

PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

LCB File No. R060-10

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

AUTHORITY: §1, NRS 439.150, 439.200, 444.330, 446.885 and 449.037, §§2-5, NRS 439.150, 439.200, 449.0305, 449.037, 449.038 and 449.050, §6, NRS 439.150, 439.200, 449.037 and 449.050, §7, NRS 449.037 and 449.050, §§8-16, NRS 449.037.

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

1. To cover the costs incurred by the Health Division to carry out its duties related to the Department of Corrections, including, without limitation, the duties set forth in NRS 209.382, NRS 444.330 and NRS 446.885, each institution of the Department of Corrections must pay to the Health Division a fee of \$1,800 each year.

2. As used in this section, “institution” has the meaning ascribed to it in NRS 209.071.

3. “Substantiated” means supported or established by evidence or proof.

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

“Agency to provide personal care services in the home” has the meaning ascribed to it in NRS 449.0021.

Sec. 3. NAC 449.012 is hereby amended to read as follows:

As used in NAC 449.012 to 449.0168, inclusive, 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. 4. NAC 449.013 is hereby amended to read as follows:

1. Except as otherwise provided in ~~subsection 4 and~~ NAC 449.0168, an applicant for a license to operate any of the following facilities, programs of hospice care or agencies must pay to the Health Division the following nonrefundable fees:

- (a) An ambulatory surgical center.....~~[\$3,570]~~ **4,700**
- (b) ~~A facility for the treatment of irreversible renal disease.....2,748~~
- ~~(e)~~ (c) A home office or subunit agency of a home health agency3034
- ~~(d)~~ (c) A branch office of a home health agency.....2,000
- ~~(e)~~ (d) A rural clinic.....2,160
- ~~(f)~~ (e) An obstetric center.....1,564
- ~~(g)~~ (f) A program of hospice care.....~~[2,106]~~ **2,400**
- ~~(h)~~ (g) An independent center for emergency medical care.....2,950
- ~~(i)~~ (h) A nursing pool.....4,272
- ~~(j)~~ (i) A facility for treatment with narcotics.....~~[2,482]~~ **5,500**
- ~~(k)~~ (j) A medication unit.....1,200
- ~~(l)~~ (k) A referral agency.....2,000
- ~~(m) A halfway house for recovering alcohol and drug abusers.....2,020~~
- ~~(n)~~ (l) A facility for refractive surgery.....7,556
- ~~(o)~~ (m) A mobile unit.....2,090
- ~~(p) A facility for transitional living for released offenders.....2,020]~~
- (q) An agency to provide personal care services in the home.....2,200**

2. ~~Except as otherwise provided in subsection 4, an~~ **An** applicant for the renewal of such a license must pay to the Health Division the following nonrefundable fees:

(a) An ambulatory surgical center.....	[\$1,785] 2,350
(b) [A facility for the treatment of irreversible renal disease.....]	1,374
[(e)] A home office or subunit agency of a home health agency....	1,517
[(d)] (c) A branch office of a home health agency.....	1,000
[(e)] (d) A rural clinic.....	1,080
[(f)] (e) An obstetric center.....	782
[(g)] (f) A program of hospice care.....	[1,053] 1,200
[(h)] (g) An independent center for emergency medical care.....	1,475
[(i)] (h) A nursing pool.....	2,136
[(j)] (i) A facility for treatment with narcotics.....	[1,241] 2,750
[(k)] (j) A medication unit.....	600
[(l)] (k) A referral agency.....	1,000
[(m)] A halfway house for recovering alcohol and drug abusers.....	1,010
[(n)] (l) A facility for refractive surgery.....	3,912
[(o)] (m) A mobile unit.....	1,045
[(p)] A facility for transitional living for released offenders.....	1,010
<i>(q) An agency to provide personal care services in the home...</i>	[687] 1,100

3. 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.

4. Pursuant to NRS 449.050, if an application for a license to operate a facility for transitional living for released offenders or the renewal of such a license is denied, any amount of a fee paid pursuant to paragraph (p) of subsection 1 or paragraph (p) of subsection 2 that exceeds the expenses and costs incurred by the Health Division must be refunded to the applicant.

