Memorandum

DATE: July 17, 2025

TO: Jon Pennell, DVM, Chairperson, State Board of Health

FROM: Todd Rich, Administrator, Nevada Health Authority, Division of Purchasing and Compliance

RE: Consideration and adoption of proposed regulations (LCB File No. R089-24) amending Nevada Administrative Code (NAC) Chapter 449 (Medical Facilities and Other Related Entities)

PURPOSE OF THE AMENDMENT

The main purpose of the proposed regulations is to:

1) Conform Nevada Administrative Code (NAC) Chapter 449 to several bills passed in the 2023 legislative session, including Senate Bill (SB) 146, SB 298 and Assembly Bill (AB) 403.
2) Carry out the Governor's Executive Order 2023-003 by removing provisions of regulations that are outdated or impose an unnecessary burden on business; and
3) Protecting public safety by addressing cardiopulmonary resuscitation (CPR) and first aid training standards, addressing inter-facility infection control transfer forms, mental health technician or psychiatric technician educational requirements, and related items.

SUMMARY OF CHANGES TO THE NEVADA ADMINISTRATIVE CODE

R089-24 addresses the following main topics:

- Authorizes a certified nurse midwife to perform a physical exam or obtain a medical history before or after a patient is admitted to a hospital for the purpose of giving birth (SB 146).
- Addresses visitation in a facility for the dependent.
- Removes halfway houses for persons recovering from alcohol or other substance use regulations from NAC chapter 449 in conformance with AB 403.
- Addresses confidentiality of inspection and complaint investigations.
- Addresses the use of volunteers in homes for individuals for residential care.
- Establishes educational and training requirements for mental health technicians and psychiatric technicians and exempt mental health technicians who work in state hospitals as they have established requirements in state statutes/regulations.
- Addresses the use of home health and hospice services in a residential facility for groups.
- Provides criteria for residential facilities for groups to accept or retain a resident with a peripherally inserted central catheter or a peritoneal catheter.

- Require the use of an inter-facility infection control transfer form when transferring a patient from one licensed health care facility to another with a current infection, colonization or history of a positive culture of a multi-drug-resistant organism or other potentially transmissible infectious organism.
- For general licensure requirements, it clarifies that at least one personal reference is needed; instead of providing a copy of the business license requires the business identification number to be provided; and removes the requirement for an applicant, that is a corporation to submit a copy of its bylaws and articles of incorporation.
- Increases the timeframe to submit a change of administrator from 10 to 30 days from the date of the change and assess a late fee if it is not submitted within 30 days instead of 10 days currently in regulations.
- Refers the definition of a psychiatric residential treatment facility back to the statutory definition instead of a regulatory definition.
- Adds employment agency to provide nonmedical services, outpatient facility, recovery center, psychiatric residential treatment facility to NAC 449.0168 (Fees for modification of certain licenses).
- Removes the word “ironed” as it relates to linen from several sections.
- Updates cardiopulmonary resuscitation (CPR) training requirements to include an in-person instruction, combination of in-person and virtual instruction, or virtual instruction only if an interactive, hands-on skills training component is provided in several sections.
- Clarifies regulatory language as to which residents are not admissible into a residential facility for groups and clarifies when waivers are required for admission and when they are not. The proposed regulations also allow a patient of a hospice program to be admitted into a residential facility for groups without prior approval so long as the resident is retained pursuant to subsection 6 of section 44 of the proposed regulations.
- Conforms with Senate Bill 298 of the 2023 Nevada Legislative session as it relates to involuntary discharges.
- Omits provisions in current regulations that were determined to be an extra burden on industry without adding benefit to public safety.
- Expands the scope of services that can be provided by attendants working at an agency providing personal care services in the home.
- Requires skilled nursing facilities to comply with the provisions of 42 CFR 483.10(f) (4) relating to the visitation of patients.
- Propose changes to NAC 449.793 to allow, in addition to physicians, a physician assistant or advanced practice registered nurse to serve on the Committee to provide quarterly reviews of sampled patient records receiving services from an agency to provide nursing in the home.

POSSIBLE OUTCOME IF PROPOSED AMENDMENT IS NOT APPROVED

If the proposed regulations (R089-24) are not approved there would be several consequences including the Board of Health not meeting its obligation to conform NAC Chapter 449 to SB 146, SB 298, and AB 403 of the 2023 legislative session, not removing provisions of regulations that are outdated or impose an

unnecessary burden on business, and not enacting measures to improve the protection of public safety in health care facilities licensed in accordance with NRS and NAC Chapter 449.

PUBLIC COMMENT RECEIVED

A public workshop was held on April 24, 2024.

Twenty-eight (28) individuals participated in the public workshop virtually. One State staff member participated in person and, for a total of twenty-nine (29) participants. Five (5) individuals provided testimony during the public workshop.

Below is a summary of the testimony provided by the five (5) individuals during the public workshop.

Testimony #1

The person providing the testimony noted he appreciates the work on the proposed regulations, but expressed concern related to requiring in-person CPR training instead of allowing a 100% virtual option. The person providing testimony recommended the Division to allow a virtual training option that fits the same requirements that can be met in person.

In addition, although the person providing testimony supported the change that would allow personal care attendants to administer medications, he had a concern related to the 16 hours of training being added. The concern noted that the hours for training are not reimbursed by the Division. He felt that paying for the training would create a huge challenge and burden to personal care agencies. He noted that when you consider all the required training, it results in a huge cost to providers without being reimbursed by the state for this training. He noted all the required training courses are unfunded or unreimbursed; therefore, he would love to see the Division find a way to help reimburse for these training courses, especially around medication administration, as he believes it is of great added value to the state. Examples of the added value to the state include clients being able to remain in the least restrictive environment and reducing costs to the overall health care system.

Testimony #2

The person providing testimony noted she was in opposition to Senate Bill 298 as it relates to involuntary discharges from residential facilities for groups. She explained they were a small nonprofit who specializes in caring for people with complex medical needs and brain injuries who need maximum assistance and that their mission is to provide housing for the disabled population in need. She noted that since the inception of Senate Bill 298, they have gone completely unfunded with four clients. She noted the services they provide are so extensive it costs an average of $400.00 per day per client to provide the services. She provided several examples of clients that were unfunded. She noted there was no avenue to discharge the clients leaving them with the responsibility of bearing the costs.

She also gave an example of a client who was provided with notice because he was violent, and his behaviors were out of control for their setting. She noted no other setting would accept him; therefore, their staff had to care for him, even though their staff are at risk due to his violence.

She noted there are two parts to this bill that were concerning. One is rent and that covers the residence, but the other, more concerning part, is the services that are provided. She testified the services that are provided are quite extensive and very, very expensive because there are no discharge (DC) plans for many of the clients. She noted they are not required per Senate Bill 298 to continue the plan of care indefinitely at a significant cost to them with no updates to the plan of care as needed since the State is the entity responsible for initially writing this plan. Now, not only do they need to provide these expensive and extensive services, but they must hire additional clinical personnel to update the plan accordingly. She questioned whether that was even permissible since Senate Bill 298 states they will continue the same services. She noted this could be detrimental to their clients as their needs do change over time.

She asked the following questions:
Where are these safe discharge sites at the Community level?
And since the state is mandating that services need to be continued, should the burden not be placed on the state if there is no other safe discharge for clients who have lost their Medicaid yet still require the services? Or is this burden going to continue to be placed on these providers, which I believe will place us all at great risk.

Testimony #3

The person providing testimony noted they have three hospitals in the state of Nevada, and she wanted to voice her support for the increased time frame from 10 to 30 days related to the change of administrator application.

Testimony #4

The person had questions related to current regulations and did not have questions specific to the proposed regulations.

Testimony #5

The person testified she had safety concerns related to the proposed regulations including concerns with the trimming of fingernails and toenails. She noted it was recommended that people with diabetes have their toenails cut by a podiatrist and that they don't do it themselves. She noted the regulations could result in untrained people cutting people's toenails. She felt that there was a danger with no training including a diabetic losing a foot. The other concern was related to the range of motion exercises. She noted these are provided by a medical professional, such as a physical therapist.

She noted there is no kind of training mentioned for range of motion exercises or trimming nails, and she felt this would be putting clients in danger and she is opposed to those.

She made a comment related to the medication training requirements, and noted she believed we were talking about the Med tech training.

CONSIDERATION OF FEEDBACK RECEIVED FROM PUBLIC WORKSHOP

After consideration of feedback received from the public workshop the following changes were made to the proposed regulations:

A virtual only cardiopulmonary resuscitation or first aid training option was added that provided interactive training, hands-on skills training or skills verification that is not prerecorded and is presented in real time by an instructor who is a natural person.

There is clarification that an attendant shall not trim or cut the toenails of a client if the client's physician or other provider of health care has indicated that the client's toenails must be trimmed only be a person who is a licensed podiatrist or nail technologist. It also notes, if the client has been diagnosed with diabetes, the attendant shall consult with the client's physician or other provider of health care before trimming or cutting the toenails of a client. It also clarifies that an attendant may assist a client with physical exercises, including, without limitation, strength training exercises and other exercises designed to help with balance, flexibility, endurance and range of motion. It notes that an attendant shall not assist a client with any exercises in which the physician or other provider of health care of the client has determined that the client shall not participate in.

The recommendation for the Division to pay the training costs for all attendants that work for Nevada's 373 agencies to provide personal care services in the home is not feasible. Although the proposed regulations do require medication training to be provided if attendants give clients medications, an agency may choose not to provide medication administration services if they do not want to incur the costs related to medication administration training. The proposed regulations do not require an agency to provide medication administration services.

The proposed regulations carry out the provisions of SB 298 of the 2023 legislative session (NRS 449A.114, 449A.282) as it relates to following certain procedures before and during the transfer or involuntarily discharge of a resident. The proposed regulations also eliminate duplicative provisions in existing regulations related to the discharge of a resident. The proposed regulations do not add additional requirements beyond what is required by NRS 449A.114 and NRS 449A.282 as it relates to involuntary discharges of a resident; therefore, changes to reduce the impact of the passage of SB 298 of the 2023 legislative session would need to be carried out through the legislative process and not the regulatory process.

The proposed regulations do not specifically outline the training requirements as they relate to trimming and cutting toenails or training specific to assisting a client with physical exercises, as NAC 449.3977 would require attendants to be trained to provide these services if such services were provided to clients.

NAC 449.3977 requires each attendant of an agency to participate in and complete a training program before independently providing personal care services to the clients of the agency. The training program must include an opportunity for the attendant to receive on-the-job instruction provided to clients of the agency, as long as the administrator of the agency or the administrator's designee provides supervision during this instruction to determine whether the attendant is able to provide personal care services successfully and independently to the client.

Note (modifications to regulations not directly related to public workshop comments):

The requirement for facilities and programs of hospice to obtain a surety bond was removed from the proposed regulations; therefore, any additional costs related to obtaining a surety bond was removed.

The proposed regulations were modified, based on feedback received from industry, to reflect that an individual licensed by the Board of Examiners for Long-Term Care Administrators pursuant to NRS 654 or an individual with a high school diploma or its equivalent meets the educational requirement be the administrator of a personal care agency. This does not require an individual to be licensed by the Board of Examiners for Long-Term Care Administrators but instead provides another avenue to meet this requirement.

STAFF RECOMMENDATION

Staff recommend that the State Board of Health adopt the proposed regulation amendments noted in LCB File No. R089-24.

PRESENTERS

Leticia Metherell, RN, CPM, Health Program Manager III, Nevada Health Authority, Division of Purchasing and Compliance

Notice of Hearing for the Amendment of Regulations of the Board of Health

NOTICE OF INTENT TO ACT UPON A REGULATION

LCB File No. R089-24

Nevada Administrative Code (NAC) Chapter 449

NOTICE IS HEREBY GIVEN that the State Board of Health will hold a public hearing to consider amendments to Nevada Administrative Code (NAC) as the result of the passage of Senate Bill 146, Senate Bill 298 and Assembly Bill 403 of the 2023 legislative session. In addition, the proposed regulations carry out the Governor's executive order 2023-003 by removing provisions of regulations that are outdated or impose an unnecessary burden on business and include provisions that protect public safety. This public hearing is to be held in conjunction with the State Board of Health meeting on December 5, 2025.

The State Board of Health will be conducted via video conference beginning at 9:00 am on December 5, 2025, at the following locations:

Physical Locations

Division of Public and Behavioral Health
Hearing Room 303
4150 Technology Way
Carson City, NV 89706

Southern Nevada Health District
Red Rock Trail Rooms A & B
208 S. Decatur Blvd.
Las Vegas, NV
89107

Virtual Information

Meeting Link

Microsoft Teams

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDk3MjdmNDctZjk4Ny00YTE4LWIxMTUtYWZkN2Q3M2ZlZmVi%40thread.v2/0?cont ext=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

Please Note: If you are experiencing technical difficulties connecting online, please call into the meeting to participate by phone.

Join By Phone
(775) 321-6111
Phone Conference ID: 339 190 976#

LCB File No. R089-24 addresses the following main topics:

- Authorizes a certified nurse midwife to perform a physical exam or obtain a medical history before or after a patient is admitted to a hospital for the purpose of giving birth (Senate Bill 146).
- Address visitation in a facility for the dependent.
- Removes halfway houses for persons recovering from alcohol or other substance use regulations from NAC 449 in conformance with Assembly Bill 403.
- Addresses confidentiality of inspection and complaint investigations.
- Addresses use of volunteers in homes for individuals for residential care.
- Establishes educational and training requirements for mental health technicians and psychiatric technicians and exempts mental health technicians who work in state hospitals unless they have established requirements in state statutes/regulations.
- Addresses the use of home health and hospice services in a residential facility for groups.
- Provides criteria for residential facilities for groups to accept or retain a resident with a peripherally inserted central catheter or a peritoneal catheter.
- Requires the use of an inter-facility infection control transfer form when transferring a patient from one licensed health care facility to another with a current infection, colonization or history of a positive culture of a multi-drug-resistant organism or other potentially transmissible infectious organism.
- For general licensure requirements, it clarifies that at least one personal reference is needed; instead of providing a copy of the business license that required the business identification number to be provided; and removes the requirement for an applicant, that is a corporation to submit a copy of its bylaws and articles of incorporation.
- Increases the timeframe to submit a change of administrator from 10 to 30 days from the date of the change and assess a late fee if it is not submitted within 30 days instead of 10 days currently in regulations.
- Refers the definition of a psychiatric residential treatment facility back to the statutory definition instead of a regulatory definition.

