

LCB File No. R051-06

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

COMMUNITY TRIAGE CENTER

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

Section 1. *Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth in Section 2 through Section 34, inclusive, of this regulation.*

Sec. 2. *Definitions. As used in Section 3 through Section 34, inclusive, unless the context otherwise requires, the words and terms defined in Section 3 through Section 34, inclusive, have the meanings ascribed to them in those sections.*

Sec. 3. *“Community Triage Center” defined. Community triage center is defined in NRS 449.0031.*

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

Sec. 5. *“Patient” defined. “Patient” means any person who is under observation, care, or treatment in a community triage center.*

Sec. 6. *“Facility” defined. “Facility” means a community triage center..*

Sec. 7. *“Program” defined. “Program” means the program established pursuant to Section 17*

Sec. 8. *“Mentally ill person” defined. “Mentally ill person” has the meaning ascribed to it in NRS 433A.115*

Sec. 9. “Psychologist” defined. “Psychologist” means a person as defined in NRS 641.027

Sec. 10. Governing body; bylaws and policies.

- 1. Each facility shall have a governing body that has the ultimate authority for the administration of the facility.**
- 2. The governing body shall adopt written bylaws and policies that define the powers and duties of the governing body, its committees, the administrator and any advisory group.**
- 3. The bylaws and policies 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, offices 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:**
 - (a) Appoint an administrator of the facility who is qualified by education, experience and training to manage the facility;**
 - (b) 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;**

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

(d) Review and revise the bylaws and policies and procedures annually of the governing body;

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

(f) Review and approve an annual budget to carry out the objectives of the program.

(g) Review and approve annually program goals and objectives as defined in Section 17, Subsection 1 and 2.

5. The governing body shall meet at least semiannually. Minutes must be kept of the meetings, including, without limitation, the date of each meeting, those in attendance, topics discussed, decisions made and actions taken.

Sec. 11. Policies and procedures for services and operation of facility.

1. Each facility shall have written policies and procedures approved by the governing body available to members of the staff, patients and the public that govern the operation of the facility and services provided by the facility.

2. The policies 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 and provide for the registration and disposition of complaints without threat of discharge or reprisal against any employee or patients.

Sec. 12. Patient Rights.

- 1. The facility must be in compliance with NRS 449.700 – 449.730.*
- 2. The admission agreement must contain a specific prohibition of the administrator, his designee or any staff member from acting in any capacity of a durable power of attorney for health care as described in NRS 449.820.*

Sec. 13. Transfer of patient.

- 1. Except in the case of an emergency, 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.*
- 2. Except as otherwise provided in subsection 3, 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.*
- 3. 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. Handling of money of patient.

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

2. *Large sums of 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. *Inventory of belongings of patient.*

1. *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.*

1. *Liability insurance in a sufficient amount to protect patient, 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 cancellation or the nonrenewal of a policy of insurance.*

Sec. 17. *Substance Abuse/Detoxification Program: for Requirements; review.*

1. *The detoxification services, social model detoxification or equivalent and/or modified medical detoxification or equivalent, must be certified in accordance with the Nevada Administrative Code 458.*

2. *Each component of the program 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 the program and meet the needs of all its patients to the extent that is possible, with assistance from available community resources.*
4. *Patients who are to be admitted and treated for detoxification services must be provided services under the direction of a qualified physician licensed in accordance with NRS 630.*
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. *Each 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 the patient and must be periodically evaluated in conjunction with the treatment plan of the patient.*
8. *Each facility shall review its general program at least annually. Areas reviewed must include, without limitation, appropriateness of admissions, lengths of stay, discharge planning, use of services and utilization of the components of the program, outside services and unusual incidents that did or may have resulted in harm to the patient with the corrective action plan. Written reports of the reviews must be evaluated by the governing body and administrator. Documentation of the evaluation process must be maintained at the facility. Report of actions taken and outcome reports must be maintained for a period of 6 years.*

Sec. 18. Responsibilities and duties of administrator.

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 the 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 the 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 Section 1 to Section 35; 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/her absence.

3. The administrator must notify the Bureau within 24 hours after the facility becomes aware of:

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

(b) the elopement from the facility of an at risk patient.

Sec. 19. Policies and procedures concerning employees.

1. Each facility shall have on duty, all hours of each day, members of the staff sufficient in number and qualifications to carry out policies, responsibilities and program continuity.

