeling. The plan review will have an associated fee as determined by the entity conducting the review on behalf of the state.

Beneficial: Skilled Nursing Facilities will be able to provide better care to residents with diagnoses of dementia and Alzheimer's disease. There may also be an additional benefit in the area of staff retention in this facility type due to the required training. Regulations addressing plan review, construction standards, dietary services and disaster planning will be more consistent.

Anticipated effects on the public:

Adverse: None

Beneficial: Access to better care and better trained staff in Skilled Nursing Facilities for individuals with diagnoses of dementia. The proposed regulations will require the majority of facilities to have a plan review ensuring a safe environment for the public.



**(B) BOTH IMMEDIATE AND LONG TERM EFFECTS.**

Anticipated effects on the business which NAC 449 regulates.

Immediate: Increased “Dementia Training” in the first 40 hours of employment will provide better trained staff and result in better care for the residents of Skilled Nursing Facilities.

Long-term: Skilled Nursing Facilities will be able to provide better care to residents with diagnoses of dementia and Alzheimer’s disease. There may also be an additional benefit in the area of staff retention in this facility type due to the required training. Regulations addressing plan review, construction standards, dietary services and disaster planning will be more consistent.

Anticipated effects on the public:

Immediate: None

Long-term: Access to better care and better trained staff in Skilled Nursing Facilities for individuals with diagnoses of dementia. The proposed regulations will require the majority of facilities to have a plan review thus ensuring a safe environment for the public.

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

There will be additional staff time to enforce the new sections regarding “Dementia Training”. Surveyor staff presently look at a sample of personnel files while on-site to verify the facility is meeting NRS mandated employee background checks and NAC communicable disease requirements and will verify training requirements at this time. There will also be additional staff time to register plans for the facilities that will now be required to have a plan review.

The plan review will have an associated fee as determined by the entity conducting the review on behalf of the state.

**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.**

There are no duplicative federal requirements. . In the skilled nursing facility regulations the state licensure physical environment requirements are the same as the federal physical environment requirements.

**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.

## SMALL BUSINESS IMPACT STATEMENT

### **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:

<b>Facility type</b>	<b>Number of Responses</b>
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

### 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 sent 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.