- Adds employment agency to provide nonmedical services, outpatient facility, recovery center, psychiatric residential treatment facility to NAC 449.0168 (Fees for modification of certain licenses).
- Removes the word "ironed" as it relates to linen from several sections.
- Updates cardiopulmonary resuscitation (CPR) training requirements to include in-person instruction, combination of in-person and virtual instruction, or virtual instruction only, if an interactive, hands-on skills training component is provided.
- Clarifies regulatory language as to which residents are not admissible into a residential facility for groups and clarifies when waivers are required for admission and when they are not. The proposed regulations also allow a patient of a hospice program to be admitted into a residential facility for groups without prior approval so long as the resident is retained pursuant to subsection 6 of section 44 of the proposed regulations.
- Conforms with Senate Bill 298 of the 2023 Nevada Legislative session as it relates to involuntary discharges.
- Omits provisions in current regulations that were determined to be an extra burden on industry without adding benefit to public safety.
- Expands the scope of services that can be provided by attendants working at an agency providing personal care services in the home.
- Requires skilled nursing facilities to comply with the provisions of 42 CFR 483.10(f) (4) relating to the visitation of patients.
- Propose changes to NAC 449.793 to allow, in addition to physicians, a physician assistant or advanced practice registered nurse to serve on the Committee to provide quarterly reviews of sampled patient records receiving services from an agency to provide nursing in the home.

1. **Anticipated effects on the business regulated by the proposed regulations:**

Adverse effects:

The cost for an employment agency to provide nonmedical services, an outpatient facility, a recovery center, or a psychiatric residential treatment facility to modify its license. The cost to modify the license is $250; the estimated financial impact on a small business depends on how many times a facility modifies its license and if it never modifies its license the cost would be $0.

Review of comments received from the small business impact questionnaire revealed that taking 15 minutes to complete the inter-facility infection control transfer form would result in a negative financial impact. The proposed regulations clarify that the inter-facility infection control transfer form does not need to be completed on every patient, but only if the facility is aware of or suspects a patient currently has an infection, colonization or a history of a positive culture of a multidrug-resistant organism or other potentially transmissible infectious organism. According to the CDC's Health Topics – Healthcare-associated infections (HAI) webpage (https://www.cdc.gov/policy/polaris/healthtopics/hai/index.html): *"HAIs in U.S. hospitals have direct medical costs of at least $28.4 billion each year. They also account for an additional $12.4 billion in costs to society from early deaths and lost productivity."*

There have been reports of patients being transferred to a receiving facility without notification or notification in a manner that brings attention to the patient's infectious disease status before the patient is integrated into the facility, indicating that the patient has an infectious disease or is colonized with an organism such as candida auris. The purpose of the form is to foster communication during this critical

transition to help ensure the receiving facility is aware of the patient's infectious disease status so it can implement any necessary measures to keep its population safe. Therefore, although there may be some additional staff time involved to complete the form, it is anticipated that the potential for the prevention of the spread of an infectious disease using the form may have a positive financial impact.

There was a comment related to the negative financial impact because of the passage of Senate Bill 298 of the 82nd legislative session (2023). The proposed regulations bring current regulations in line with Senate Bill 298 and do not provide any additional requirements beyond what is required in the bill; therefore, any negative impact on business, if any, is a direct result of the passage of Senate Bill 298 and not of the proposed regulations being moved forward.

There was also concern expressed that allowing diabetic injection administration in a group home setting would increase liability insurance for business. The section that amended NAC 449.2276 related to the care of people who have diabetes was removed from the proposed regulations; therefore, there is no new financial impact to the LCB Draft of Revised Proposed Regulation R089-24 related to this issue.

Beneficial effects: There may be direct and/or indirect beneficial effects including:

- Clarifying that residents with peripherally inserted central catheters or peritoneal catheters may be admitted or retained in a residential facility if certain conditions are met. This may have a positive financial impact if it avoids the discharge of a resident and maintains the associated revenue.
- The use of the inter-facility infection control transfer form may result in a positive impact on revenue. If a facility is aware that a new admission has an infectious organism it can put measures in place to help prevent the spread of such organism and save money on resources such as an increased use of personal protective equipment that may be associated with the spread of an infectious organism in a facility.
- Removing the need to include certain documents to obtain a license results in the ability for the Division to process and approve an application in a more efficient manner, which may result in the ability for a business to open and start collecting revenue more quickly.
- Increasing the timeframe from which a licensee shall notify the Division of a change in administrator of the facility and pay any associated late fee from 10 to 30 days will provide a more realistic timeframe for facilities to provide such notification; therefore, potentially avoiding the late fee.
- Removing requirements related to ironing, posting telephone numbers in a telephone directory, providing flexibility to use a cellphone, and reducing the burden related to written waivers that must be submitted to the Division, pursuant to NAC 449.2736, may all have a positive financial impact on a business.
- Expanding the scope of services that may be provided by a personal care agency through its attendants may result in less clients leaving personal care agencies or allow an agency to attract a greater number of clients; therefore, potentially preventing the loss of revenue or increasing revenue.
- Allowing physician assistants or advanced practice registered nurses, in addition to physicians, to be appointed to the Committee pursuant to NAC 449.793, may result in salary savings. In addition, removing the requirement that a branch office of home agency be small to establish one

Committee, instead of more than one Committee, may result in cost saving through increased efficiencies and a saving on salaries to maintain more than one Committee.

Immediate effects: The financial impacts, both adverse and beneficial, would be immediate upon passage of the proposed regulations. For example, an outpatient facility that modified their license pursuant to Section 21 of the proposed regulations would be immediately subject to the $250 license modification fee.

Long-term effects: The long-term impacts, both adverse and beneficial, would continue for the long term until such time the proposed regulations are amended in a manner that would change the impact.

2. **Anticipated effects on the public:**

A. *Adverse effects*: There are no anticipated adverse effects to the public.

B. *Beneficial effects:* Beneficial effects on the public include:

1) Anticipated improved initial health facility application processing times.
2) Improved public safety in health care facilities licensed pursuant to NRS and NAC Chapter 449.
3) Increased number of services that a personal care agency may provide may allow individuals to remain in their homes longer, make it easier for them to obtain necessary care and assistance, and improve their quality of lives.
4) Helps ensure visitation rights for residents of a facility for the dependent.

C. *Immediate effects*: The beneficial impacts may not be realized immediately in all cases, for example, it may take time for personal care agencies to increase the number of services they provide, but others, such as improved initial application licensure processing times, could be implemented immediately.

D. *Long-term effects:* The beneficial impacts would remain long-term as licensed health care facilities carry out the provisions of the proposed regulations that improve public safety and help improve the quality of the lives of patients. It is also anticipated that increased efficiencies in initial licensure application processing times will continue for the long term.

3. On April 24, 2024, the Division of Purchasing and Compliance determined the impact on small business by conducting a public workshop, and distributing a small business impact questionnaire and proposed regulations to NRS and NAC Chapter 449 licensed health facilities that were licensed at the time of the notice's distribution, to members of the public who have chosen to subscribe to the Division's health facility specific ListServ, and to representatives of the Nevada Health Care Association, Nevada Hospital Association, and Nevada Rural Hospital Partners. The proposed regulations were also posted on the Division of Public and Behavioral website. During the public workshop held, there were approximately twenty-eight (28) individuals who attended. One State staff member participated in person for a total of twenty-nine (29) participants. Five (5) individuals provided testimony during the public workshop.

Below is a summary of the testimony provided by the five (5) individuals during the public workshop.

Testimony #1

The person providing the testimony noted he appreciates the work on the proposed regulations, but expressed concern related to requiring in-person CPR training instead of allowing a 100% virtual option. The person providing testimony recommended the Division to allow a virtual training option that fits the same requirements that can be met in person.

In addition, although the person providing testimony supported the change that would allow personal care attendants to administer medications, he had a concern related to the 16 hours of training being added. The concern noted that the hours for training are not reimbursed by the Division. He felt that paying for the training would create a huge challenge and burden to personal care agencies. He noted that when you consider all the required training, it results in a huge cost to providers without being reimbursed by the state for this training. He noted all the training courses required are unfunded or unreimbursed; therefore, he would love to see the Division find a way to help reimburse these training courses, especially around medication administration, as he believes it is of great value to the State. Examples of the added value to the State included that clients be able to remain in the least restrictive environment and reducing costs to the overall health care system.

Testimony #2

The person providing testimony noted she was in opposition to Senate Bill 298 as it relates to involuntary discharges from residential facilities for groups. She explained they were a small nonprofit who specializes in caring for people with complex medical needs and brain injuries who need maximum assistance and that their mission is to provide housing for the disabled population in need. She noted that since the inception of Senate Bill 298, they have gone completely unfunded with four clients. She noted the services they provide are so extensive it costs an average of $400.00 per day per client to provide the services. She provided several examples of clients that were unfunded. She noted there was no avenue to discharge the clients leaving them with the responsibility of bearing the costs.

She also gave an example of a client who was provided with notice because he was violent, and his behaviors were out of control for their setting. She noted no other setting would accept him; therefore, their staff had to care for him, even though their staff were at risk due to his violence.

She noted there are two parts to this bill that were concerning. One is rent and that covers the residence, but the other, more concerning part, is the services that are provided. She testified the services that are provided are quite extensive and very expensive because there are no discharge plans for many of the clients. She noted they are not required per Senate Bill 298 to continue the plan of care indefinitely at a significant cost to them with no updates to the plan of care as needed since the State is the entity

responsible for initially writing this plan. Now, not only do they need to provide these expensive and extensive services, but they must hire additional clinical personnel to update the plan accordingly. She questioned whether that was even permissible since Senate Bill 298 states they will continue the same services. She noted this could be detrimental to their clients as their needs do change over time.

She asked the following questions:
Where are these safe discharge sites at the Community level?
And since the state is mandating that services need to be continued, should the burden not be placed on the state if there is no other safe discharge for clients who have lost their Medicaid yet still require the services? Or is this burden going to continue to be placed on these providers, which I believe will place us all at great risk.

Testimony #3

The person providing testimony noted they have three hospitals in the State of Nevada, and she wanted to voice her support for the increased time frame from 10 to 30 days related to the change of administrator application.

Testimony #4

The person had questions related to current regulations and did not have questions specific to the proposed regulations.

Testimony #5

The person testified she had safety concerns related to the proposed regulations including concerns with the trimming of fingernails and toenails. She noted it was recommended that people with diabetes have their toenails cut by a podiatrist and that they don't do it themselves. She noted the regulations could result in untrained people cutting people's toenails. She felt that there was a danger with no training including a diabetic losing a foot. The other concern was related to the range of motion exercises. She noted these are provided by a medical professional, such as a physical therapist.

She noted there is no kind of training mentioned for range of motion exercises or trimming nails, and she felt this would be putting clients in danger and she is opposed to those.

She made a comment related to the medication training requirements, and noted she believed we were talking about the Med tech training.

3. Costs Associated with the Change

The estimated cost for the Division to enforce the proposed regulations would be $0 to $17,000 per year depending on the number of requests received to modify a license pursuant to NAC 449.0168 (Section 21), if any. The fee noted below would be used to pay for the cost of enforcement of the proposed regulations.

There currently is an existing fee pursuant to NAC 449.0168 (Section 21) that allows the Division to assess a fee of $250 to modify the license of a medical facility, facility for the dependent, program of hospice care or a referral agency. As new facility types are added by new statutes or in accordance with statutory authority, they may not be included in the definition of a medical facility or facility for the dependent or added to NAC 449.0168, then the Division is not authorized to collect the $250 fee to modify a license.
The proposed regulations add an employment agency to provide nonmedical services as defined in NAC 449.0033, an outpatient facility defined pursuant to NAC 449.999417, a recovery center defined pursuant to NAC 449.99702, and a psychiatric residential treatment facility as defined in NRS 449.1195, to NAC 449.0168 to be able to collect such a fee.

The total annual amount DPBH expects to collect is unknown because there is no way to determine if any of the above-mentioned facilities will apply for modification of its license or the number of times it may modify its license in a given year. If none of the facilities modify its license, the amount collected in a year would be $0. If every currently licensed facility added to NAC 449.0168 modified its license pursuant to NAC 449.0168 the total amount collected in a year would be approximately $17,000.

The money would be used to cover the Division's operating costs related to the work associated with the modification of a license including applicable application processing and inspection costs.

4. Comparison of State Proposed Regulation to the Federal Regulations

The proposed regulations are not more stringent than the federal regulations for skilled nursing facilities. The proposed regulations require a skilled nursing facility to follow federal CMS visitation guidelines which eliminate any conflicts between state and federal visitation regulatory guidelines.

Certification by the Centers for Medicare and Medicaid Services (CMS) is voluntary but state licensure is mandatory for skilled nursing facilities. As such, both federal and state regulations are needed, as there is a possibility that a facility chooses to be state licensed only, in which case the CMS federal regulations would not apply, but the state regulations would apply.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to the Board's Secretary, Dena Schmidt, to be received no later than November 19, 2025, at the following address:

Secretary, State Board of Health
Division of Public and Behavioral
Health 4150 Technology Way, Suite
300 Carson City, NV 89706
stateBOH@health.nv.gov

Written comments, testimony, or documentary evidence in excess of two typed pages will not be accepted at the time of the hearing. The purpose of this requirement is to allow Board members adequate time to review the documents.