2. *All members of the counseling staff of a facility shall be authorized by applicable state law to provide counseling.*
3. *The administrator or his appointee shall be present and responsible for the operations of the facility during normal hours.*
4. *Each facility shall have written policies and procedures for the recruitment, selection, promotion and termination of members of the staff.*
5. *Each facility shall have written policies and procedures concerning rules of conduct, and training and development of the staff.*
6. *Each facility shall provide an orientation session to new employees. Documentation of the session must be maintained in the personnel file of the employee.*
7. *Each facility shall have written policies and procedures governing disciplinary actions that clearly define the mechanism for the suspension or dismissal of members of the staff.*
8. *Each facility shall 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. A job description must include, without limitation:*
 - (a) *The title of the job;*
 - (b) *The tasks and responsibilities of the job;*
 - (c) *The skills, education and experience necessary for the job;*
 - (d) *The relationship of the job to other jobs within the program; and*
 - (e) *The working conditions, location and shift of the job, and the materials and equipment to be used on the job.*

9. *Each facility shall maintain a personnel record for each employee of the facility. The record must include, without limitation:*

- (a) The employment application;*
- (b) Letters of recommendation;*
- (c) Records from any investigation of the employee;*
- (d) Verification of training, experience and certification;*
- (e) Job performance evaluations;*
- (f) Incident reports; and*
- (g) Disciplinary actions taken.*

10. *Each facility shall 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. Each person employed in a facility shall have a pre employment 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.*

Sec. 20. Nursing services.

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 facility shall ensure that the nursing staff develops and keeps current a plan for nursing care for each client.*
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;*
 - (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. Health services.

1. *Each facility shall provide health services which ensure that each client receives treatment, prescribed medication, adequate diets and other health services consistent with the 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 risks 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 a suicide risk assessment and drug history of the patient must be taken*

by a physician, a physician assistant, an advanced practitioner of nursing or designated member of the nursing staff of the facility who has psychiatric experience. The history 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; and*
- (i) Previous history of treatment.*
- (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 shall, be tested for Tuberculosis as required in Chapter 441A of NAC.*
12. *First-aid supplies must be maintained and readily available at each facility.*
13. *If the facility provides laboratory testing, it shall comply with the provisions of NRS 65 and NAC 652.*
14. *If the facility has no provisions for isolation of patients for infectious diseases, the patient must be transferred to a facility that provides such service. The transfer of the patient is determined by the medical director or his designee.*

Sec. 22. *Mental Health Services*

1. *Mental Health services must be supervised by a psychiatrist or a qualified psychologist, as defined in subsection 3. The mental health staff must be adequate in number and by qualification to carry out 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 milieu, group or person situations.*
3. *Mental health services must be provided by a staff member who:*
 - (a) *has a master's degree in clinical or counseling psychology;*

(b) is an advanced practitioner of nursing with 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 a clinical social worker licensed in accordance with NRS 641B

4. A psychiatrist licensed in accordance with chapter NRS 630 must be available to approve mental health service policies and procedures, and provide consultation for patients needing mental health services.

Sec. 23. Pharmaceutical services

1. Each facility shall have a pharmacy directed by a registered pharmacist or a drug room supervised by no less than a currently licensed professional nurse or a contract for 24 hour pharmacy service with a licensed pharmacy.

2. If a facility maintains a pharmacy or drug room, it must be administered in accordance with all applicable state and federal laws and shall have a full-time, part-time or consulting pharmacist who is responsible for developing, supervising and coordinating all of the activities of the pharmacy 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 pharmacy service shall 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 incompatibilities between a drug and a patient must be immediately reported to the attending physician of the patient or the medical director..

7. Abuses and losses of controlled substances must be reported to the pharmacist who is responsible for the pharmacy 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. Medication and biologicals.

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. *Records of patient.*

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 patients must include, without limitation:*
 - (a) *Identification information;*
 - (b) *Past medical and social history;*
 - (c) *Copies of initial and periodic examinations;*
 - (d) *Evaluations and progress notes; and*
 - (e) *Assessments and goals of the plan of treatment of each patient.*
5. *The plan of treatment must state what service or person 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. *Records must be retained for at least 5 years after the discharge of a patient from a facility.*
9. *A discharge plan, as determined by a case management assessment of the patient, must be documented for each client discharged from the facility.*

Sec. 26. Laundry requirements.

