

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

LCB File No. R051-06

Effective July 14, 2006

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

AUTHORITY: §§1, 3-35, NRS 449.037; §§2, 37 and 38, NRS 439.150, 439.200, 449.037 and 449.050; §36, NRS 439.150, 439.200 and 449.037.

A REGULATION relating to community triage centers; establishing requirements governing the licensing and operations of such centers; establishing the duties of governing bodies and administrators of such centers; requiring such centers to have sufficient liability insurance; establishing requirements governing the design, construction and maintenance of such centers; establishing the fees that the Health Division of the Department of Health and Human Services will charge for the issuance and renewal of a license to operate such a center; 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 to 35, inclusive, of this regulation.

Sec. 2. *“Community triage center” has the meaning ascribed to it in NRS 449.0031.*

Sec. 3. *As used in sections 3 to 35, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 4 to 10, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 4. *“Administrator” means the person who is appointed by the governing body of a facility who has primary responsibility for the overall operations of the facility.*

Sec. 5. *“Facility” means a community triage center as defined in NRS 449.0031.*

Sec. 6. *“Governing body” means a body that has the ultimate authority for the administration of a facility pursuant to section 11 of this regulation.*

Sec. 7. *“Mentally ill person” has the meaning ascribed to it in NRS 433A.115.*

Sec. 8. *“Patient” means any person who is under observation or receiving care or treatment in a facility.*

Sec. 9. *“Program” means a program described in section 17 of this regulation.*

Sec. 10. *“Psychologist” has the meaning ascribed to it in NRS 641.027.*

Sec. 11. 1. *Each facility must have a governing body which has the ultimate authority for the administration of the facility.*

2. *The governing body shall:*

(a) *Adopt written bylaws and policies that define the powers and duties of the governing body, its committees, the administrator and any advisory group;*

(b) *Review and revise annually the bylaws, policies and procedures of the governing body;*

(c) *Appoint an administrator of the facility who is qualified by education, experience and training to manage the facility;*

(d) *Establish policies governing the responsibilities, authority and duties of the administrator that are designed to enable the administrator to perform the administrative and treatment functions of the facility;*

(e) *Appoint a medical director of the facility who is responsible for the medical services provided at the facility;*

(f) *Adopt controls designed to achieve and maintain maximum standards of service;*

(g) *Review and approve an annual budget to carry out the objectives of each program; and*

(h) *Review and approve annually the program goals and objectives set forth in section 17 of this regulation.*

3. *The bylaws and policies adopted pursuant to subsection 2 must:*

- (a) Identify the overall goals of the facility;*
- (b) Include, without limitation, an organizational chart of the facility;*
- (c) Define the major lines of authority and areas of responsibility within the program of treatment provided by the facility;*
- (d) Define the membership of the governing body, the types of membership, the method of selection or appointment of members, officers or committees and their terms of office; and*
- (e) Define the frequency of meetings of the governing body and attendance requirements.*

4. The governing body shall meet at least semiannually. Minutes must be kept of the meetings and must include, without limitation:

- (a) The date of the meeting;*
- (b) A list of the persons who attended the meeting;*
- (c) A list of the topics discussed at the meeting; and*
- (d) A list of all decisions made by the governing body and any actions taken.*

Sec. 12. 1. *The governing body shall adopt written policies and procedures that govern the operation of the facility and the services provided by the facility.*

2. The policies and procedures adopted pursuant to subsection 1 must:

(a) Ensure that only those persons are accepted as patients whose needs can be met by the facility directly or in cooperation with community resources or other providers of treatment with which it is affiliated or has contacts;

(b) Ensure that a patient whose physical or mental condition has changed to such an extent that he can no longer be adequately served by the facility will be transferred promptly to an appropriate facility;

(c) Set forth the rights of patients and members of the staff, including, without limitation, the rights of patients set forth in NRS 449.700 to 449.730, inclusive, and provide for the registration and disposition of complaints without threat of discharge or reprisal against an employee or patient;

(d) Ensure that the admission agreement between the administrator and the patient specifically prohibits the administrator, his designee or any member of the staff of the facility from being given durable power of attorney for health care for the patient; and

(e) Be available to members of the staff, patients and the public.