A copy of the notice and proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

- Nevada Division of Public and Behavioral Health - 4150 Technology Way, Suite #300, Carson City, NV 89706
- Nevada Health Authority/Health Care Purchasing and Compliance Division - 727 Fairview Dr, Suite E, Carson City, NV 89706
- Nevada Health Authority/ Health Care Purchasing and Compliance Division – 500 E Warm Springs Dr. Ste. 200, Las Vegas, NV 89119
- Nevada State Library and Archives - 100 Stewart Street, Carson City, NV, 89701
- Nevada Health Authority - 4070 Silver Sage Carson City, NV 89701
- Southern Nevada Health District - Red Rock Trail Rooms A & B - 208 S. Decatur Blvd. Las Vegas, NV 89107

A copy of the regulations and small business impact statement can be found on-line by going to: https://nvha.nv.gov/Consumers/HCPC_Public_Notices/

A copy of the public hearing notice can also be found at Nevada Legislature's web page: https://www.leg.state.nv.us/App/Notice/A/

Copies may be obtained in person, by mail, or by calling the Health Care Purchasing and Compliance Division at:

Health Care Purchasing and Compliance
Division 727 Fairview Drive, Suite E
Carson City, NV 89701
(775) 684-1030
(775) 484-4009
lmetherell@nvha.nv.gov

Per NRS 233B.064(2), upon adoption of any regulation, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

SMALL BUSINESS IMPACT STATEMENT
PROPOSED AMENDMENTS TO NEVADA ADMINISTRATIVE CODE (NAC) 449

The Nevada Health Authority (NVHA), Division of Purchasing and Compliance, has determined the proposed amendments may have a minimal adverse financial impact on existing business and may have a beneficial impact on existing business. It is anticipated the proposed regulations will not limit the formation of small businesses. The proposed regulations may have some direct negative financial impact on small businesses, but they also reduce the regulatory burden on the industry by removing provisions of current regulations that are not necessary to effectively license and regulate these programs.

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 is made pursuant to NRS 233B.0608 (3) and complies with the requirements of NRS 233B.0609. As required by NRS 233B.0608(3), this statement identifies the methods used by the agency in determining the impact of the proposed regulation on a small business in sections 1, 2, 3, and 4 below and provides the reasons for the conclusions of the agency in section 8 below followed by the certification by the person responsible for the agency.

Background

A. The three main reasons these proposed regulations are being moved forward are:
   1) To bring current regulations into conformance with SB 146, SB 298 and AB 403 of the 2023 Legislative Session.
   2) To carry out the Governor's Executive Order 2023-003 by removing provisions of regulations that are outdated or impose an unnecessary burden on business and streamline and improve upon current regulations.
   3) To protect public safety.

B. The major topics addressed by the proposed regulations include:
   - Authorizes a certified nurse midwife to perform a physical exam or obtain a medical history before or after a patient is admitted to a hospital for the purpose of giving birth (SB 146).
   - Addresses visitation in a facility for the dependent.
   - Removes halfway houses for persons recovering from alcohol or other substance use regulations from NAC chapter 449 in conformance with AB 403.
   - Addresses confidentiality of inspection and complaint investigations.
   - Addresses use of volunteers in homes for individuals for residential care.
   - Establishes educational and training requirements for mental health technicians and psychiatric technicians and exempt mental health technicians

who work in state hospitals as they have established requirements in state statutes/regulations.

- Addresses the use of home health and hospice services in a residential facility for groups.
- Provides criteria for residential facilities for groups to accept or retain a resident with a peripherally inserted central catheter or a peritoneal catheter.
- Requires the use of an inter-facility infection control transfer form when transferring a patient from one licensed health care facility to another with a current infection, colonization or history of a positive culture of a multi-drug-resistant organism or other potentially transmissible infectious organism.
- For general licensure requirements, it clarifies at least one personal reference is needed; instead of providing a copy of the business license requires the business identification number to be provided; and removes the requirement for an applicant, that is a corporation to submit a copy of its bylaws and articles of incorporation.
- Increases the timeframe to submit a change of administrator from 10 to 30 days from the date of the change and assess a late fee if it is not submitted within 30 days instead of 10 days currently in regulations.
- Refers the definition of a psychiatric residential treatment facility back to the statutory definition instead of a regulatory definition.
- Adds employment agency to provide nonmedical services, outpatient facility, recovery center, psychiatric residential treatment facility to NAC 449.0168 (Fees for modification of certain licenses).
- Removes the word “ironed” as it relates to linen from several sections.
- Updates cardiopulmonary resuscitation (CPR) training requirements to include an in-person instruction, combination of in-person and virtual instruction, or virtual instruction only if an interactive, hands-on skills training component is provided in several sections.
- Clarifies regulatory language as to which residents are not admissible into a residential facility for groups and clarifies when waivers are required for admission and when they are not. The proposed regulations also allow a patient of a hospice program to be admitted into a residential facility for groups without prior approval so long as the resident is retained pursuant to subsection 6 of section 44 of the proposed regulations.
- Conforms with Senate Bill 298 of the 2023 Nevada Legislative session as it relates to involuntary discharges.
- Omits provisions in current regulations that were determined to be an extra burden on industry without adding benefit to public safety.
- Expands the scope of services that can be provided by attendants working at an agency providing personal care services in the home.
- Requires skilled nursing facilities to comply with the provisions of 42 CFR 483.10(f) (4) relating to the visitation of patients.

- Propose changes to NAC 449.793 to allow, in addition to physicians, a physician assistant or advanced practice registered nurse to serve on the Committee to provide quarterly reviews of sampled patient records receiving services from an agency to provide nursing in the home.

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

Pursuant to NRS 233B.0608 (2)(a), the Division of Purchasing and Compliance (formerly Division of Public and Behavioral Health (DPBH)) requested input from small businesses that may be affected by the proposed regulations.

Notice was sent to all NRS and NAC Chapter 449 licensed health facilities that were licensed at the time of the notice distribution, to members of the public who have chosen to subscribe to the Division's health facility specific ListServs and to representatives of the Nevada Health Care Association, Nevada Hospital Association, and Nevada Rural Hospital Partners. An email notice with a link to the small business impact questionnaire and proposed regulations was sent to those with an email address on file with DPBH/NVHA, members of the public subscribed to the Division's health facility specific ListServs and the three entities previously noted on February 8, 2024. The proposed regulations were also posted on DPBH's website.

The questions on the questionnaire were:

1) How many employees are currently employed by your business?
2) Will a specific regulation have an adverse economic effect upon your business?
3) Will the regulation(s) have any beneficial effect upon your business?
4) Do you anticipate any indirect adverse effects upon your business?
5) Do you anticipate any indirect beneficial effects upon your business

Summary of Responses

Summary of Comments Received (5 responses were received out of a minimum of 2,637 small business impact questionnaires distributed)			
Will a specific regulation have an adverse economic effect upon your business?	**Will the regulation (s) have any beneficial effect upon your business?**	**Do you anticipate any indirect adverse effects upon your business?**	**Do you anticipate any indirect beneficial effects upon your business?**
Yes- 3 No - 1	Yes – 2 No - 2	Yes – 2 No – 2	Yes – 0 No – 3 1 left answered.

Comments: Are we allowing diabetic injection administration in group home setting? The regulation seems confusing on this regard. This will definitely increase liability insurance for the business. Depending on how the Cultural Competency Training requirements shake out there could be a significant adverse impact. Sec.13. Inter-facility infection control transfer form Facility staff will need to spend 15 minutes completing additional forms that contain information which can be very easily communicated verbally in seconds. This wasted time will decrease staff productivity and take staff time away from direct resident care. The larger negative impact will be on the elderly and disabled that we serve, as facilities will be forced to again increase their fees and price more individuals out of their facilities, limiting access to care for the elderly and disabled who need it most. The anticipated cost will range from $10,000 to $30,000 annually in staff time, opportunity cost, risk of injury to residents while staff is not able to be attentive to residents because they are drowning in paperwork, facility liability from increased resident risk. SB 298 of the 2023 legislative session, Sec 10.2. Allowing residents up to 45 days to pay their monthly fees	Comments: No need for landline with the business name, one less cost for the operator. I understand that non-medical may be allowed to administer medications under certain scenarios, if so this would be a positive development	Comments: Increasing acuity in the care of elderly residents, but the reimbursement remained unchanged.	Comments: Fewer potential clients who can afford my facility.

Residential Facilities for Groups will be significantly more negatively affected by this, as they have lower fees and fewer beds. These facilities simply cannot afford to keep their doors open if they have to go 1.5 months without revenue. Like all regulations, the macro impact will be negative for the elderly and disabled that we serve, as facilities will be forced to again increase their fees and price more individuals out of their facilities, limiting access to care for the elderly and disabled who need it most. The anticipated annual cost will be $96,000 (the monthly operating costs over 12 months).			

One of the responses was received via email and noted:
"Would be nice if licensed rfa is applying for new license for pca to consider rfa in lieu of high school diploma…. just saying."

Any other person interested in obtaining a copy of the summary may e-mail, call, or mail a request to Leticia Metherell, RN, CPM, HPM III at the Division of Purchasing and Compliance at:

Division of Purchasing and
Compliance Bureau of Health Care Quality
and Compliance
727 Fairview Drive, Suite
E Carson City, NV 89701
Leticia Metherell
Phone: 775-684-1045
Email: lmetherell@nvha.nv.gov

2) Describe the manner in which the analysis was conducted.

An analysis of industry input collected was conducted by a health program manager. The analysis involved analyzing feedback obtained from the small business impact questionnaire, review of the proposed regulations, review of statutes, and review of literature to help determine the economic impact to small business. Please see number 4 for the methods the agency considered to reduce the impact of the proposed regulations on small businesses. This information was then used to complete this small business impact

statement including the conclusion on the impact of the proposed regulation on a small business found in number 8.

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

Direct Beneficial Effects: There may be direct beneficial effects, for example, if a facility currently has a landline telephone and a cellphone, and due to the passage of the proposed regulations decides to only keep a cellphone, it will save on the costs of a landline telephone.

Indirect Beneficial Effects: Indirect beneficial effects (some of which may produce direct beneficial effects) include:

- Clarifying that residents with peripherally inserted central catheters or peritoneal catheters may be admitted or retained in a residential facility if certain conditions are met. This may have a positive financial impact if it avoids the discharge of a resident and maintains the associated revenue.
- The use of the inter-facility infection control transfer form may result in a positive impact on revenue. If a facility is aware that a new admission has an infectious organism, it can put measures in place to help prevent the spread of such organism and save money on resources such as an increased use of personal protective equipment that may be associated with the spread of an infectious organism in a facility.
- Removing the need to include certain documents to obtain a license results in the ability for the Division to process and approve an application in a more efficient manner, which may result in the ability for a business to open and start collecting revenue more quickly.
- Increasing the timeframe from which a licensee shall notify the Division of a change in administrator of the facility and pay any associated late fee from 10 to 30 days will provide a more realistic timeframe for facilities to provide such notification; therefore, potentially avoiding the late fee.
- Removing requirements related to ironing, posting telephone numbers in a telephone directory, providing flexibility to use a cellphone, and reducing the burden related to written waivers that must be submitted to the Division, pursuant to NAC 449.2736, may all have a positive financial impact on a business.
- Expanding the scope of services that may be provided by a personal care agency through its attendants may result in less clients leaving personal care agencies or allow an agency to attract a greater number of clients; therefore, potentially preventing the loss of revenue or increasing revenue.
- Allowing physician assistants or advanced practice registered nurses, in addition to physicians, to be appointed to the Committee pursuant to NAC 449.793, may result in salary savings. In addition, removing the requirement that a branch office of home agency be small to establish one Committee, instead of more than one

Committee, may result in cost saving through increased efficiencies and a saving on salaries to maintain more than one Committee.

Direct Adverse Effects: Direct adverse effects include the cost for an employment agency to provide nonmedical services, an outpatient facility, a recovery center, or a psychiatric residential treatment facility to modify its license. The cost to modify the license is $250; the estimated financial impact depends on how many times a facility modifies its license and if it never modifies its license the cost would be $0.

Indirect Adverse Effects: Review of comments received from the small business impact questionnaire revealed that taking 15 minutes to complete the inter-facility infection control transfer form would result in a negative financial impact (see comments in summary of responses table). The proposed regulations clarify that the inter-facility infection control transfer form does not need to be completed on every patient, but only if the facility is aware of or suspects a patient currently has an infection, colonization or a history of a positive culture of a multidrug-resistant organism or other potentially transmissible infectious organism. According to the CDC's Health Topics – Healthcare-associated infections (HAI) webpage (https://www.cdc.gov/policy/polaris/healthtopics/hai/index.html):
"HAIs in U.S. hospitals have direct medical costs of at least $28.4 billion each year. They also account for an additional $12.4 billion in costs to society from early deaths and lost productivity."

There have been reports of patients being transferred to a receiving facility without notification or notification in a manner that brings attention to the patient's infectious disease status before the patient is integrated into the facility, indicating that the patient has an infectious disease or is colonized with an organism such as candida auris. The purpose of the form is to foster communication during this critical transition to help ensure the receiving facility is aware of the patient's infectious disease status so it can implement any necessary measures to keep its population safe. Therefore, although there may be some additional staff time involved to complete the form, it is anticipated that the potential for the prevention of the spread of an infectious disease using the form may have a positive financial impact.

The impact of the cultural competency regulations is not addressed here as those were addressed as part of the LCB File No. R004-24 regulatory process.

There was a comment related to the negative financial impact because of the passage of SB 298 of the 82nd legislative session (2023). The proposed regulations bring current regulations in line with SB 298 and do not provide any additional requirements beyond what is required in the bill; therefore, any negative impact on business, if any, is a direct result of the passage of SB 298 and not of the proposed regulations being moved forward.

There was also concern expressed that allowing diabetic injection administration in a group home setting would increase liability insurance for business. The section that amended NAC 449.2276 related to the care of people who have diabetes was removed from the proposed regulations; therefore, there is no new financial impact to the LCB Draft of Revised Proposed Regulation R089-24 related to this issue.

4) Provide a description of the methods that 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 Division of Purchasing and Compliance has identified and used methods to reduce the impact of the proposed regulations on small businesses including making modifications to the proposed regulations based on industry feedback, implementing SB 298 of the 82nd legislative session (2023) without adding any additional regulatory requirements beyond what is required by the bill, eliminating provisions of regulations that increase regulatory burden, and modifying current regulations to reduce the regulatory burden on licensed health care facilities. The proposed regulations were modified, based on feedback received from industry, to reflect that an individual licensed by the Board of Examiners for Long-Term Care Administrators pursuant to chapter 654 of NRS or an individual with a high school diploma or its equivalent meets the educational requirement be the administrator of a personal care agency. This does not require an individual to be licensed by the Board of Examiners for Long-Term Care Administrators to become an administrator of a personal care agency but instead provides another avenue to meet this requirement.