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 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. Dietary service.

1. *Facilities 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. *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 National Research Council, National Academy of Sciences.*
3. *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. Additional food and between meal nourishments shall be provided to patients when needed based on an assessment of the patients medical condition.*
4. *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.*
5. *Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food in a sanitary manner must be provided. Storage space for dry foods, refrigerated food and frozen food storage shall be provided. A separate janitors/housekeeping room for storage of housekeeping chemicals and supplies. A floor sink with backflow prevention shall be provided. Chemicals and food shall be stored separately.*
6. *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.

7. Patients needing special equipment, implements or utensils to assist them while eating must have such items provided.

8. A professional, qualified person must be used as a consultant on planning meals and serving food. Consultation each month is required. A person is qualified only if he meets the requirements for registration with the Commission on Dietetic Registration as a dietitian or dietetic technician.

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

10. Dining space for ambulatory patients, staff and visitors that is separate from sleeping areas, food preparation and distribution areas shall be provided within the facility. Tables and chairs shall be provided that are sturdy and cleanable.

Sec. 28. *New construction or remodeling: Submission and approval of building plans; prerequisites to approval of facility for licensure.*

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 must 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. Design, construction, equipment and maintenance.

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) *Federal and state 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 for Health Care Occupancies, as adopted by reference pursuant to NAC 449.0105.*

Sec. 30. Construction standards.

Administration and public areas. The following areas shall be provided:

1. *The facility shall provide a covered entrance to protect patients from the elements.*

2. *A lobby shall be provided and have access to toilet facilities and measure no less than 100 square feet. This room can be shared for multiple functions.*
3. *Offices shall be provided for the Director or designee and social services. One room shall contain storage space for office supplies and equipment. Medical record storage shall be provided that protects patients' health care records in accordance with federal requirements for the protection of medical information. Offices may be used for more than one function provided the size of the room is large enough to accommodate multiple use, and patient privacy is maintained.*

Sec. 31. Accommodations for patients.

1. Patient rooms

- (a) *There shall be 80 square feet per bed exclusive of toilet facilities, closets or entryways;*
- (b) *Each patient bed shall be furnished with clean linens and blankets.*
- (c) *Each patient room shall have storage for patient belongings*
- (e) *Separate rooms shall be provided for male and female patients.*

2. Toilet facilities:

- (a) *Toilet and bathing facilities must be provided 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 shall be designed to minimize the possibility of injury or suicide.*
- (c) *Mirrors in toilet facilities shall be constructed with safety glass.*

Sec. 32. Service areas.

1. *A nursing station shall be provided that contains space for computer and printer equipment and for writing, a medication room or storage space for a medication dispensing unit, a separate clean utility room, a soiled utility room, a break room for staff, separate toilet facilities for staff, lockers or secured storage for staff belongings,*
2. *A separate room for secured storage of patient belongings that have been determined to be hazardous.*
3. *A separate room(s) shall be provided for the storage of clean linen.*
4. *A separate room for nourishments shall be provided that contains an ice machine. If the ice machine is accessible by patients or family members it shall be self-dispensing.*
5. *Each nursing station or floor in the facility shall have a janitor's room with a floor sink and back flow prevention. The room shall provide sufficient storage space for housekeeping mops, brooms, service carts and cleaning supplies.*
6. *A treatment room shall be provided and contain the following items:*
 - (a) *a hand washing sink with blade type handles or hands free operation*
 - (b) *a writing space*
 - (c) *sufficient lighting*
 - (d) *storage space for clean and sterile supplies*
 - (e) *locked storage for medications including double locked storage for scheduled drugs*
 - (f) *the room shall provide 120 square feet*
 - (g) *cabinets for storage of equipment*
 - (h) *an examination table or chair for patient use*

7. *The facility shall contain flooring that is easily cleanable, intact without cracks or holes.*
8. *The facility shall provide insulation within the building to conserve energy, protect personnel, prevent vapor condensation, and reduce noise.*
9. *The facility shall provide air conditioning, heating and ventilation to maintain a comfortable interior temperature during cold and hot seasons.*
10. *Laundry facilities shall be provided to meet the needs of the patients. A laundry room over 100 square feet shall be constructed of one hour fire resistant rated construction that is fully sprinklered and has a 45 minute fire resistant rated door. The vents shall have fire/smoke dampers in accordance with National Fire Protection Association (NFPA) 101 requirements. If the facility has a contract for linen services than a room for receiving laundry shall be provided.*
11. *A facility shall have provision for safe disposal of biological hazardous materials.*

Sec. 33. Safety and sanitation.