Sec. 13. 1. Except in the case of an emergency:

(a) The transfer of a patient must not be effected until the patient, attending physician of the patient, if any, and responsible agency are consulted in advance.

(b) If a patient is transferred to a hospital or other medical facility, a summary of discharge containing a plan for continuation of care must be prepared and forwarded to the receiving facility if the patient or his guardian consents to release such information to the receiving facility.

2. If a patient is transferred to a hospital or other medical facility as a result of a medical emergency, information required for appropriate continuation of care must be released to the receiving facility in compliance with the standards set forth in 42 C.F.R. Part 2.

Sec. 14. 1. If a facility handles the money of a patient, a written ledger account of all deposits, disbursements and other transactions must be maintained. A record must be made available to the patient.

2. If the amount of money of a patient which the facility handles is \$75 or more, the money must be maintained in a financial institution in the community where the facility is

located in a separate trustee account apart from the operational accounts of the facility and must be clearly designated.

Sec. 15. *If a facility holds or stores the belongings of a patient, there must be an inventory of the belongings on admission, made a part of the record of the patient and updated as needed. These belongings must be returned to the patient upon his exit.*

Sec. 16. *Liability insurance in a sufficient amount to protect patients, members of the staff, volunteers and visitors must be maintained by each facility. A certificate of insurance must be furnished to the Health Division. The certificate must include, without limitation, provision for 30 days' notice to the Health Division of the cancellation or the nonrenewal of a policy of liability insurance.*

Sec. 17. 1. *Each program for the provision of detoxification services, each social model detoxification program or its equivalent and each modified medical detoxification program or its equivalent of a facility must be certified in accordance with the provisions of chapter 458 of NRS and chapter 458 of NAC.*

2. Each component of each program described in subsection 1 must develop objectives that complement the goals of the program.

3. The facility shall provide for the medical, emergency dental, and psychological services needed to fulfill the goals of each program and meet the needs of all of its patients to the extent that is possible, with assistance from available community resources.

4. Patients who are admitted and receive detoxification services must be provided such services under the direction of a qualified physician licensed in accordance with the provisions of chapter 630 or 633 of NRS.

5. *If a facility provides services through outside sources, formal, written arrangements must be made ensuring that the services are supplied directly by, or under the supervision of, qualified persons.*

6. *A facility shall provide case management services as needed by a patient through a social worker or a registered nurse or by written agreement with a social worker or a registered nurse.*

7. *A plan for case management must be recorded in the records of a patient and must be periodically evaluated in conjunction with the treatment plan of the patient.*

8. *Each facility shall review each program described in subsection 1 at least annually. The review must include, without limitation, an evaluation of:*

(a) The appropriateness of the admission of patients;

(b) The lengths of stay of patients;

(c) Planning for the discharge of patients;

(d) The use of services and utilization of the components of the program;

(e) The use of outside services; and

(f) Any unusual incidents that resulted or may have resulted in harm to a patient.

9. *Written reports of the annual reviews conducted pursuant to subsection 8 must be evaluated by the governing body and the administrator. Documentation of the evaluation process must be maintained at the facility. Outcome reports and reports of actions taken must be maintained for a period of at least 6 years.*

10. *As used in this section:*

(a) "Detoxification" means the process of eliminating the toxic effects of alcohol and drugs from the body.

(b) “Social model detoxification program” means a treatment program that concentrates on providing psychosocial services and nonmedical detoxification.

Sec. 18. 1. *The administrator of a facility is responsible to the governing body of the facility for the operation of the facility in accordance with the policies and procedures of the facility.*

2. The administrator shall:

(a) Organize the administrative functions of each program, delegate duties and establish a formal means of accountability on the part of subordinates.

(b) Ensure that a written manual defining the policies and procedures of each program is prepared, regularly revised, and updated at least annually. The manual must:

(1) Contain all policies and procedures of the facility, including, without limitation, definitions and other documentation required by sections 3 to 35, inclusive, of this regulation; and

(2) Be available to members of the staff of the facility at all times at designated and convenient locations.

(c) Appoint a person who is qualified by education, experience and training to act as administrator in his absence.

(d) Notify the Bureau within 24 hours after the administrator becomes aware of:

(1) The death of a patient at the facility; or

(2) The elopement from the facility of an at-risk patient.