Certain sections, as noted below, were heard before the Board of Health on April 28, 2023. Text of Repealed Sections: NAC 449.079
Section 23: NAC 449.126
Section 27: NAC 449.15357
Section 28: NAC 449.154991 (2)
Section 34: NAC 449.232 (3)
Section 50: NAC 449.39516 (2) (b)
Section 73: NAC 449.74357 (removed “ironed” from (4)
Section 74: NAC 449.74417 (2) (a)

There was no testimony in support or against the above sections heard at the Board of Health on April 28, 2023. There was testimony provided related to cultural competency proposed regulations. Cultural competency proposed regulations are addressed in LCB File No. R004-24.

A public workshop was held on April 24, 2024.

Twenty-eight (28) individuals, including State staff, participated in the public workshop virtually. One State staff member participated in person and, for a total of twenty-nine (29) participants. Five (5) individuals provided testimony during the

public workshop. Below is a summary of the testimony provided by the five (5) individuals during the public workshop.

Testimony #1

The person providing the testimony noted he appreciates the work on the proposed regulations, but expressed concern related to requiring in-person CPR training instead of allowing a 100% virtual option. The person providing testimony recommended the Division allow a virtual training option that fits the same requirements that can be met in person.

In addition, although the person providing testimony supported the change that would allow personal care attendants to administer medications, he had a concern related to the 16 hours of training being added. The concern noted that the hours for training are not reimbursed by the Division. He felt that paying for the training would create a huge challenge and burden to personal care agencies. He noted that when you consider all the required training, it results in a huge cost to providers without being reimbursed by the state for this training. He noted all the training courses required are unfunded or unreimbursed; therefore, he would love to see the Division find a way to help reimburse these training courses, especially around medication administration, as he believes it is of great added value to the state. Examples of the added value to the state include clients being able to remain in the least restrictive environment and reducing costs to the overall health care system.

Testimony #2

The person providing testimony noted she was in opposition to Senate Bill 298 as it relates to involuntary discharges from residential facilities for groups. She explained they were a small nonprofit who specializes in caring for people with complex medical needs and brain injuries who need maximum assistance and that their mission is to provide housing for the disabled population in need. She noted that since the inception of Senate Bill 298, they have gone completely unfunded with four clients. She noted the services they provide are so extensive it costs an average of $400.00 per day per client to provide the services. She provided several examples of clients that were unfunded. She noted there was no avenue to discharge the clients leaving them with the responsibility of bearing the costs.

She also gave an example of a client who was provided with notice because he was violent, and his behaviors were out of control for their setting. She noted no other setting would accept him; therefore, their staff had to care for him, even though their staff were at risk due to his violence.

She noted there are two parts to this bill that were concerning. One is rent and that covers the residence, but the other, more concerning part, is the services that are provided. She testified the services that are provided are quite extensive and very, very expensive because there are no discharge (DC) plans for many of the clients. She noted they are not required per Senate Bill 298 to continue the plan of care indefinitely at a significant cost to them with no updates to the plan as needed since the state is the entity responsible for initially writing this plan. Now, not only do they need to provide these expensive and extensive services, but they must hire additional clinical personnel to update the plan accordingly. She questioned whether that was even permissible since Senate Bill 298 states specifically, they will continue the same services. She noted this could be detrimental to their clients as their needs do change over time.

She asked the following questions:
Where are these safe discharge sites at the Community level?
And since the state is mandating that services need to be continued, should the burden not be placed on the state if there is no other safe discharge for clients who have lost their Medicaid yet still require the services? Or is this burden going to continue to be placed on these providers, which I believe will place us all at great risk.

Testimony #3

The person providing testimony noted they have three hospitals in the State of Nevada, and she wanted to voice her support for the increased time frame from 10 to 30 days related to the change of administrator application.

Testimony #4

The person had questions related to current regulations and did not have questions specific to the proposed regulations.

Testimony #5

The person testified she had safety concerns related to the proposed regulations including concerns with the trimming of fingernails and toenails. She noted it was recommended that people with diabetes have their toenails cut by a podiatrist and that they don't do it themselves. She noted the regulations could result in untrained people cutting people's toenails. She felt that there was a danger with no training including a diabetic losing a foot.

The other concern was related to the range of motion exercises. She noted these are provided by a medical professional, such as a physical therapist.

She noted there is no kind of training mentioned for range of motion exercises or trimming nails, and she felt this would be putting clients in danger and she is opposed to those.

She made a comment related to the medication training requirements, and noted she believed we were talking about the Med tech training.

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

The estimated cost for the agency to enforce the proposed regulations would be $0 to $17,000 per year depending on the number of requests received to modify a license pursuant to NAC 449.0168, if any. The fee noted in number 6 would be used to pay for this cost.

6) If the proposed regulation provides a new fee or increases an existing fee, the total annual amount DPBH expects to collect and the manner in which the money will be used.

There currently is an existing fee pursuant to NAC 449.0168 (Section 21) that allows the Division to assess a fee of $250 to modify the license of a medical facility, facility for the dependent, program of hospice care or a referral agency. As new facility types are added by new statutes or in accordance with statutory authority, they may not be included in the definition of a medical facility or facility for the dependent or added to NAC 449.0168, then the Division is not authorized to collect the $250 fee to modify a license. The proposed regulations add an employment agency to provide nonmedical services as defined in NAC 449.0033, an outpatient facility defined pursuant to NAC 449.999417, a recovery center defined pursuant to NAC 449.99702, and a psychiatric residential treatment facility as defined in NRS 449.1195, to NAC 449.0168 to be able to collect such a fee.

The total annual amount DPBH expects to collect is unknown because there is no way to determine if any of the above-mentioned facilities will apply for a modification of its license or the number of times it may modify its license in a given year. If none of the facilities modifies its license the amount collected in a year would be $0 and if every currently licensed facility added to NAC 449.0168 modified its license pursuant to NAC 449.0168
the total amount collected in a year would be approximately $17,000.

The money would be used to cover the Division's operating costs related to the work associated with the modification of a license including applicable application processing and inspection costs.

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

Certification by the Centers for Medicare and Medicaid Services (CMS) is voluntary but state licensure is mandatory for skilled nursing facilities. As such, both federal and state regulations are needed, as there is a possibility that a facility chooses to be state licensed only, in which case the CMS federal regulations would not apply, but the state regulations would apply.

The proposed regulations are not more stringent than the federal regulations for skilled nursing facilities. The proposed regulations require a skilled nursing facility to follow federal CMS visitation guidelines which eliminate any conflicts between state and federal visitation regulatory guidelines.

8) Provide a summary of the reasons for the conclusions of the agency regarding the impact of a regulation on small businesses.

The reason for this conclusion is based on the analysis conducted pursuant to number two of this document. After review of statutes, the proposed regulations, feedback from industry, modifications made to the proposed regulations, a conclusion could be drawn regarding the impact of the regulations on small businesses.

Certification by Person Responsible for the Agency

I, Todd Rich, Administrator of the Division of Purchasing and Compliance certify to the best of my knowledge or belief, a concerted effort was made to determine the impact of the proposed regulation on small businesses and the information contained in this statement was prepared properly and is accurate.

Signature  Date: 10/02/25

Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Cody Phinney, MPH
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

NOTICE OF PUBLIC WORKSHOP

NOTICE IS HEREBY GIVEN that the Division of Public and Behavioral Health will hold a public workshop to consider amendments to Nevada Administrative Code (NAC), Chapter 449.

The workshop will be conducted in-person, by phone and virtually beginning at 9:00 AM on April 24, 2024, via the following:

- Join on your computer, mobile app or room device: Click here to join the meeting
- Call in (audio only): 1-775-321-6111 (Phone Conference ID: 249 090 194#)
- Attend in person:
  Division of Public and Behavioral Health
  Bureau of Health Care Quality and Compliance
  727 Fairview Drive, Suite E
  Carson City, NV 89701

The workshop will be conducted in accordance with NRS 241.020, Nevada's Open Meeting Law.

AGENDA

1. Introduction of workshop process
2. Public comment on proposed amendments to Nevada Administrative Code, Chapter 449
3. Public Comment

The proposed changes will revise Chapter 449 of the Nevada Administrative Code and are being proposed in accordance with Senate Bill 146 and Senate Bill 298 of the 82nd legislative session (2023), NRS 449.0302, and NRS 449.1935.

The proposed regulations provide provisions for the following:

- Brings current regulations into conformance with Senate Bill 146 of the 82nd Legislative Session (2023) related to authorizing a certified nurse-midwife to perform a physical examination or obtain a medical history before or after a patient is admitted to a hospital for the purpose of giving birth.
- Currently rural clinics do not have a set of state regulatory standards. The proposed regulations adopt the federal regulatory standards for rural clinics.
- Currently home health agencies have a surety bond requirement, but hospice care providers do not. This adds a requirement that hospice providers have a surety bond.
- Addresses visitation in a facility for the dependent.
- Addresses confidentiality of inspection and complaint investigations.
- Addresses use of volunteers in homes for individual for residential care.
- Authorizes certified nurse midwives to perform physical examinations in a hospital.
- Establishes educational and training requirements for mental health technicians and psychiatric

technicians and exempts mental health technicians who work in State hospitals as they have established requirements in State statutes and regulations.

- Addresses the use of home health and hospice services in a residential facility for groups.
- Provides criteria for a residential facility for groups to accept or retain a resident with a peripherally inserted central catheter or a peritoneal catheter.
- Requires the use of an inter-facility infection control transfer form to be used when transferring a patient with a current infection, colonization or a history of a positive culture of a multi-drug resistant organism or other potentially transmissible infectious organism when transferring a patient from one licensed health care facility to another licensed health care facility.
- For general licensure requirements clarifies that at least one personal reference is needed, instead of providing a copy of the business license requires the business identification number be provided and removes the requirement for an applicant that is a corporation to submit a copy of its bylaws and articles of incorporation.
- Increased the time frame from 10 to 30 days from the date of the change for a facility to submit a change of administrator application and assess a late fee if it is not submitted within 30 days instead of 10 days currently in regulations.
- Refers the definition of a psychiatric residential treatment facility back to the statutory definition instead of a regulatory definition.
- Health facilities that have a change to their license must pay a fee to do so in accordance with NAC 449.0168 but if facilities are added through the statutory or regulatory process and are not included in the definition of a medical facility or facility for the dependent they fall out of this requirement. This adds in such facilities (employment agency to provide nonmedical services, outpatient facility, recovery center, psychiatric residential treatment facility) so they also have to pay the fee to modify their license.
- Instead of the Division providing a copy of standards set forth in 42 CFR Part 2, as it relates to Facilities for the Treatment of Alcohol or Other Substance Use Disorders, it notes the webpage in which a person can go and obtain a copy of the standards free of charge.
- Removes the word “ironed” as it relates to linen from several sections.
- Updates the Bureau’s name to its current name, Bureau of Health Care Quality and Compliance.
- Updates CPR requirements to include an in person hands-on practical training component in several sections.
- Makes the regulatory language clearer as to which residents are not admissible into a residential facility for groups, when waivers are required for admission and when they are not. It also allows a patient of a hospice program to be admitted into a residential facility for groups without prior approval so long as the resident is retained pursuant to subsection 5 of Section 41 of the proposed regulations.
- Brings the regulations into conformance with SB 298 of the 82nd Legislative Session (2023) as it relates to involuntary discharges from residential facilities for groups.
- Omits provisions in regulations that were determined to be an extra burden on industry without adding a benefit to public safety.
- Expands the scope of services that can be provided by personal care attendants working at a personal care agency.
- Adopts the federal visitation guidelines for skilled nursing facilities.
- Proposes changes to LCB File No. R048-22 to allow, in addition to a physician, a physician assistant or advanced practice registered nurse to serve on the Committee to provide quarterly reviews of sampled patient records receiving services from a home health agency.
- Clarifies the fees to be assessed pursuant to NAC 449.0168 (1) (d) by providing specific references to

4150 Technology Way, Suite 300 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov

regulations and statutes instead of using the broad term “in the type of facility licensed or the addition of another type of facility to be licensed.”

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence may submit the material to Leticia Metherell, Health Program Manager, via fax, email or by mail at the following address:

Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV 89701
775-684-1073 (fax)
lmetherell@health.nv.gov (e-mail)

Members of the public who require special accommodations or assistance at the workshop are required to notify Leticia Metherell in writing to the Division of Public and Behavioral Health, via fax, email or by mail using the information provided above, or by calling 775-684-1045 at least five (5) working days prior to the date of the public workshop.

You may contact Leticia Metherell by calling 775-684-1045 for further information on the proposed regulations or how to obtain copies of the supporting documents.

A copy of the notice and the proposed regulations are on file for inspection and/or may be copied at the following locations during normal business hours:

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV

Nevada State Library and Archives
100 Stewart Street
Carson City, NV

Division of Public and Behavioral Health
4220 S. Maryland Parkway, Suite 100, Bldg. A
Las Vegas, NV

A copy of the regulations and small-business impact statement can be found on the Division of Public and Behavioral Health’s web page:
https://dpbh.nv.gov/Reg/HealthFacilities/State_of_Nevada_Health_Facility_Regulation_Public_Workshops/

A copy of the public workshop notice can also be found at Nevada Legislature’s web page:
https://www.leg.state.nv.us/App/Notice/A/

A copy of this notice has been posted at the following locations:

1. Division of Public and Behavioral Health, 4150 Technology Way, First Floor Lobby, Carson City
2. Nevada State Library and Archives, 100 Stewart Street, Carson City
3. Legislative Building, 401 S. Carson Street, Carson City
4. Southern Nevada Health District, 280 S Decatur Blvd., Las Vegas
5. Washoe County District Health Department, 9th St. and Wells Ave., Reno

Copies may be obtained in person, by mail, or by calling the Division of Public and Behavioral Health at (775) 684-1030 in Carson City or (702) 486-6515 in Las Vegas.