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. *Safety from fire; preparations for disasters; reporting of fire or disaster.*

1. *Each facility shall develop a written plan for internal and external disasters that outlines procedures for members of the staff and patients to follow in case of fire or another 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 12 months 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 and dining, at least one exit must be provided directly to the outside at ground level. No facility may:*

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

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

9. *Smoking shall be prohibited within the facility and within 25 feet of the facility.*

Sec. 35. *Discrimination prohibited.*

1. *No facility that accepts a person for treatment for whom all or part of the payment for treatment is made from the money by 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.*

SMALL BUSINESS IMPACT STATEMENT

Community Triage Center

PROPOSED REGULATIONS for a Community Triage Center.

The regulations may impose a burden upon small businesses and may directly restrict the formation, operation, or expansion of a small business in Nevada. A small business is defined in Nevada Revised Statutes (NRS) 233B as a “business conducted for profit which employs fewer than 150 full-time or part-time employees.” This small business impact statement complies with the requirements of NRS 233B.0609.

Background

The 2005 Legislative session created a new facility type, Community Triage Center, under Medical Facilities as listed in Nevada Revised Statutes (NRS) 449.0151. This occurred, in part, as a response to the increasing burden on state wide hospital emergency departments caused by the lack of psychiatric beds for the mentally ill. The Community Triage Center will provide another group of beds for short term assessment of the mentally ill individual and the chronic inebriate individual when area emergency rooms beds are filled to capacity.

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

The 1999 legislature amended Nevada Revised Statutes (NRS) Chapter 233B to require that state agencies assess the impact of regulation changes or development on small businesses. In keeping with this requirement, a review of advertising information, yellow pages, and the white pages was conducted both in northern and southern Nevada. All identified facilities were sent a small business impact questionnaire (See attachment #A) and a copy of the draft regulations to allow them to express their concerns over the economic impact of these proposed regulations on their businesses. A total of eighty-nine questionnaires were sent out and ten (10) were returned.

The comments received are summarized as follows:

Eight respondents returned the questionnaires with no comments.

One respondent indicated the regulations would have a beneficial effect on business by providing more facilities who can deal with patients that otherwise would have to wait in hospital emergency departments. This respondent was concerned that lack of insurance might prevent patients from being transferred to Community Triage Centers

One respondent felt that “having improved facilities, mandated policies and procedures and augmented staffing will be of benefit as long as there is adequate funding to support the requirements.” This respondent also indicated that the requirements for governing body, Substance Abuse/Detoxification program, responsibilities and duties of the administrator,

nursing services, mental health services, and dietary construction standards would have a detrimental effect on the business because of current funding levels. The respondent felt that current funding would be inadequate to fund the staff required by the regulations, to provide dental services, and to meet the dining room space required.

Copies of the summaries of these questionnaires are available from the office of the Bureau of Licensure and Certification 1550 E. College Parkway, Suite 158, Carson City, Nevada 89706, (775) 687-4475 or 4220 South Maryland Parkway, Building D, Suite 810, Las Vegas, Nevada 89119. (702) 486-6515

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.

The beneficial effect of these regulations is to insure uniform quality and safety of care and to establish a level of quality control that would be standard for all facilities. The adverse economic effect would be the licensure fees.

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

The agency reviewed the suggestions for changes that would lessen the economic impact. Wherever possible, in keeping with existing state laws, these changes have been made.

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

The estimated cost to the agency for each facility is \$782.00 plus \$184.00 per bed. This includes surveyor time, supervisory time, and clerical time.

5. If the proposed 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.

Since July of 1993, all state licensure activities have been supported by fees charged to those health facilities seeking licensure. The agency expects to collect \$782.00 plus \$184.00 per bed for each Community Triage Center. The money will be utilized to cover the cost of agency time to educate the providers, the clerical and supervisory time required to complete the application process, the surveyor time and supervisory time for inspection, and the clerical time required to issue the license.

6. If the proposed regulation includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity, an explanation of why such duplicative or more stringent provisions are necessary.

There are no existing state or federal regulations for Community Triage Centers.