Sec. 19. 1. *The administrator or his appointee must be present and responsible for the operations of the facility during normal hours.*

2. *All members of the counseling staff of a facility must be authorized by state law to provide counseling.*

3. *Each person employed in a facility must have a preemployment physical examination or certification of a 3-year health record from a physician, and be tested for tuberculosis as required in chapter 441A of NAC.*

4. *Each facility shall:*

(a) *Have on duty, at all hours of the day, members of the staff sufficient in number and qualifications to carry out policies, responsibilities and program continuity.*

(b) *Provide an orientation session to new employees. Documentation of the session must be maintained in the personnel file of the employee.*

(c) *Have written policies and procedures:*

(1) *For the recruitment, selection, promotion and termination of members of the staff;*

(2) *Concerning rules of conduct, and training and development of the staff; and*

(3) *Governing disciplinary actions that clearly define the mechanism for the suspension or dismissal of members of the staff.*

(d) *Maintain a written job description for each position at the facility. The job description must accurately reflect the actual job situation and must be reviewed annually or whenever a change in the responsibilities of the job or qualifications occurs. Job descriptions must be available on request to all members of the staff. Each job description must include, without limitation:*

(1) *The title of the job;*

(2) *The tasks and responsibilities of the job;*

(3) *The skills, education and experience necessary for the job;*

- (4) The relationship of the job to other jobs within each program; and*
- (5) The working conditions, location and shift of the job, and the materials and equipment to be used on the job.*
- (e) Maintain a personnel record for each employee of the facility. The record must include, without limitation:*
 - (1) The employment application;*
 - (2) Letters of recommendation;*
 - (3) Records from any investigation of the employee;*
 - (4) Verification of training, experience and certification;*
 - (5) Job performance evaluations;*
 - (6) Incident reports; and*
 - (7) Disciplinary actions taken.*
- (f) Maintain personnel records in a secure manner and make them available only to those persons authorized to receive personnel records in the written policies and procedures of the facility. An employee must have access to his own file upon request.*

Sec. 20. 1. *Each facility shall have an organized plan for nursing service that provides nursing services 24 hours per day. The nursing services must be provided or supervised by a registered nurse in compliance with state law, including, without limitation, chapter 632 of NRS and chapter 632 of NAC.*

2. *The nursing service shall have a sufficient number of registered nurses, licensed practical nurses and other personnel to provide care in general medical nursing, psychiatric nursing and nursing related to treatment of alcohol and drug abuse.*

3. *The administrator shall ensure that the nursing staff develops and keeps current a plan for nursing care for each patient.*

4. *The administrator shall appoint a chief administrative nurse to direct the nursing service. The chief administrative nurse must:*

(a) Be a registered nurse;

(b) Be knowledgeable, skilled and competent in clinical practice and the management of nurses; and

(c) Comply with the provisions of chapter 632 of NRS and chapter 632 of NAC and follow professional standards established for organized nursing services.

Sec. 21. 1. *Each facility shall provide health services which ensure that each patient receives treatment, prescribed medication, adequate diets and other health services consistent with each program administered by the facility.*

2. *There must be policies and procedures designed to ensure the early detection of complications or conditions considered to be common among alcohol and drug abusers and mentally ill persons.*

3. *The policies and procedures must be developed with assistance from and approved by the medical director of the facility.*

4. *Policies and procedures must be developed and implemented to ensure the early detection of patients at risk for suicide. The policies and procedures must be developed with assistance from and approved by the medical director of the facility and a psychiatrist.*

5. *Before a patient is admitted to a facility, a general medical and psychological assessment, including an assessment of suicide risk and a drug history of the patient, must be taken by a physician, a physician assistant, an advanced practitioner of nursing or a*

designated member of the nursing staff of the facility who has psychiatric experience. The drug history of the patient must include, without limitation:

- (a) Drugs used in the past;*
- (b) Drugs used recently;*
- (c) Drugs of preference;*
- (d) Frequently used drugs;*
- (e) Drugs used in combination;*
- (f) Dosages used;*
- (g) Date of first usage;*
- (h) Incidents of overdose, withdrawal or adverse drug reactions;*
- (i) Previous history of treatment; and*
- (j) History of mental illness and treatment.*

6. Except as otherwise provided in subsection 7, a physical examination and review of the medical and drug history of a patient must be conducted by a physician, nurse practitioner or physician assistant within 24 hours after the patient is admitted to a facility.