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

REVISED PROPOSED REGULATION OF THE

STATE BOARD OF HEALTH

LCB File No. R089-24

July 10, 2025

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

AUTHORITY: §§ 1, 2, 4-15, 18, 20, 22-49, 53, 54, 63-81 and 83-89, NRS 449.0302; § 3, NRS 449.0302 and 449.165; § 16, NRS 449.0302 and 449.040; §§ 17 and 19, NRS 449.0302 and 449.050; § 21, NRS 449.0302, 449.0303, 449.0305 and 449.050; §§ 50-52, Sections 60 and 79 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at pages 941 and 949; §§ 55-62, Section 13 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 920; § 82, Section 9 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 918.

A REGULATION relating to health care; revising requirements relating to the training of the staff of certain facilities and other entities; revising provisions concerning the confidentiality of certain documents; revising provisions governing the licensing and operation of medical facilities, facilities for the dependent and programs of hospice care; removing certain provisions relating to halfway houses for persons recovering from alcohol or other substance use disorders; revising the agency to which certain reports are submitted; revising required qualifications for certain administrators, employees and independent contractors; revising provisions governing the operation of intermediary service organizations; repealing certain provisions; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Health to adopt regulations governing the licensing and operation of medical facilities, facilities for the dependent, programs of hospice care and employment agencies that provide nonmedical services related to personal care to elderly persons or persons with disabilities in the home. (NRS 449.0302, section 9 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 918) Existing law also requires the Board to adopt regulations governing the certification of intermediary service organizations. (Section 79 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 920)

Sections 2, 4, 24, 26, 30, 32, 33, 49, 51, 52, **54, 59, 60, 63, 65, 68, 71, 77, 78 and 82** of this regulation require operators and staff members of certain facilities and providers of services who are required by existing regulations to receive training or to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation to: (1) be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation, as applicable; and (2) fulfill the requirements of certification by completing interactive, hands-on

skills training or skills verification that is presented in real time by an instructor who is a natural person, whether in person or through virtual or electronic instruction. **Section 88** of this regulation establishes a period of 180 days after the effective date of this regulation during which such an operator, staff member or provider whose certification in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation does not meet the requirements of **section 2** may continue in his or her current position. **Sections 52 and 53** of this regulation remove references to a repealed section of NRS. **Sections 56, 57 and 83** of this regulation update certain statutory references. **Sections 66, 67, 72 and 84** of this regulation update provisions relating to physicians and physician assistants to reflect that physicians and physician assistants are licensed by both the Board of Medical Examiners and the State Board of Osteopathic Medicine. **Sections 47, 69 and 70** of this regulation update the names of certain organizations to reflect the current names of those organizations. **Section 82** requires an attendant of an employment agency to provide nonmedical services to complete certain training which concerns recognizing and preventing the abuse of older persons and vulnerable persons.

Section 3 of this regulation provides that certain documents and information considered by the Health Care Purchasing and Compliance Division of the Nevada Health Authority as the result of an inspection or investigation of a facility are generally confidential. **Section 3** also establishes when such documents become public records. **Section 4** establishes the qualifications required of a mental health technician or psychiatric technician at a medical facility, facility for the dependent, home for individual residential care or referral agency. **Section 88** establishes a period of 1 year after the effective date of this regulation during which such a mental health technician or psychiatric technician who does not possess the qualifications required by **section 4** may continue in his or her current position.

Section 5 of this regulation requires a medical facility or facility for the dependent, when transferring a patient, resident or client with any potentially transmissible infectious organism, to follow certain procedures for notifying the receiving facility of the condition of the patient, resident or client.

Section 6 of this regulation establishes certain rights relating to visitation for a resident of a facility for the dependent. **Section 7** of this regulation requires a facility for the dependent to establish written policies and procedures regarding the rights of residents to receive visitors, including reasonable clinical and safety restrictions on visitation. **Sections 35 and 81** of this regulation make conforming changes to eliminate duplicative language regarding visitation in existing regulations. **Section 75** of this regulation requires a facility for skilled nursing to comply with certain federal regulations relating to the visitation of patients.

Section 8 of this regulation: (1) authorizes a home for individual residential care to use volunteers to supplement the services and programs offered by the home; and (2) requires such a volunteer to comply with certain standards and requirements applicable to paid staff members. **Section 29** of this regulation makes a conforming change to indicate the proper placement of **section 8** in the Nevada Administrative Code.

Sections 9 and 10 of this regulation define certain terms relating to residential facilities for groups. **Section 11** of this regulation requires a residential facility for groups to incorporate any services provided to a resident from a home health agency or hospice care into the person-centered service plan developed for the resident. **Sections 12, 13 and 15** of this regulation prescribe the conditions under which a residential facility for groups is authorized to admit a resident who has: (1) a peripherally inserted central catheter; or (2) a peritoneal dialysis catheter. **Section 12** also prohibits a residential facility for groups from allowing a resident to have a

peripherally inserted central catheter inserted at the facility. **Sections 15 and 80** of this regulation update information relating to certain publications that have been previously adopted by reference. **Sections 31 and 35** of this regulation make conforming changes to indicate the proper placement of **sections 9-13** in the Nevada Administrative Code.

Sections 14 and 62 of this regulation authorize an attendant of an agency to provide personal care services in the home who has received training in the administration of medications to assist a client with the administration of medication or dietary supplements under certain circumstances. **Section 14** also requires an administrator of an agency to provide personal care services in the home to: (1) develop a program to provide training to attendants in the administration of medication; and (2) keep certain records relating to medication. **Section 55** of this regulation makes a conforming change to indicate the proper placement of **section 14** in the Nevada Administrative Code. **Sections 79, 85 and 86** of this regulation require training in the administration of medication that is provided to a natural person responsible for the operation of a provider of community-based living arrangement services, an employee of a provider of community-based living arrangement services or an attendant of an agency to provide personal care services in the home to meet the same requirements as training for caregivers who assist residents of residential facilities for groups in the administration of medication. (Sections 9-16 of LCB File No. R043-22) **Sections 61 and 62** of this regulation authorize an attendant of an agency to provide personal care services in the home to perform certain tasks.

Sections 16 and 77 of this regulation revise the required contents of an application for a license to operate a medical facility, facility for the dependent or program of hospice care and a provisional license to provide community-based living arrangement services, respectively. **Section 17** of this regulation makes certain technical changes concerning the notification of the Division when the administrator of a medical facility, facility for the dependent or program of hospice care changes.

Assembly Bill No. 403 of the 2023 Legislative Session removed halfway houses for persons recovering from alcohol or other substance use disorders from the types of facilities licensed and regulated by the Division. (Sections 1 and 3 of Assembly Bill No. 403, chapter 255, Statutes of Nevada 2023, at page 1733 (NRS 449.0045, 449.03075)) **Sections 19-21 and 89** of this regulation make conforming changes to remove provisions governing halfway houses from the Nevada Administrative Code.

Section 21 also revises the circumstances under which the holder of a license to operate a medical facility, facility for the dependent, program of hospice care, employment agency to provide nonmedical services, outpatient facility, recovery center, psychiatric residential treatment facility or referral agency is required to apply for a new license in order to reflect certain changes at the facility, program, agency or center, as applicable. **Section 21** also establishes fees to increase the number of beds in a psychiatric residential treatment facility or a recovery center. **Section 22** of this regulation removes language unnecessarily adopting certain federal regulations by reference. **Sections 23, 27 and 73** of this regulation revise certain requirements for handling clean linens at a facility for the treatment of alcohol or other substance use disorders, a facility for modified medical detoxification and a community triage center, respectively, by removing references to ironing clean linens. **Section 25** of this regulation updates the name of the Bureau of Health Care Quality and Compliance of the Division to reflect the current name of the Bureau.

Sections 28, 34 and 50 of this regulation remove requirements that a telephone number of a facility for transitional living for released offenders, a residential facility for groups or an

intermediary service organization, respectively, be listed in the telephone directory. **Section 34** also clarifies that a telephone made available for the use of the residents of a residential facility for groups to make local calls may be a cellular telephone. **Section 32** revises the circumstances under which a residential facility for groups is required to make certain personnel files available to the Bureau for review.

Existing law requires certain providers of health care and the personnel of certain health facilities to report the abuse, neglect, isolation or exploitation of a resident to any of certain governmental entities. (NRS 200.5093) **Sections 36, 52 and 58** of this regulation update certain provisions of the Nevada Administrative code to reflect the full scope of that reporting requirement.

Sections 37, 40-44 and 46 of this regulation revise certain provisions governing the admission and retention of residents at a residential facility for groups. **Section 89** repeals: (1) requirements for the administrator of a residential facility for groups to make certain information available in writing upon the request of any person; and (2) existing regulations that are duplicative of the revisions in **section 37** relating to admission and retention. (NAC 449.2704, 449.271) **Section 45** of this regulation makes a conforming change to remove a reference to a provision repealed by **section 89**.

Existing law requires a residential facility for groups to follow certain procedures before and during the transfer or involuntarily discharge of a resident. (NRS 449A.114, 449A.282) **Sections 38 and 39** of this regulation add references to clarify the applicability of those provisions of existing law. **Section 39** also eliminates duplicative provisions in existing regulations relating to the discharge of a resident.

Section 48 of this regulation implements existing law which requires the Division to authorize a certified nurse-midwife to perform a physical examination and obtain a medical history of a patient before or after the patient is admitted to a hospital for the purpose of giving birth. (NRS 449.0302)

Existing law requires the administrator of a facility for skilled nursing to be licensed by the Board of Examiners for Long-Term Care Administrators. (NRS 449.187) **Section 74** of this regulation removes a duplicative provision in existing regulations relating to such licensure. **Section 58** revises the qualifications required for the administrator of an agency to provide personal care services in the home.

Section 76 of this regulation revises: (1) the membership of a committee required to review certain patient records of a home health agency; and (2) the circumstances under which a home health agency with branch offices may establish one committee to review cases from multiple branch offices.

Existing law requires the Division to: (1) certify or deny certification of detoxification technicians or any facilities or programs for alcohol or other substance use disorders; and (2) publish a list of certified technicians, facilities or programs. Under existing law, any technicians, facilities or programs that are not certified are ineligible to receive certain state and federal money. (NRS 458.025) **Section 89** repeals an existing requirement that the Division automatically deny an application for a license or suspend or revoke the license of a facility for the treatment of alcohol or other substance use disorders if the facility is not certified. (NAC 449.079) **Section 89** also repeals a definition of "psychiatric residential treatment facility" that is duplicative of an identical definition in the Nevada Revised Statutes. (NRS 0.024, 449.1195; NAC 449.411) **Sections 18 and 64** of this regulation make conforming changes to remove references to the repealed definition.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 14, inclusive, of this regulation.

Sec. 2. ***1. A person who is required by this chapter to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation may complete any training, course or program to become certified or to renew certification, as applicable, through:***

(a) In-person instruction only;

(b) A combination of in-person instruction and virtual or electronic instruction, if interactive, hands-on skills training or skills verification is provided in person; or

(c) Virtual or electronic instruction only, if interactive, hands-on skills training or skills verification is not prerecorded and is presented in real time by an instructor who is a natural person.

2. If a certificate is earned in accordance with the requirements of subsection 1, the Division shall accept a certificate issued by the American Red Cross, the American Heart Association, the Health and Safety Institute or another similar nationally recognized organization as proof of certification or renewal of certification.

Sec. 3. ***1. Except as otherwise provided in this chapter or by law, the following are confidential:***

(a) Any inspection of a facility conducted pursuant to this chapter or chapter 449 of NRS and all documents and other information compiled as the result of such an inspection;

(b) A complaint filed with the Division and any documents or other information filed with the complaint; and

(c) All documents and other information compiled as the result of an investigation conducted by the Division into a complaint or to determine whether to initiate administrative sanctions against a person or facility.

2. A notice of deficiencies issued pursuant to NAC 449.99856 becomes a public record once it is no longer confidential pursuant to subsection 4 of NAC 449.99856.

3. All documents and other information considered by the Division in issuing a notice of deficiencies pursuant to NAC 449.99856 become public records after:

(a) The plan of correction is no longer considered confidential pursuant to subsection 4 of NAC 449.9987; and

(b) The documents and other information are no longer considered confidential pursuant to any other state or federal law or regulations.

Sec. 4. *1. A facility licensed pursuant to the provisions of this chapter and chapter 449 of NRS shall not employ or otherwise allow a person to provide services as a mental health technician or psychiatric technician except in accordance with the requirements of subsections 2, 3 and 4.*

2. A mental health technician or psychiatric technician described in subsection 1 must:

(a) Have an associate degree or higher degree in psychology from a college or university that was, at the time the degree was awarded:

(1) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant such degrees; or

(2) A foreign college or university deemed to be equivalent to subparagraph (1) by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services, or its successor organization;

(b) Hold current certification from the American Association of Psychiatric Technicians, or its successor organization, at Level 2 or higher;

(c) Hold a current license as a mental health technician or psychiatric technician issued by the District of Columbia or any state, territory or possession of the United States;

(d) Have held a license as a mental health technician or psychiatric technician issued by the District of Columbia or any state, territory or possession of the United States that was valid within the 5 years immediately preceding the date of employment or engagement in the provision of services at a facility in this State;

(e) Have completed the vocational and educational program described in NRS 433.279; or

(f) Have a high school diploma or general equivalency diploma and have completed a course or combination of courses that includes, without limitation:

(1) At least 30 hours of instruction in crisis prevention and crisis intervention from the American Crisis Prevention and Management Association or another similar nationally recognized agency, governmental entity or educational institution that provides such instruction; and

(2) At least 8 hours of instruction in behavioral violence from the American Crisis Prevention and Management Association or another similar nationally recognized agency, governmental entity or educational institution that provides such instruction.

3. A mental health technician or psychiatric technician described in subsection 1 must be supervised by a physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or a registered nurse.

4. Within 30 days after a mental health technician or psychiatric technician described in subsection 1 is employed or otherwise begins providing services at a facility, the mental health

technician or psychiatric technician must be certified in first aid and cardiopulmonary resuscitation in accordance with the requirements of section 2 of this regulation.