5. The Health Division may collect a fee from any licensee who is involved in a complaint from a consumer that is substantiated by the Health Division, in order to recover the costs of investigating the complaint. The fee will be based on per surveyor hourly rate as determined by the budget process. The fee will be collected from the licensee upon completion of the substantiated complaint investigation.

Sec. 5. NAC 449.016 is hereby amended to read as follows:

1. Except as otherwise provided in *subsection 4 and* 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] \$7,400	[\$60] \$310
(b) A hospital [, other than a rural hospital]	[10,000] \$17,600	[\$60] \$200
(c) A rural hospital	750	30
(d) (c) An intermediate care facility for the mentally retarded or persons with developmental disabilities.....	1,564	[\$184] 220

(e) (d) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities.....	1,200	[90] 160
[(f) Except as otherwise provided in subsection 3, a]		
(e) A residential facility for groups.....	[2,400] \$2,470	[184] \$220
[(g)] (f) A facility for the treatment of abuse of alcohol or drug.. . . .	782	[184] 220
[(h)] (g) A facility for hospice care.....	[1,564] 2,600	[184] 220
[(i)] (h) A home for individual residential care.....	1,764	[184] 220
[(j)] (i) A facility for modified medical detoxification.....	[782] 4,600	[184] 300
[(k)] (j) A community triage center.....	[782] 1,200	[184] 220
(k) A facility for the treatment of irreversible renal disease.....	6,300	60
(l) A halfway house for recovering alcohol and drug abusers.....	2,350	220
(m) A facility for transitional living for released offenders.....	2,000	360

2. ~~[(An)]~~ Except as otherwise provided in subsection 4, 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] \$3,700	[\$30] \$125
(b) A hospital [, other than a rural hospital].....	5,000	30
(c) A rural hospital.....	750	30
(d)]	8,800	130

(c) An intermediate care facility for the mentally retarded or persons with developmental disabilities.....	782	92
[(e)] (d) 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]		
(e) A residential facility for groups [which has 11 beds or more..1,182] 1,235		[92] 100
[(g) Except as otherwise provided in subsection 5, a residential facility for groups which has less than 11 beds.....]		
11 beds.....	1,085	92
[(h)] (f) A facility for the treatment of abuse of alcohol or drugs.....	391	92
[(i)] (g) A facility for hospice care.....	[782] 1,300	[92] 115
[(j)] (h) A home for individual residential care.....	[500] 610	[92] 100
[(k)] (i) A facility for modified medical detoxification.....	[391] 2,300	[92] 145
[(l)] (j) A community triage center.....	[391] 600	[92] 110
(k) <i>A facility for the treatment of irreversible renal disease.....</i>	3150	80
(l) <i>A halfway house for recovering alcohol and drug abusers.....</i>	1,175	25
(m) <i>A facility for transitional living for released offenders.....</i>	1,000	40

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.

4. The Health Division may collect a fee from any licensee who is involved in a complaint from a consumer that is substantiated by the Health Division, in order to recover the costs of investigating the complaint. The fee will be based on per surveyor hourly rate as determined by

the budget process. The fee will be collected from the licensee upon completion of the substantiated complaint investigation.

Sec. 7. NAC 449.0168 is hereby amended to read as follows:

1. Except as otherwise provided in subsection 2, a holder of a license to operate a medical facility, facility for the dependent, program of hospice care or referral agency who wishes or is required pursuant to NAC 449.190, 449.307, 449.7473 or 449.758 to modify his license to reflect:

(a) A change in the name of the facility, program or agency;

(b) A change of the administrator of the facility, program or agency;

(c) A change in the number of beds in the facility;

(d) A change in the type of facility licensed or the addition of another type of facility to be licensed;

(e) A change in the category of residents who may reside at the facility;

(f) A change in the designation of a staging area for a mobile unit or, if the mobile unit is operated by an independent facility, a change in the address of the independent facility; or

(g) A change in any of the services provided by an agency to provide nursing in the home,

↪ must submit an application for a new license to the Health Division and pay to the Health Division a fee of \$250.