7. If the assessment conducted in accordance with subsection 5 concludes that a physical examination of the patient should be completed within less than 24 hours after the patient is admitted, the physical examination must be conducted within the time recommended in the assessment.

8. Each facility shall have written policies and procedures defining the appropriate action to be taken when a medical emergency arises. The policies and procedures must be reviewed and approved by the medical director of the facility.

9. Staff providing patient care must be qualified by the American Red Cross or another similar nationally recognized agency to administer cardiopulmonary resuscitation.

10. Each patient of a facility must be tested for tuberculosis as required by the provisions of chapter 441A of NAC.

11. First-aid supplies must be maintained and readily available at each facility.

12. A facility that provides laboratory testing shall do so in compliance with the provisions of chapter 652 of NRS and chapter 652 of NAC.

13. If a facility has no provisions for the isolation of a patient diagnosed with an infectious disease, the patient must be transferred to a facility that provides such service. The decision to transfer the patient must be made by the medical director of the facility or his designee.

Sec. 22. 1. Mental health services provided by a facility must be supervised by a psychiatrist or a psychologist who has a master's degree in clinical or counseling psychology. The mental health staff of the facility must be adequate in number and qualified to carry out their assigned responsibilities.

2. The mental health staff may assist in:

(a) Diagnosis and testing;

(b) Program development and evaluation;

(c) In-service training; and

(d) Therapeutic activity in group settings or one-on-one therapeutic activity.

3. Mental health services must be provided by a staff member of the facility who:

(a) Has a master's degree in clinical or counseling psychology;

(b) Is an advanced practitioner of nursing with at least 2 years of clinical practice in the field of psychiatric nursing or nursing related to the treatment of alcohol and drug abuse; or

(c) Is licensed as a clinical social worker in accordance with the provisions of chapter 641B of NRS.

4. A psychiatrist licensed in accordance with the provisions of chapter 630 of NRS must be available at each facility to approve mental health service policies and procedures and to provide consultation for patients who need mental health services.

Sec. 23. 1. Each facility shall have:

(a) A pharmacy directed by a registered pharmacist;

(b) A drug room supervised by no less than a currently licensed professional nurse; or

(c) A contract for 24-hour pharmaceutical service with a licensed pharmacy.

2. If a facility maintains a pharmacy or drug room, the pharmacy or drug room must be administered in accordance with all applicable state and federal laws and must have a full-time, part-time or consulting pharmacist who is responsible for developing, supervising and coordinating all of the activities of the pharmaceutical service.

3. Each facility shall have and implement policies and procedures that minimize errors in the administration of drugs. The medical director of the facility and the pharmacist who is responsible for the pharmaceutical service must approve the policies and procedures.

4. Drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice and state and federal laws.

5. When a pharmacist is not available at the facility, drugs and biologicals may be removed from the pharmacy or drug area only by a member of the staff who is authorized to

remove such substances by the policies and procedures of the facility, which must be established in accordance with state and federal laws.

6. Errors in administering a drug, adverse reactions by a patient to a drug and any incompatibility between a drug and a patient must be reported immediately to the attending physician of the patient or the medical director of the facility.

7. Abuses and losses of controlled substances must be reported to the pharmacist who is responsible for the pharmaceutical service, the administrator and the chief administrative nurse of the facility, in accordance with all applicable state and federal laws.

8. Information relating to drug interactions and information on drug therapy, side effects, toxicology, dosage indications for use and routes of administration must be available to the professional members of the staff of the facility.

Sec. 24. *1. Except as otherwise provided in subsection 2, an order for medication or biologicals for a patient must be in writing and signed by the practitioner, or other appropriate professional person authorized by state or federal law to order the medication or biological, who is responsible for the care of the patient.*

2. When a telephone or verbal order is used to order medications or biologicals, the order must be:

(a) Accepted only by a person who is authorized by the policies and procedures of the facility, which must be consistent with state law, to accept such an order; and

(b) Signed or initialed by the prescribing practitioner in accordance with the policies and procedures of the facility.