5. As used in this section, "mental health technician or psychiatric technician":

(a) Means a person who, for compensation:

(1) Administers or performs specific therapeutic procedures, techniques or treatments, excluding medical interventions, for persons with a mental illness or emotional disturbance; or

(2) Applies interpersonal and technical skills:

(I) In the observation and recognition of symptoms of patients with mental illnesses or emotional disturbances and the reactions of such patients;

(II) For the accurate recording of such symptoms and reactions; and

(III) For carrying out treatments authorized by the physician, physician assistant or advanced practice registered nurse of a patient with a mental illness or emotional disturbance.

(b) Does not include a person described in subsection 4 of NRS 433.279.

Sec. 5. *1. A medical facility or facility for the dependent, when transferring a patient, resident or client to another medical facility or facility for the dependent, shall complete and transmit to the receiving facility a form in accordance with subsections 2 and 3 if the medical facility or facility for the dependent is aware or suspects that the patient, resident or client has:*

(a) An infection, colonization or history of positive culture of a multidrug-resistant organism; or

(b) Any other signs or symptoms of a potentially transmissible infectious organism, including, without limitation, signs or symptoms of an infectious disease.

2. A medical facility or facility for the dependent transferring a patient, resident or client as described in subsection 1:

(a) Shall use the most current version of the "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives" prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, an inter-facility transfer form developed by the Division or an equivalent form that contains the same information;

(b) If culture reports with susceptibilities are available, shall include a copy of the latest culture reports with susceptibilities with the form described in paragraph (a);

(c) May modify the list of persons described in a "Sending Facility Contacts" section of a form described in paragraph (a) to omit persons who do not have responsibilities that are relevant to the transfer or the condition described in subsection 1 and to include persons with the greatest knowledge of the condition of the patient, resident or client; and

(d) May include any additional information that the medical facility or facility for the dependent determines is necessary to ensure the safe transfer of the patient, resident or client.

3. A medical facility or facility for the dependent transferring a patient, resident or client as described in subsection 1 shall transmit the form and information described in subsection 2 to the receiving medical facility or facility for the dependent in a manner that is evident and easily accessible to the receiving facility. A medical facility or facility for the dependent may meet the requirements of this subsection by:

(a) Verbally notifying the receiving facility in advance that the transfer packet contains the form and information described in subsection 2, including the location of the form and information within the transfer packet;

(b) Including the form and information described in subsection 2 within the first 5 pages of the transfer packet; or

(c) If the records including the transfer packet are being transferred electronically, providing to the receiving facility a physical copy of the form and information described in subsection 2 at the time the patient, resident or client is transferred.

4. As used in this section, "transfer packet" means the primary packet of documents provided by a medical facility or a facility for the dependent to a receiving facility in conjunction with the transfer of a patient, resident or client.

Sec. 6. *1. Except as otherwise provided in this section and as limited by any policies developed pursuant to NAC 449.258 or section 7 of this regulation:*

(a) A resident of a facility for the dependent has a right to receive visitors of his or her choosing at any time of his or her choosing or, except where limited by the terms of a guardianship, to deny such visitation, in a manner that does not impose on the rights of another resident.

(b) A facility for the dependent shall allow immediate visitation to a resident by any person who is not denied visitation pursuant to paragraph (a), which may include, without limitation:

(1) The representative of the resident;

(2) Any family member or other relative of the resident; and

(3) Any person who provides health, social, legal or other services to the resident.

2. A facility for the dependent:

(a) Shall inform each resident, any spouse or domestic partner of a resident and any representative of a resident of:

(1) The rights of the resident prescribed by this section; and

(2) The written policies and procedures established pursuant to section 7 of this regulation, including, without limitation:

(I) Each restriction prescribed in those policies and procedures;

(II) The reason for each such restriction; and

(III) The categories of persons to whom each such restriction applies.

(b) Shall not restrict, limit or otherwise deny visitation on the basis of actual or perceived race, color, religion, national origin, physical or mental disability, sexual orientation or gender identity or expression.

(c) Shall ensure that all visitors enjoy full and equal visitation privileges consistent with the preferences of a resident and the written policies and procedures established pursuant to section 7 of this regulation.

3. As used in this section, "representative of a resident" means:

(a) The legal guardian of a resident; or

(b) A person named as an attorney-in-fact in a power of attorney executed by a resident.

Sec. 7. *1. A facility for the dependent shall develop written policies and procedures regarding the rights of residents to receive visitors. Such policies and procedures must:*

(a) Comply with the provisions of this chapter and chapter 449 of NRS;

(b) Include, without limitation, any reasonable clinical and safety restrictions that the facility imposes on such rights and the reasons for any such restrictions; and

(c) Specifically address visitors who exhibit signs and symptoms of a transmissible infection.

2. The policies and procedures developed pursuant to subsection 1 must include, without limitation:

(a) Restrictions on visitation that are designed to prevent community-associated infection or the transmission of a communicable disease to one or more residents, which must be:

(1) Appropriate for the scope of services provided at the facility;

(2) In accordance with the recommendations of a nationally recognized agency or organization whose work relates to infection control, which may include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., or its successor organization, or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services; and

(3) Developed and implemented with consideration of the risk factors for infection and current health status of each resident, including, without limitation, whether a resident is immunocompromised or is receiving hospice care.

(b) Restrictions to ensure the security of the facility at night. Such restrictions must include, without limitation, procedures for allowing visitors approved by the resident or a representative of the resident, subject to the restrictions and procedures prescribed pursuant to paragraphs (a), (c) and (d) and the limitations prescribed in section 6 of this regulation.

(c) Procedures for denying access to a visitor or providing limited and supervised access to a visitor who:

(1) Has been found to bring into the facility any illegal substance which places the health and safety of the residents and staff of the facility at risk; or

(2) Is suspected of abusing, exploiting or coercing a resident, until an investigation into any such allegation can be conducted.

(d) Procedures for denying access to a visitor who:

(1) Has been found to be abusing, exploiting or coercing a resident;

(2) Has been found to have committed theft or other relevant criminal acts; or

(3) Is intoxicated or disruptive.

3. As used in this section, "representative of the resident" has the meaning ascribed to the term "representative of a resident" in section 6 of this regulation.

Sec. 8. *1. A home may not replace any paid staff member of the home with a volunteer, but may use volunteers to supplement the services and programs offered by the home.*

2. Except as otherwise provided in this subsection, a volunteer at a home shall comply with all relevant standards and requirements applicable to a paid staff member who performs a similar function. A volunteer is not required to undergo a physical examination pursuant to paragraph (a) of subsection 3 of NAC 441A.375 if the volunteer provides the results of a tuberculosis screening test conducted pursuant to paragraph (b) of subsection 3 of NAC 441A.375.

3. Except as otherwise provided in this subsection, a resident of a home must be supervised by a paid staff member at all times during the normal operating hours of the home. A volunteer may temporarily supervise a resident when a paid staff member is away from the home, if the volunteer:

(a) Is able to meet the needs of the resident during the time the paid staff member is away; and

(b) Does not supervise a resident for more than 4 hours in 1 day or more than 12 hours in 1 week.

4. As used in this section:

(a) "Paid staff member" means an employee of a home or an independent contractor who is paid to provide services at a home.

(b) "Volunteer" means any person who, without promise, expectation or receipt of compensation, is used by a home to supplement the services and programs offered by a home.

Sec. 9. *"Bedfast" means:*

1. Incapable of changing his or her position in bed without the assistance of another person; or

2. Immobile.

Sec. 10. *"Home health agency" has the meaning ascribed to it in NAC 449.749.*

Sec. 11. *1. If a resident of a residential facility is receiving services from a home health agency or hospice care or a combination thereof, the residential facility shall incorporate the services into the person-centered service plan developed for the resident.*

2. A residential facility shall not rely on services from a home health agency or hospice care described in subsection 1 to replace the responsibilities of the facility to ensure that services are provided to a resident in accordance with all applicable state and federal laws and regulations. A residential facility may take such services or care into account when developing a person-centered service plan in order to avoid the duplication of services.

Sec. 12. *1. A residential facility shall not allow a resident to have a peripherally inserted central catheter inserted at the residential facility. A resident may have such a catheter inserted outside the residential facility in a health care setting capable of and authorized to insert such a catheter in accordance with all applicable state and federal laws and regulations.*

2. A resident with a peripherally inserted central catheter may be admitted to a residential facility or be permitted to remain as a resident of a residential facility if:

(a) The peripherally inserted central catheter is removed within 30 days after the date on which the catheter was inserted;

(b) During the period of time in which the peripherally inserted central catheter is in use, all intravenous injections given through the catheter and, except as otherwise provided in paragraph (c), all services for care and maintenance of the catheter, including, without limitation, dressing changes and flushing the catheter line, are:

(1) Performed outside the residential facility in a health care setting authorized to provide such services; or

(2) If performed at the residential facility, performed by a home health agency or a program of hospice care authorized to provide such services to the resident; and

(c) The resident, if capable, and the caregivers employed by the residential facility:

(1) Successfully complete training from the home health agency, program of hospice care or other health care setting described in paragraph (b) regarding:

(I) How to keep the dressing clean, dry and secured to the skin of the resident;

(II) How to cover the dressing with a waterproof cover when the resident bathes;

(III) How to identify and respond to basic concerns with the peripherally inserted central catheter, including, without limitation, signs or symptoms of infection, if the dressing becomes soiled or comes off, if the catheter becomes dislodged or any other related concerns; and

(IV) When to contact emergency medical services or notify the home health agency, program of hospice care or other health care setting described in paragraph (b) of concerns identified pursuant to sub-subparagraph (III); and

(2) Review, understand and follow the guidelines of the Association for Professionals in Infection Control and Epidemiology outlined in "Caring for your PICC line at home," adopted by reference in NAC 449.0105.

3. Nothing in this section shall be construed to authorize a caregiver at a residential facility to provide services that the caregiver is not otherwise authorized by law to provide.

Sec. 13. *1. A resident with a peritoneal dialysis catheter may be admitted to a residential facility or be permitted to remain as a resident of a residential facility if:*

(a) A physician, physician assistant or advanced practice registered nurse determines it is appropriate for the resident to be admitted to or to remain in the residential facility;

(b) The caregivers employed by the residential facility:

(1) Receive instruction regarding, and demonstrate understanding of, how to:

(I) Protect the peritoneal dialysis catheter and prevent the catheter from becoming dislodged, including, without limitation, when the resident bathes and during other activities of the resident; and

(II) Identify and respond to basic concerns with the peritoneal dialysis catheter, including, without limitation, signs or symptoms of infection and the catheter becoming dislodged; and

(2) Receive instruction regarding when to contact emergency medical services or notify the resident's provider of dialysis care and the resident's physician, physician assistant or advanced practice registered nurse of concerns identified pursuant to sub-subparagraph (II) of subparagraph (1) from:

(I) A registered nurse through a home health agency or program of hospice care authorized to provide such services to the resident;

(II) The resident's provider of dialysis care; or

(III) The resident's physician, physician assistant or advanced practice registered nurse; and

(c) The conditions of subsection 2 or 3, as applicable, are satisfied.

2. If a peritoneal dialysis catheter has been inserted for less than 15 days, all services for care and maintenance of the newly placed catheter must be performed by a home health agency or a program of hospice care authorized to provide such services to the resident.

3. If a peritoneal dialysis catheter has been inserted for 15 days or more or the exit site is completely healed:

(a) All services for care and maintenance of the catheter must be performed by a home health agency or a program of hospice care authorized to provide such services to the resident; or

(b) The resident must be capable of performing his or her own services for care and maintenance of the catheter as instructed by:

(1) A registered nurse through a home health agency or program of hospice care authorized to provide such services to the resident;

(2) The resident's provider of dialysis care; or

(3) The resident's physician, physician assistant or advanced practice registered nurse.

Sec. 14. *1. Except as otherwise provided in NAC 449.3978, an attendant may assist in the administration of medication, including, without limitation, an over-the-counter medication or dietary supplement, to a client if:*

(a) The client, his or her parent or guardian or a person named as an attorney-in-fact in a power of attorney executed by the client, as applicable, enters into a written agreement to

receive medication from the attendant is accordance with NRS 453.375 and 454.213, if such an agreement is required by those sections;

(b) The attendant has successfully completed the training required by subsection 2 relating to the management of medication; and

(c) The medication has been prescribed or ordered by a practitioner for whom the prescribing or ordering of the medication is within his or her scope of practice and is administered in accordance with the written instructions of that practitioner.

2. If an attendant assists a client in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the attendant must:

(a) Before assisting a client in the administration of medication, successfully complete not less than 16 hours of training in the management of medication from a course approved by the Division pursuant to section 12 of LCB File No. R043-22 and obtain a certificate attesting to the successful completion of such training; and

(b) Successfully complete annually not less than 8 hours of training in the management of medication from a course approved by the Division pursuant to section 12 of LCB File No. R043-22 and provide the agency with satisfactory evidence of the content of the training and his or her successful completion of the training.

3. The administrator of an agency whose attendants assist clients in the administration of medication shall:

(a) Develop a program to ensure that attendants receive the training required by subsection 2; and

(b) Ensure that the agency maintains a record of the medication administered to each client, including, without limitation, any over-the-counter medication or dietary supplement. The record must include:

(1) The type of medication administered;

(2) The date and time that the medication was administered;

(3) The date and time that a client refuses or otherwise misses an administration of medication; and

(4) Instructions for administering the medication to the client that reflect each current order or prescription of the client's practitioner.