2. An applicant who applies for a license pursuant to paragraph (c) of subsection 1 because of an increase in the number of beds in the facility must pay to the Health Division:

(a) A fee of \$250; and

(b) A fee for each additional bed as follows:

(1) If the facility is an intermediate care facility for the mentally retarded or persons with developmental disabilities.....\$184

(2) ~~Except as otherwise provided in subparagraph (3), if~~ *If* the facility is a residential facility for groups.....184

(3) ~~If the facility is a residential facility for groups and the fee for each bed in the facility is paid entirely with money from sources described in subsection 3 of NAC 449.016.....~~100

~~(4)~~ If the facility is a facility for the treatment of abuse of alcohol or drugs...184

~~(5)~~ (4) If the facility is a facility for hospice care.....184

~~(6)~~ (5) If the facility is a home for individual residential care.....184

~~(7)~~ (6) If the facility is a facility for modified medical detoxification.....184

~~(8)~~ (7) If the facility is a hospital.....80

~~(9)~~ (8) If the facility is a rural hospital.....80

~~(10)~~ (9) If the facility is a skilled nursing facility.....60

~~(11)~~ (10) If the facility is an intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities.....90

(11) If the facility is a facility for the treatment of irreversible renal disease.....60

(12) If the facility is a halfway house for recovering alcohol and drug abusers.....60

(13) If the facility is a facility for transitional living for released offenders.....60

3. If the address of the home office of a home health agency has not changed, a holder of a license to operate a subunit agency or branch office of the home health agency who wishes or is required pursuant to NAC 449.758 to modify his license to reflect a change in the address of the subunit agency or branch office of the home health agency must:

- (a) Submit an application for a new license to the Health Division; and
- (b) Pay to the Health Division a fee of \$250.

4. A fee paid pursuant to this section is nonrefundable.

5. As used in this section:

(a) “Administrator” means the person who is responsible for the daily management of a medical facility, facility for the dependent or program of hospice care.

(b) “Independent facility” has the meaning ascribed to it in NAC 449.9701.

(c) “Staging area” has the meaning ascribed to it in NAC 449.97018.

Sec. 8. NAC 449.147 is hereby amended to read as follows:

1. Facilities must 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. A second serving must be provided for those clients who desire one.

2. Menus must be planned and followed to meet the nutritional needs of the clients 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 client’s attending or staff physician.

4. Menus must be in writing, planned in advance, dated and posted, and kept on file for 90 days. Any substitution must be noted on the written menus 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.

6. A facility with more than 10 clients must:

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

8. If a facility operates on the cottage plan, provision must be made for food service that assures hot, palatable meals.

9. A qualified person must be used as a consultant on planning meals and serving food. Consultation each month is required. A qualified person may be a person meeting the requirements for registration with the Commission on Dietetic Registration as either a registered dietitian or a registered dietetic technician.

10. All facilities that contract with food management companies must comply with the applicable regulations of the Health Division as provided in chapter 446 of NAC.

Sec. 9. NAC 449.15251 is hereby amended to read as follows:

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. A second serving must be provided for those clients who desire one.

2. Menus must be planned and followed to meet the nutritional needs of the clients in accordance with the recommended dietary allowances recommended by 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 client or a staff physician.

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.

6. A facility with more than 10 clients 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. Clients needing special equipment, implements or utensils to assist them while eating must have such items provided.

8. If a facility operates on the cottage plan, provision must be made for food service that ensures hot, palatable meals.

9. A professional, qualified person must be used as a consultant on planning meals and serving food. At least 4 hours of 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.

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

Sec. 10. NAC 449.154979 is hereby amended to read as follows:

1. The kitchen in a facility and the equipment in the kitchen must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.

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

3. Food must not be stored in any area in which cleaning or pest control products are stored.

4. A facility with more than 10 residents must:

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

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

5. The equipment used for cooking and storing food in a facility with more than 10 residents must be inspected and approved by the ~~[Bureau of Health Protection Services of the]~~ *Health Division* and the state and local fire safety authorities.

Sec. 11. NAC 449.217 is hereby amended to read as follows:

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

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

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

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

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

6. A residential facility with more than 10 residents shall:

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

(b) Obtain the necessary permits from the ~~[Bureau of Health Protection Services of the]~~ *Health Division*.