3. *Each order for a medication or biological must include, without limitation, the name of the medication or biological, and the dosage, time or frequency of administration and route of administration of the medication or biological.*

4. *Only a member of the staff of the facility who is authorized by state law to administer medication or biologicals may administer medication or biologicals at the facility.*

5. *Each facility shall have a system to monitor and improve the process of administering medication and biologicals.*

Sec. 25. 1. *Each facility shall maintain an organized system for the records of patients.*

2. *The records of a patient must be available to professional members of the staff of the facility who are directly involved with the patient.*

3. *The records of patients must be available to representatives of the Health Division.*

4. *The records of a patient must include, without limitation:*

(a) *Identification information;*

(b) *Past medical and social history;*

(c) *Copies of all initial and periodic examinations;*

(d) *Evaluations and progress notes; and*

(e) *Assessments and goals of the plan of treatment of the patient.*

5. *The plan of treatment must state who is responsible for providing treatment or services to the patient.*

6. *Entries must be made describing treatments and services rendered, medications administered, and any symptoms or other indications of illness or injury, including, without limitation, the date, time and action taken regarding each incident.*

7. *Records must be adequately safeguarded against destruction, loss or unauthorized use.*

8. *A discharge plan, as determined by a case management assessment of the patient, must be documented for each patient discharged from the facility.*

9. *Records must be retained for at least 5 years after the discharge of a patient from a facility.*

Sec. 26. 1. *Each facility shall have the proper equipment for the sanitary washing and finishing of linen and other washable goods or shall maintain a written agreement with a commercial establishment to provide proper laundry services.*

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

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

4. *Clean linen to be dried, ironed, folded, transferred or distributed must be handled in a sanitary manner in accordance with a written plan maintained by the facility.*

5. *Closets for storing linen and laundry supplies must be provided and must not be used for any other purpose.*

Sec. 27. 1. *Each facility shall serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast.*

2. *Additional food and between-meal nourishment must be provided to a patient when needed, based on an assessment of the medical condition of the patient.*

3. Menus must be planned and followed to meet the nutritional needs of the patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences.

4. Therapeutic menus must be planned by a registered dietitian or must be reviewed and approved by the attending physician of the patient or the medical director of the facility.

5. Menus must be in writing, planned in advance, dated and posted, and kept on file at the facility for at least 90 days. Any substitution must be noted on the written menu so that the menu on file reflects what was actually served.

6. A person who meets the requirements for registration with the Commission on Dietetic Registration as a dietitian or dietetic technician must be used as a consultant on planning meals and serving food. This person shall consult at least monthly with the staff of the facility.

7. The facility shall provide:

(a) Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food in a sanitary manner;

(b) Storage space for dry foods, refrigerated food and frozen food;

(c) Any special equipment, implements or utensils that are needed by a patient to assist the patient in eating;

(d) Dining space for ambulatory patients, staff and visitors that is separate from sleeping areas, food preparation areas and distribution areas;

(e) Tables and chairs in the dining space that are sturdy and cleanable; and

(f) In each kitchen area:

(1) Sinks for washing hands with blade-type faucets, soap and paper towels for drying hands; and

(2) A separate janitors' closet for the storage of housekeeping chemicals and supplies which contains a floor sink with backflow prevention.

8. A facility with more than 10 patients shall:

(a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto;

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

(c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and

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

9. A facility that contracts with a food management company shall comply with all applicable regulations of the State Board of Health.

Sec. 28. 1. Except as otherwise provided in subsection 4, before any new construction of a facility or any remodeling of an existing facility is begun:

(a) The facility shall submit a copy of the building plans for the new construction or remodeling 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 licensure of the facility.

(b) The building plans must be approved by the Health Division.

2. 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.

3. *The Health Division shall not issue a license to operate a facility until the Bureau has approved the construction of the facility.*

4. *The provisions of subsection 1 do not apply to plans for remodeling a facility if the remodeling is limited to refurbishing an area within the facility, including, without limitation, painting in the area, replacing flooring in the area, repairing windows in the area or replacing window and wall coverings in the area.*

Sec. 29. 1. *Each 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. *Each facility shall comply with all applicable:*

(a) *State and federal laws;*

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

(c) *Environmental, life safety, fire, health and local building 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.