4. As used in this section, "practitioner" has the meaning ascribed to it in NRS 639.0125.

Sec. 15. NAC 449.0105 is hereby amended to read as follows:

449.0105 1. The State Board of Health hereby adopts by reference:

(a) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the ~~[code]~~ ***Code*** may be obtained from the National Fire Protection Association at ~~[11 Tracy Drive, Avon,]~~ ***1 Batterymarch Park, Quincy,*** Massachusetts ~~[02322,]~~ ***02169-7471,*** at the Internet address **http://www.nfpa.org** or by telephone at (800) 344-3555, for the price of ~~[$151.50.]~~ ***$168.***

(b) *NFPA 99: Health Care Facilities Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the ~~[standard]~~ ***Code*** may be obtained from the National Fire Protection Association at ~~[11 Tracy Drive, Avon,]~~ ***1***

Batterymarch Park, Quincy, Massachusetts ~~[02322,]~~ ***02169-7471,*** at the Internet address **http://www.nfpa.org** or by telephone at (800) 344-3555, for the price of ~~[$111.00.]~~ ***$157.***

(c) *Guidelines for Design and Construction of Hospitals* ***,*** ~~[and Outpatient Facilities,]~~ in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A ***digital*** copy of the ~~[guidelines]~~ ***Guidelines*** may be obtained from the Facility Guidelines Institute at the Internet address **https://shop.fgiguidelines.org** ~~[or by telephone at (800) 798-9296,]~~ for the price of $235.

(d) *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the ~~[guidelines]~~ ***Guidelines*** may be obtained from the Facility Guidelines Institute at the Internet address **https://shop.fgiguidelines.org** ~~[or by telephone at (800) 798-9296,]~~ for the price of $235.

(e) *Guidelines for Design and Construction of Outpatient Facilities*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the ~~[guidelines]~~ ***Guidelines*** may be obtained from the Facility Guidelines Institute at the Internet address **https://shop.fgiguidelines.org** ~~[or by telephone at (800) 798-9296,]~~ for the price of $235.

(f) "Infection Prevention and You: Caring for your PICC line at home," in the form most recently published by the Association for Professionals in Infection Control and

Epidemiology, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of that publication may be obtained from the Association for Professionals in Infection Control and Epidemiology, free of charge, at 1275 K Street, NW, Suite 1000, Washington, DC 20005, at the Internet address https://apic.org/Resource_/TinyMceFileManager/for_consumers/IPandYou_Bulletin_PICC_line.pdf or, if that Internet website ceases to exist, from the Division.

2. The State Board of Health will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 12 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

Sec. 16. NAC 449.011 is hereby amended to read as follows:

449.011 An application for a license that is filed with the Division pursuant to NRS 449.040:

1. Must be complete and include proof of the identity of the applicant that is acceptable to the Division.

2. In accordance with NRS 449.050, must be accompanied by the appropriate application fee specified in NAC 449.002 to 449.99939, inclusive ~~[.]~~ ***, and sections 2 to 14, inclusive, of this regulation.***

3. In establishing that the applicant is of reputable and responsible character as required by NRS 449.040, must include ***at least one*** personal ~~[references]~~ ***reference*** and information concerning the applicant's financial status **.** ~~[and business activities and associations in and out of this State during the immediately preceding 3-year period.]~~ If the applicant is a firm, association, organization, partnership, business trust, corporation or company, such references and information must be provided with respect to the members thereof and the person in charge of the facility or program for which application is made.

4. In addition to the information required by NRS 449.040 and any other information specifically required for a particular license, must include:

(a) Full, complete and accurate information regarding the ownership of the facility or program and all changes to that ownership that occur while the application is pending. The information must include the name of:

(1) Each natural person who is an owner of the facility or program;

(2) Each person who has a direct or indirect ownership interest in the facility or program of 10 percent or more and who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured in whole or in part by the facility or program or any of the property or assets of the facility or program;

(3) If the applicant is a corporation, each officer and director; and

(4) If the applicant is a partnership, each partner.

(b) The address of the applicant's principal office.

(c) Evidence satisfactory to the Division that the facility or program meets all applicable federal, state and local laws and complies with all safety, health, building and fire codes. If there are any differences between the state and local codes, the more restrictive standards apply.

(d) If required by NRS 439A.100 ~~[,]~~ ***or 439A.102,*** a copy of a letter of approval issued by the Director of the Department of Health and Human Services.

(e) A copy of the certificate of occupancy, ~~[a copy of]~~ the ~~[applicant's]~~ ***business identification number assigned by the Secretary of State, unless the applicant is exempt from the requirement to obtain a state*** business license ***,*** and a copy of any special use permits obtained in connection with the operation of the facility or program.

(f) A copy of any property lease or rental agreements concerning the facility or program.

~~[(g) If the applicant is a corporation, a copy of its bylaws and articles of incorporation.]~~

5. If the application is for a facility for the care of adults during the day, must include the maximum number of clients allowed to occupy the facility at one time.

6. If the application is for an ambulatory surgical center, must identify the class designation for the ambulatory surgical center designated pursuant to NAC 449.9844. As used in this subsection, "ambulatory surgical center" has the meaning ascribed to it in NAC 449.972.

Sec. 17. NAC 449.0114 is hereby amended to read as follows:

449.0114 1. Upon receipt of a license, the licensee shall display the license at a conspicuous location within the facility.

2. During the term of the license, the licensee shall continuously maintain the facility in conformance with the provisions of NAC 449.002 to 449.99939, inclusive, ***and sections 2 to 14, inclusive, of this regulation*** and chapter 449 of NRS.

3. If there is a transfer of the real property on which the facility is located, but no change in the operator of the facility, the licensee shall, within 10 days, notify the Division of the transfer in writing and provide the Division with a copy of any lease agreement relating to the transfer.

4. If there is a change in the administrator of the facility, the licensee shall notify the Division of the change within ~~[10]~~ ***30*** days. The notification must ***, where applicable,*** provide evidence that the new administrator is currently licensed pursuant to chapter 654 of NRS and the regulations adopted pursuant thereto. If the licensee fails to notify the Division and submit an application for a new license within ~~[10]~~ ***30*** days after the change, the licensee shall pay to the Division ~~[a]~~ ***the fee required for an application for a new license set forth in subsection 1 of NAC 449.0168 and an additional*** fee in an amount equal to ~~[150]~~ ***50*** percent of the fee required for ~~[a new]~~ ***an*** application ***for a new license*** set forth in subsection 1 of NAC 449.0168.

5. A licensee shall notify the Division immediately of any change in:

(a) The ownership of the facility;

(b) The location of the facility;

(c) The services provided at the facility; and

(d) If the facility is a facility for the care of adults during the day, the maximum number of clients allowed to occupy the facility at one time.

Sec. 18. NAC 449.01257 is hereby amended to read as follows:

449.01257 "Psychiatric residential treatment facility" has the meaning ascribed to it in ~~[NAC 449.411.]~~ ***NRS 449.1195.***

Sec. 19. 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 Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility	$2,252	$108
(b) A hospital, other than a rural hospital	14,606	110
(c) A rural hospital	9,530	62
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability	2,018	280
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability	946	72
(f) Except as otherwise provided in subsection 3, a residential facility for groups	2,386	200
(g) A facility for the treatment of alcohol or other substance use disorders	782	190
(h) A facility for hospice care	3,988	352
(i) A home for individual residential care	1,764	184
(j) A facility for modified medical detoxification	9,960	494
(k) A community triage center	782	136
(l) A facility for the treatment of irreversible renal disease	4,178	120
(m) ~~[A halfway house for persons recovering from alcohol or other substance use disorders~~	~~2,800~~	~~368~~

	Fee per facility	Fee per bed in the facility
~~[(n)]~~ A facility for transitional living for released offenders.	3,990	146
~~[(o)]~~ ***(n)*** A psychiatric residential treatment facility	9,530	62
~~[(p)]~~ ***(o)*** A recovery center	946	72

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

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility	$1,126	$54
(b) A hospital, other than a rural hospital	7,303	55
(c) A rural hospital	4,765	31
(d) An intermediate care facility for persons with an intellectual disability or persons with a developmental disability	1,009	140
(e) An intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a developmental disability	473	46
(f) Except as otherwise provided in subsection 3, a residential facility for groups	1,193	100

(g) A facility for the treatment of alcohol or other substance use disorders 391 95

(h) A facility for hospice care 1,994 176

(i) A home for individual residential care 500 92

(j) A facility for modified medical detoxification 4,980 247

(k) A community triage center 391 68

(l) A facility for the treatment of irreversible renal disease 2,089 60

(m) ~~[A halfway house for persons recovering from alcohol or other substance use disorders ..... 1,400 184~~

~~(n)]~~ A facility for transitional living for released offenders 1,995 73

~~[(o)]~~ ***(n)*** A psychiatric residential treatment facility 4,765 31

~~[(p)]~~ ***(o)*** A recovery center 473 46

3. An applicant for a license or for the renewal of a license for a residential facility for groups shall pay a fee of $35 for each bed in the facility if the facility is paid less than $1,000 per month for services provided to each bed in the facility.

4. 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 or she submits his or her application, the applicant must submit a new application and pay the required fee to be considered for licensure.

5. Upon the issuance or renewal of a license to operate a facility for the treatment of irreversible renal disease, facility for hospice care, hospital, facility for intermediate care or facility for skilled nursing, the licensee shall pay to the Division a nonrefundable fee equal to 6

percent of the renewal fee set forth in subsection 2. The Division shall use the fees collected pursuant to this subsection during the immediately following fiscal year to support the system for the reporting of information on cancer and other neoplasms.

6. 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 ~~[(n)]~~ ***(m)*** of subsection 1 or paragraph ~~[(n)]~~ ***(m)*** of subsection 2 that exceeds the expenses and costs incurred by the Division must be refunded to the applicant.

Sec. 20. NAC 449.0164 is hereby amended to read as follows:

449.0164 An applicant for the renewal of a license for a residential facility for groups, ~~[a halfway house for persons recovering from alcohol or other substance use disorders,]~~ a home for individual residential care or a facility for transitional living for released offenders may pay the fee required for the renewal of his or her license in two equal installments if:

1. On or before November 1 of the calendar year in which the license expires, the applicant submits a complete application for the renewal of the license which includes, without limitation:

(a) The first installment payment which is equal to one-half the amount of the fee required for the renewal of the license pursuant to NAC 449.013 or 449.016, as appropriate;

(b) An additional fee of $100 for the administrative costs of billing and collecting such payments; and

(c) A signed payment agreement and a confession of judgment for the total amount of the second installment payment which may be filed with a court of competent jurisdiction if the applicant fails to make the second installment payment in accordance with the agreement;

2. On or before April 15 of the calendar year for which the license is renewed, he or she submits the second installment payment for the remainder of the fee required for the renewal of the license pursuant to NAC 449.013 or 449.016, as appropriate; and

3. The applicant has not failed to make a payment in accordance with any other similar agreement.

Sec. 21. NAC 449.0168 is hereby amended to read as follows:

449.0168 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 ***, employment agency to provide nonmedical services, outpatient facility, recovery center, psychiatric residential treatment facility*** or referral agency who wishes or is required pursuant to ~~[NAC 449.190, 449.307, 449.7473 or 449.758]~~ ***any provision of this chapter or chapter 449 of NRS*** to modify his or her 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]~~ ***to an endorsement on*** the ~~[type]~~ ***license*** of ***a residential*** facility ~~[licensed or the addition of another type of facility]~~ ***pursuant*** to ~~[be licensed;]~~ ***NAC 449.2751, 449.2754, 449.2762 or 449.2764;***

(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 ~~[.]~~ ***;***

(h) A change in the class designation of an ambulatory surgical center pursuant to NAC 449.9844; or

(i) Any additional location added to a license after the initial location listed pursuant to NRS 449.085,

➥ must submit an application for a new license to the Division and pay to the 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 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 persons with an intellectual disability or persons with a developmental disability $280

(2) If the facility is a residential facility for groups 184

(3) If the facility is a facility for the treatment of alcohol or other substance use disorders 190

(4) If the facility is a facility for hospice care 352

(5) If the facility is a home for individual residential care..... 266

(6) If the facility is a facility for modified medical detoxification 494

(7) If the facility is a hospital, other than a rural hospital..... 110

(8) If the facility is a rural hospital 62

(9) If the facility is a skilled nursing facility 108

(10) If the facility is an intermediate care facility, other than an intermediate care facility for persons with an intellectual disability or persons with a..... 92

developmental disability .....

(11) If the facility is a facility for the treatment of irreversible renal disease 120

(12) ~~[If the facility is a halfway house for persons recovering from alcohol or other substance use disorders ..... 368~~

~~(13)]~~ If the facility is a facility for transitional living for released offenders 146

(13) If the facility is a psychiatric residential treatment facility 62

(14) If the facility is a recovery center 72

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

(a) Submit an application for a new license to the Division; and

(b) Pay to the 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 ***, outpatient facility, recovery center, psychiatric residential treatment facility*** or program of hospice care.

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

(c) ***"Outpatient facility" has the meaning ascribed to it in NAC 449.999417.***

(d) "Staging area" has the meaning ascribed to it in NAC 449.97018.

Sec. 22. NAC 449.091 is hereby amended to read as follows:

449.091 1. Except in the case of an emergency, the transfer of a client to another facility must not be effected until the client, attending physician, if any, and responsible agency are notified in advance.

2. If a client is transferred to another facility, 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 . ~~[, which are hereby adopted by reference. A copy of the standards may be obtained from the Division, free of charge, upon request.]~~

Sec. 23. NAC 449.126 is hereby amended to read as follows:

449.126 1. A facility must maintain:

(a) A laundry with equipment which is adequate for the sanitary washing and finishing of linen and other washable goods; or

(b) A written agreement with a commercial establishment to provide laundry services for the facility.

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

3. Soiled linen must be collected and transported to the laundry in washable or disposable covered containers in a sanitary manner.

4. Clean linen to be dried, ~~[ironed,]~~ folded, transferred or distributed must be handled in a sanitary manner, specified in writing.

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

Sec. 24. NAC 449.141 is hereby amended to read as follows:

449.141 1. Facilities must provide access to 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. Facilities must implement policies and procedures designed to ensure the early detection of complications or conditions considered to be common among persons with substance use disorders. These policies and procedures must be developed in conjunction with and approved by a licensed physician.

3. Before a client's admission to a program or facility, a general medical and drug history must be taken by a designated member of the staff who is certified or licensed by the Board of Examiners for Alcohol, Drug and Gambling Counselors or who is a licensed mental health professional who has experience with alcohol and drug counseling. Current medical information must be provided on a form that has been approved by a physician. The history must include, but is not limited to:

(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.