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

Sec 11.1 NAC 449.27706 is hereby amended to read as follows:

1. If the Bureau issues a placard to a residential facility that includes a grade of “B,” the administrator may submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is \$300 and must accompany the application. *If the cost to conduct the resurvey exceeds the \$300 fee, the overage must be paid by the administrator within 30 days of completion of the resurvey. If the cost to conduct the resurvey is less than the \$300 fee, the remaining balance will be refunded to the administrator within 30 days of completion of the resurvey.*

2. If the Bureau issues a placard to a residential facility that includes a grade of “C” or “D,” the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is \$500 and must accompany the application. *If the cost to conduct the resurvey exceeds the \$500 fee, the overage must be paid by the administrator within 30 days of completion of the resurvey. If the cost to conduct the resurvey is less than the \$500 fee, the remaining balance will be refunded to the administrator within 30 days of completion of the resurvey.*

Sec. 12. NAC 449.338 is hereby amended to read as follows:

1. A hospital shall provide for the general dietary needs of its patients, including the preparation of modified special diets.

2. Adequate space for the preparation and service of food must be provided. Equipment for the preparation and service of food must be placed to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.

3. Well-ventilated food storage areas of adequate size must be provided.

4. Adequate space must be maintained to accommodate equipment, personnel and procedures necessary for the proper cleaning and sanitizing of dishes and other utensils.

5. Office or other suitable space must be provided for the dietitian and dietetic service supervisor.

6. In providing for the preparation and serving of food, a hospital shall:

(a) Comply with the standards prescribed in 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 hospital 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.

Sec. 13. NAC 449.716 is hereby amended to read as follows:

1. At least three meals or their equivalent must be served daily at regular times with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those residents who desire one.

2. Therapeutic diet menus must be planned by a qualified dietitian or be reviewed and approved by the attending or staff physician.

3. Menus must be planned and followed to meet the nutritional needs of the residents in accordance with the orders of a physician and, to the extent medically possible, in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. Menus must be in writing, planned at least a week in advance, dated, posted and kept on file for 90 days. Any substitutions on a menu must be noted on the written menu so that the menu on file reflects what was actually served.

4. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food in a sanitary manner must be provided.

5. A facility with more than 10 clients 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.

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

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

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

(a) A person who is registered as a dietician with the Commission on Dietetic Registration of the American Dietetic Association; or

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

Sec. 14. NAC 449.74359 is hereby amended to read as follows:

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. 15. NAC 449.74525 is hereby amended to read as follows:

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 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* 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) Store, prepare and serve food under sanitary conditions; and

(f) Dispose of refuse and garbage properly.

Sec. 16. NAC 449.9937 is hereby amended to read as follows:

1. An ambulatory surgical center may operate an extended recovery unit.

2. An extended recovery unit must:

(a) Be located in an area of the center that is separate from the other operations of the center;

(b) Provide audio and visual privacy for each patient in the unit;

(c) Be supervised by at least one physician who is recommended for the position by the members of the medical staff and approved by the governing body;

(d) Have at least one physician on the premises or immediately available by telephone at all times when there is a patient in the unit;

(e) Except as otherwise provided in paragraph (f), have at least one nurse who is trained in advanced cardiac life support on duty for every two patients in the unit;

(f) Have at least two nurses who are trained in advanced cardiac life support on duty at all times when there is a patient in the unit; and

(g) Be equipped with:

(1) A system for making emergency calls;

(2) Oxygen;

(3) A cardiac defibrillator;

(4) A manual breathing bag;

(5) Suction equipment; and

(6) Such other emergency equipment as is needed to provide care to patients in the unit.

3. A patient must be admitted and discharged from an extended recovery unit only upon the order of the physician of record. If a patient is admitted to the unit, the time he remains in the

unit for treatment, when added to the time he remains in any other area of the ambulatory surgical center for treatment, may not exceed 23 hours and 59 minutes.

4. The center shall adopt policies and procedures for the extended recovery unit that include, without limitation:

- (a) Clinical criteria for determining a patient's eligibility for admission into the unit;
- (b) Clinical criteria for determining a patient's eligibility for being discharged from the unit;
- (c) Procedures for providing emergency services; and
- (d) Procedures for transferring a patient in need of other health care services.

5. An ambulatory surgical center shall provide food to meet the needs of patients in an extended recovery unit. A patient on a special diet must be served food that conforms to the patient's prescribed diet. If the food is prepared by the center, the center shall:

- (a) Comply with the applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; and
- (b) Obtain such permits as are necessary from the ~~Bureau of Health Protection Services of~~ *Health Division* to prepare the food.