3. *Each facility shall comply with the provisions of NFPA 101: Life Safety Code, as adopted by reference pursuant to NAC 449.0105.*

Sec. 30. *Each facility shall provide:*

1. *A covered entrance to protect patients from the elements;*

2. *A lobby which measures not less than 100 square feet, has access to toilet facilities and may be used for multiple purposes;*

3. *Offices for the administrator or his designee;*

4. Offices for social services which may be used for more than one purpose if the offices are large enough to accommodate multiple use and patient privacy can be maintained;

5. A storage space for office supplies and equipment; and

6. Medical record storage that is adequate to protect patients' health care records in accordance with federal requirements for the protection of medical information.

Sec. 31. 1. Each facility shall provide separate patient rooms for male and female patients. Each patient room must:

(a) Be at least 80 square feet per bed exclusive of toilet facilities, closets or entryways;

(b) Include a bed with clean linens and blankets; and

(c) Have storage for patient belongings.

2. Each facility shall provide:

(a) Toilet and bathing facilities to patients in a manner that ensures their privacy while bathing and in adequate number to meet the needs of the patients;

(b) Fixtures in toilet and bathing facilities designed to minimize the possibility of injury or suicide; and

(c) Mirrors in toilet and bathing facilities which are constructed of safety glass.

Sec. 32. 1. Each facility shall provide:

(a) A nursing station which includes, without limitation:

(1) Space for computer and printer equipment and for writing;

(2) A medication room or storage space for a medication dispensing unit;

(3) A separate utility room for clean materials;

(4) A separate utility room for soiled materials;

(5) A break room for staff;

- (6) Separate toilet facilities for staff; and*
- (7) Lockers or secured storage for staff belongings;*
- (b) A separate room for secured storage of patient belongings that have been determined to be hazardous;*
- (c) A separate room for the storage of clean linen;*
- (d) A separate room for nourishments that contains an ice machine, which must be self-dispensing if it is accessible to patients or visitors;*
- (e) A treatment room which is at least 120 square feet and which includes, without limitation:
 - (1) A hand-washing sink with blade-type handles or hands-free operation;*
 - (2) A writing space;*
 - (3) Sufficient lighting;*
 - (4) Storage space for clean and sterile supplies;*
 - (5) Locked storage for medications and double-locked storage for controlled substances in schedules I to IV, inclusive, as described in chapter 453 of NRS;*
 - (6) Cabinets for the storage of equipment; and*
 - (7) An examination table and a chair for the use of patients;**
- (f) Flooring which is easy to clean and intact, without cracks or holes;*
- (g) Insulation within the building to conserve energy, protect personnel, prevent vapor condensation and reduce noise;*
- (h) Air conditioning, heating and ventilation to maintain a comfortable interior temperature; and*

(i) Laundry facilities to meet the needs of the patients or, if the facility has a contract for linen services, a room for receiving laundry. If the facility provides laundry facilities, then those laundry facilities must be located in a room that is at least 100 square feet. The room must be constructed of 1-hour fire-resistant-rated construction, be fully equipped with sprinklers and have a 45-minute fire-resistant-rated door. The vents in the room must have fire and smoke dampers installed in accordance with the requirements of NFPA 101: Life Safety Code, as adopted by reference pursuant to NAC 449.0105.

2. Each nursing station and each floor of the facility must have a janitors' room with a floor sink and backflow prevention. The janitors' room must:

(a) Provide sufficient storage space for housekeeping chemicals and supplies, housekeeping mops, brooms, service carts and cleaning supplies; and

(b) Be separate from any storage space used for the storage of food.

3. Each facility shall have a procedure for the safe disposal of hazardous biological materials.

Sec. 33. *1. The premises and equipment of each facility must be maintained in a safe, functional and sanitary condition. Each facility shall have the necessary cleaning and maintenance equipment with sufficient storage areas and appropriate procedures to maintain a clean and orderly establishment. Janitorial supplies, including, without limitation, aerosols, must be stored in areas separate from clean linen, food and other supplies. The storage of dirty linen must be separate from the storage of clean linen, food and other supplies.*

2. Items for personal use, including, without limitation, combs, toothbrushes, towels and bar soap, must not be shared by patients.

3. *All toilet facilities in a facility must be provided with soap and individual, disposable towels.*

4. *Each facility shall ensure that the environment of the facility is free of hazards that may cause accidents.*

5. *Each facility shall maintain an effective program to control pests and rodents in order to ensure that the facility is free from pests and rodents.*

Sec. 34. 1. *Each facility shall develop a written plan for internal and external disasters which outlines procedures for members of the staff and patients to follow in case of fire or other emergency and provides for meeting the needs of patients if the facility must be evacuated or is damaged or destroyed.*

2. *Each facility shall conduct fire drills at least monthly, and a written record of each drill conducted must be retained in the facility for not less than 1 year after the drill is conducted.*

3. *A simple floor plan showing the routes for evacuating must be posted in prominent locations on each floor of the facility.*

4. *The facility shall notify the Bureau of the occurrence of a fire or disaster in the facility within 24 hours after the facility becomes aware of the fire or disaster.*

5. *Each facility shall conduct a disaster drill annually for each shift and retain a written record of the drill in the facility for not less than 12 months after the drill is conducted.*

6. *Each facility shall adopt procedures to ensure that water is available to the essential areas of the facility if there is an interruption in the facility's normal supply of water.*

7. *No room or space of a facility may be occupied for sleeping, living or dining that is accessible only by a ladder, by folding stairs or through a trapdoor.*

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

(a) Be situated more than one story below the ground; and

(b) Use any basement or space in a basement for sleeping.

9. Each facility shall prohibit smoking within the facility and within 25 feet of the facility.

Sec. 35. 1. *No facility that accepts a person for treatment for whom all or part of the payment for treatment is made from federal or state money may deny treatment to a prospective patient on the grounds of race, color, national origin, age, gender or disability.*

2. No patient may be segregated, given separate treatment, restricted in the employment of any advantage or privilege enjoyed by others under the program or provided with any aid, treatment, services or other benefits which are different or provided in a different manner from that provided to others under the program on the grounds of race, color, national origin, age, gender or disability.

3. Employment practices of a facility, including, without limitation, hiring, firing, the rate of remuneration, assignments or work hours, may not be based on race, color, national origin, age, gender or disability.

Sec. 36. 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, 449.6114, 449.6135, 449.74543 or 449.97026 *or section 28 of this regulation* 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. 37. NAC 449.012 is hereby amended to read as follows:

449.012 As used in NAC 449.012 to 449.0168, inclusive, *and section 2 of this regulation*, unless the context otherwise requires, the words and terms defined in NAC 449.0121 to 449.0127, inclusive, *and section 2 of this regulation* have the meanings ascribed to them in those sections.

Sec. 38. NAC 449.016 is hereby amended to read as follows:

449.016 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following facilities must pay to the Health Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility	\$2,200	\$60
(b) A hospital, other than a rural hospital	10,000	60
(c) A rural hospital	1,500	60
(d) An intermediate care facility for the mentally retarded or persons with developmental disabilities	1,564	184
(e) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities	1,200	90
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	2,400	184
(g) A facility for the treatment of abuse of alcohol or drugs	782	184
(h) A facility for hospice care	1,564	184
(i) A home for individual residential care	1,764	184
(j) A facility for modified medical detoxification.....	782	184
<i>(k) A community triage center</i>	<i>782</i>	<i>184</i>

2. An applicant for the renewal of such a license must pay to the Health Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility	\$1,100	\$30
(b) A hospital, other than a rural hospital	5,000	30
(c) A rural hospital	750	30
(d) An intermediate care facility for the mentally retarded or persons with developmental disabilities	782	92
(e) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities	600	40
(f) Except as otherwise provided in subsection 4, a residential facility for groups which has 11 beds or more.....	1,182	92
(g) Except as otherwise provided in subsection 5, a residential facility for groups which has less than 11 beds	1,085	92
(h) A facility for the treatment of abuse of alcohol or drugs	391	92
(i) A facility for hospice care	782	92
(j) A home for individual residential care	500	92
(k) A facility for modified medical detoxification.....	391	92
<i>(l) A community triage center</i>	<i>391</i>	<i>92</i>

3. An applicant for a license for a residential facility for groups shall pay a fee of \$100 for each bed in the facility which is paid entirely with money from:

- (a) The Supplemental Security Income Program as defined in NRS 422.053;
- (b) The home and community-based services program pursuant to 42 U.S.C. § 1396n; or
- (c) A program for group care of adults established by a county.

4. An applicant for the renewal of a license for a residential facility for groups shall pay a fee of \$35 for each bed in the facility which is paid entirely with money from:

- (a) The Supplemental Security Income Program as defined in NRS 422.053;
- (b) The home and community-based services program pursuant to 42 U.S.C. § 1396n; or
- (c) A program for group care of adults established by a county.

5. An applicant for the renewal of a license for a residential facility for groups which has less than 11 beds who attests that, during the following licensure period, at least 75 percent of those beds will be paid for entirely with money from the sources described in subsection 4 shall pay a fee of \$500 plus:

- (a) For each bed that will be paid for entirely with money from the sources described in subsection 4, a fee of \$35 in accordance with that subsection; and
- (b) For each remaining bed, a fee of \$92.

6. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he submits his application, he must submit a new application and pay the required fee to be considered for licensure.

**NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R051-06**

The State Board of Health adopted regulations assigned LCB File No. R051-06 which pertain to chapter 449 of the Nevada Administrative Code on June 16, 2006.

Notice date: 5/17/2006
Hearing date: 6/16/2006

Date of adoption by agency: 6/16/2006
Filing date: 7/14/2006

INFORMATIONAL STATEMENT

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

A Small Business Impact Questionnaire was mailed to the Hospitals, Facilities for Treatment of Alcohol and Drugs, and Fire Authorities on December 16, 2006. 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 January 12, 2006, in Las Vegas and on January 13, 2006, in Reno was published in the Las Vegas Review Journal and Reno Gazette Journal on or before December 23, 2006. Notices of public workshops, and proposed regulations were mailed to all county libraries in Nevada, Hospitals, Facilities for Treatment of Alcohol and Drugs, Fire Authorities, and interested parties on December 16, 2005. The Small Business Impact Summary was available at both workshops.

There were 3 individuals who provided comments at the workshops. One individual had comments from strictly an architectural view. The following are a summary of his recommendations: Different methods for bringing natural light into patient spaces, numbers of patients to a room, and define a process for review and approval of a final plan. The second individual recommended the inclusion of 45CFR (HIPPA regulations). The third individual referred to page 9, number 9, in the regulations, "Each facility shall maintain a personnel record for each employee of the facility. The record must include, without limitation:" it was suggested that an I-9 form for immigration be included.

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 or before May 17, 2006. Notices of public hearing, and proposed regulations were mailed to all county libraries in Nevada, Hospitals, Facilities for Treatment of Alcohol and Drugs, Fire Authorities, and interested parties on May 11, 2006. The notice of public hearing was mailed to Southern Nevada Health District and Washoe County District Health Department on May 11, 2006.

The Legislative Council Bureau (LCB) had not completed the review of the proposed regulations until June 13, 2006. The LCB version was available at the June 16, 2006 Board of Health Hearing.

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 136 people attended the June 16, 2006, Board of Health hearing.

(B) TESTIFIED AT EACH HEARING; AND

No one in attendance testified on the Community Triage Center regulations.

(C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

No written statements were submitted.

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.

No testimony was received in opposition to the proposed regulation or which suggested changes to the proposed regulation.

The State Board of Health adopted the proposed amendments to NAC 449, "Community Triage Center" LCB File No. R051-06, with errata as presented.

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: Agencies will be required to pay to become licensed and pay associated fees.

Beneficial: Licensure will reflect compliance with regulatory standards.

Anticipated effects on the public:

Adverse: None.

Beneficial: When CTC facilities become licensed, there will be more hospital emergency room beds available for patient treatment and patients with mental illness and substance abuse will be provided the services they require.

(B) BOTH IMMEDIATE AND LONG TERM EFFECTS.

Anticipated effects on the business which NAC 449 regulates.

Immediate: Agencies will be required to become licensed and pay associated fees.

Long-term: None

Anticipated effects on the public:

Immediate: Patients will be provided services in a regulated facility.

Long-term: None

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

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

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

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

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

These proposed regulations do not overlap or duplicate federal regulations. The regulations do not have a counterpart in the code of federal regulations.

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.

These amendments do establish new fees. An applicant for a license must pay to the Health Division the nonrefundable fee of \$782 plus \$184 per bed fee, and a nonrefundable yearly renewal fee of \$391 plus \$92 per bed fee.