4. A program may accept medical history and physical examination results from referral sources which were conducted not more than 30 days before admission in lieu of personally taking a general medical and drug history as required pursuant to subsection 3.

5. Each facility must be able to provide directly, or through written arrangements, laboratory tests as requested by a physician or federal regulations.

6. Facilities must implement written policies and procedures that are reviewed by a licensed physician defining the appropriate action to be taken when a medical emergency arises.

7. There must be one staff person in the facility ***who is certified in cardiopulmonary resuscitation, in accordance with the requirements of section 2 of this regulation, and*** who is capable of providing cardiopulmonary resuscitation at all times. ~~[Staff]~~ ***All staff*** members providing cardiopulmonary resuscitation must be ~~[qualified by]~~ ***certified in accordance with*** the ~~[American Red Cross or another recognized agency.]~~ ***requirements of section 2 of this regulation.***

8. Clients of residential programs must undergo a tuberculin skin test that meets the requirements specified in chapter 441A of NAC.

9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies.

Sec. 25. NAC 449.15337 is hereby amended to read as follows:

449.15337 1. Each facility shall have a written program outlining short-term and long-term objectives and goals. These goals must be realistic, attainable, and clearly and operationally defined.

2. Each component of the program must develop objectives that complement the goals of the program.

3. The Division shall:

(a) Periodically evaluate the program;

(b) Prepare a report of the evaluation; and

(c) Distribute the report to the persons who manage the program and make the report available to the members of the staff of the facility and the Bureau . ~~[of Licensure and Certification of the Division.]~~

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

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 client 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 client and must be periodically evaluated in conjunction with the treatment plan of the client.

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 and outside services. Written reports of the reviews must be evaluated by the governing body, administrator and such committees as they designate. Documentation of the evaluation process must be maintained at the facility.

Sec. 26. NAC 449.15345 is hereby amended to read as follows:

449.15345 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 persons with alcohol or other substance use disorders. The policies and procedures must be developed with assistance from and approved by the medical director of the facility.

3. Before a client is admitted to a facility, a general medical and drug history of the client must be taken by a physician or designated member of the nursing staff of the facility. 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 drugs reactions; and

(i) Previous history of treatment.

4. Except as otherwise provided in this subsection, a physical examination and review of the medical and drug history of a client must be conducted by a physician, registered nurse or physician assistant within 48 hours after the client is admitted to a facility. If the assessment

performed by a physician or a member of the nursing staff before a client is admitted to the facility concludes that a physical examination of the client should be completed within less than 48 hours after the client is admitted to the facility to ensure that the needs of the client are met, the physical examination must be conducted within the time recommended in the assessment.

5. Each facility must be able to provide directly, or through written arrangements, laboratory tests as requested by a physician or federal regulations.

6. Referral to an outside health resource must be made only if the resource is able to accept the client. Any records that accompany the client must be either expurgated of any sensitive material or be available only to persons authorized to receive the information under the direction of the physician or administrator. Except where an emergency that threatens a life exists and except as otherwise provided in NAC 449.15329, no information may be released without the prior consent of the client or his or her guardian.

7. 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.

8. Each member of the staff of a facility must be ~~[qualified by the American Red Cross or another similar nationally recognized agency]~~ ***certified*** to administer cardiopulmonary resuscitation ~~[.]~~ ***in accordance with the requirements of section 2 of this regulation.***

9. Each client of a facility ~~[shall, within 5 days after admission, undergo a Mantoux tuberculin skin test. If]~~ ***must have documentation showing that*** the client ~~[has no documented history of a two-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within]~~ ***is in compliance with*** the ~~[12 months preceding admission to the facility, the~~

~~client shall undergo a two-step Mantoux tuberculin skin test.]~~ ***requirements of NAC 441A.380 concerning tuberculosis.***

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

Sec. 27. NAC 449.15357 is hereby amended to read as follows:

449.15357 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. 28. NAC 449.154991 is hereby amended to read as follows:

449.154991 An administrator shall ensure that ~~[~~:

~~1. The]~~ ***the*** facility has at least one telephone that is in good working condition in the facility . ~~[; and~~

~~2. The telephone number of the facility is listed in the telephone directory.]~~

Sec. 29. NAC 449.15511 is hereby amended to read as follows:

449.15511 As used in NAC 449.15511 to 449.15529, inclusive, ***and section 8 of this regulation,*** unless the context otherwise requires, the words and terms defined in NAC 449.15513 to 449.15519, inclusive, have the meanings ascribed to them in those sections.

Sec. 30. NAC 449.15523 is hereby amended to read as follows:

449.15523 The director of a home shall:

1. Post the license to operate the home in a conspicuous place within the home.

2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. Such an assessment must include:

(a) Documentation of the abilities of the resident to function independently; and

(b) A complete list of the matters for which the resident requires assistance.

3. Ensure that the residents of the home:

(a) Are treated with dignity and respect and are not abused, neglected or exploited; and

(b) Receive:

(1) The personal care they require;

(2) A balanced daily diet that meets their nutritional needs;

(3) Protective supervision and adequate services to maintain and enhance their physical, mental and emotional well-being; and

(4) The names of, and the telephone numbers for the registration of complaints with, the Bureau and the Aging and Disability Services Division of the Department of Health and Human Services.

4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been ~~[~~trained~~]~~ ***certified*** in first aid and cardiopulmonary resuscitation ~~[,]~~ ***in accordance with the requirements of section 2 of this regulation,*** is on the premises of the home at all times when a resident is present.

5. Ensure that appropriate sanitary procedures are carried out for the handling, cleaning and storage of linens and personal laundry in the home.

Sec. 31. NAC 449.156 is hereby amended to read as follows:

449.156 As used in NAC 449.156 to 449.27706, inclusive, and sections 2 to 16, inclusive, of LCB File No. R043-22, ***and sections 9 to 13, inclusive, of this regulation,*** unless the context otherwise requires, the words and terms defined in NAC 449.1565 to 449.178, inclusive, and sections 2 to 6, inclusive, of LCB File No. R043-22 ***and sections 9 and 10 of this regulation*** have the meanings ascribed to them in those sections.

Sec. 32. NAC 449.200 is hereby amended to read as follows:

449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:

(a) The name, address, telephone number and social security number of the employee;

(b) The date on which the employee began his or her employment at the residential facility;

(c) Records relating to the training received by the employee, including, without limitation:

(1) Certificates of completion for all training completed by the employee; and

(2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of LCB File No. R043-22, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training;

(d) The health certificates required pursuant to chapter 441A of NAC for the employee;

(e) Evidence that the references supplied by the employee were checked by the residential facility; and

(f) Evidence of compliance with NRS 449.122 to 449.125, inclusive.

2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1:

(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation ~~[,]~~ ***in accordance with the requirements of section 2 of this regulation;*** and

(b) Proof that the caregiver is 18 years of age or older.

3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation ***in accordance with the requirements of section 2 of this regulation*** and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for ~~[inspection]~~ ***review*** by the Bureau ~~[within 72 hours after the Bureau requests to review the files.]~~ ***upon request.***

Sec. 33. NAC 449.231 is hereby amended to read as follows:

449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be ~~[trained]~~ ***certified*** in first aid and cardiopulmonary resuscitation ~~[. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by]~~ ***in accordance with*** the ~~[American Red Cross or an equivalent~~

~~certification will be accepted as proof of that training.~~] ***requirements of section 2 of this regulation.***

2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation:

(a) A germicide safe for use by humans;

(b) Sterile gauze pads;

(c) Adhesive bandages, rolls of gauze and adhesive tape;

(d) Disposable gloves;

(e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and

(f) A thermometer or other device that may be used to determine the bodily temperature of a person.

3. Except for first aid in an emergency, no treatment or medication may be administered to a resident without the approval of a physician, physician assistant or advanced practice registered nurse.

Sec. 34. NAC 449.232 is hereby amended to read as follows:

449.232 1. Each residential facility shall have a telephone ***, which may be a cellular telephone,*** that the residents may use to make local calls.

2. A list of telephone numbers to be called in case of an emergency for each resident must be located near the telephone. The list must include the telephone number of the resident's physician and the telephone number of a friend of the resident or one of the members of the resident's family.

~~[3. The telephone number of the facility must be listed in the telephone directory under the name of the facility.]~~

Sec. 35. NAC 449.258 is hereby amended to read as follows:

449.258 1. Written policies for a residential facility that comply with the provisions of ***sections 6 and 7 of this regulation,*** NAC 449.156 to 449.27706, inclusive, sections 2 to 16, inclusive, of LCB File No. R043-22, ***and sections 9 to 13, inclusive, of this regulation*** must be developed.

2. ~~[A policy on visiting hours must be established to promote contact by the residents with persons who are not residents of the facility. The policy regarding visits must be flexible to ensure that every resident has the opportunity to retain and strengthen ties with family and friends.~~

~~3.]~~ Assurances must be provided that incoming and outgoing mail for a resident will not be interfered with in any way, unless written permission is obtained from the resident or his or her representative. Permission obtained from the resident or the representative may specifically state the type of mail that may be interfered with by the members of the staff of the facility. Permission granted by a resident or the representative pursuant to this subsection may be revoked by the resident at any time.

~~[4.]~~ ***3.*** The employees of the facility shall comply with the policies developed pursuant to this section.

Sec. 36. NAC 449.262 is hereby amended to read as follows:

449.262 1. The administrator of a residential facility shall ensure that residents are provided with or are assisted in obtaining dental and optical care, treatment for hearing and

hearing impairment and social services. The employees of the facility shall maintain a record of the services or assistance provided pursuant to this subsection.

2. If an employee of the facility suspects that a resident is being abused, neglected, isolated ***,*** ~~[or]~~ exploited ~~[,]~~ ***or abandoned,*** the employee shall report that fact in the manner prescribed in NRS 200.5093.

3. The members of the staff of a residential facility shall not:

(a) Use restraints on any resident;

(b) Lock a resident in a room inside the facility; or

(c) Provide sedatives to a resident unless that sedative has been prescribed for that resident by a physician, physician assistant or advanced practice registered nurse to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative.

Sec. 37. NAC 449.2702 is hereby amended to read as follows:

449.2702 1. Each residential facility shall have a written policy on admissions which includes:

(a) A statement of nondiscrimination regarding admission to the facility and treatment after admission; and

(b) The requirements for eligibility as a resident of that type of facility.

2. A person who wishes to reside in a residential facility with residents that require a higher category of care than the person requires may reside in the facility if he or she is not otherwise prohibited from residing in the facility.

3. A person who is admitted to a residential facility must be at least 18 years of age.

4. Except as otherwise provided in ***this section and*** NAC ***449.2736 and*** 449.275, a residential facility shall not admit or allow to remain in the facility any person who:

(a) Is bedfast;

(b) Requires restraint;

(c) Requires confinement in locked quarters; ~~[or]~~

(d) Requires skilled nursing or other medical supervision on a 24-hour basis ~~[.]~~ ***;***

(e) Requires gastrostomy care;

(f) Requires vacuum-assisted wound closure therapy;

(g) Requires dialysis, if the person is unable to leave the facility to obtain dialysis services;

(h) Suffers from a staphylococcus infection or other serious infection; or

(i) Suffers from any other serious medical condition or requires care not described in NAC 449.2712 to 449.2734, inclusive.

5. ***A residential facility that provides care to persons with Alzheimer's disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845, may admit or retain a resident who requires confinement in locked quarters.***

6. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing.

7. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility.

~~[6.]~~ ***8.*** As used in this section ~~[:~~

~~(a) "Bedfast" means a condition in which a person is:~~

~~(1) Incapable of changing his or her position in bed without the assistance of another person; or~~

~~(2) Immobile.~~

~~(b) "Restraint"~~ ***, "restraint"*** means:

~~[(1)]~~ ***(a)*** A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms;

~~[(2)]~~ ***(b)*** A manual method for restricting a resident's freedom of movement or the resident's normal access to his or her body; or

~~[(3)]~~ ***(c)*** A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or the resident's normal access to his or her body.

Sec. 38. NAC 449.2706 is hereby amended to read as follows:

449.2706 1. If a resident's condition deteriorates to such an extent that:

(a) The residential facility is unable to provide the services necessary to treat the resident properly; or

(b) The resident no longer complies with the requirements for admission to the facility,

➥ the facility shall plan for the transfer of the resident pursuant to NRS 449A.100 ***,*** ~~[and]~~ 449A.103 ***and 449A.282*** to another facility that is able to provide the services necessary to treat the resident properly.

2. A resident, his or her next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he or she permanently leaves the facility.

Sec. 39. NAC 449.2708 is hereby amended to read as follows:

449.2708 1. ~~[A resident may be discharged from a residential facility without his or her approval if:~~

~~(a) The resident fails to pay his or her bill within 5 days after it is due;~~

~~(b) The resident fails to comply with the rules or policies of the facility; or~~

~~(c) The administrator of the facility or the Bureau determines that the facility is unable to provide the necessary care for the resident.~~

~~2. Except as otherwise provided in this section, before a resident may be discharged from a residential facility without his or her approval pursuant to this section, the facility must provide the resident, his or her representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged.~~

~~3.]~~ A residential facility shall discharge a resident who is transferred pursuant to NRS 449A.100 ***,*** ~~[and]~~ 449A.103 ***and 449A.282*** and admitted to another facility for a higher level of care. Written notice pursuant to ~~[subsection 2]~~ ***NRS 449A.114*** that the resident will be discharged is not required if the condition of the resident necessitates immediate transfer to receive emergency care.

~~[4.]~~ ***2.*** If ~~[the]~~ ***a*** resident or any of his or her visitors are engaging in behavior which is a threat to the mental or physical health or safety of the resident or other persons in the facility, the facility may issue a notice to quit to the resident. The notice to quit must include:

(a) The reasons for its issuance, with specific facts relating to the date, time and place of the incidents that posed a threat to the physical or mental health or safety of the resident or other persons in the facility; and

(b) The names of persons who witnessed the incidents and the circumstances under which the incidents occurred.

➥ If the resident or his or her visitors do not comply with the notice to quit, the resident may be discharged from the facility without his or her approval pursuant to ~~[subsection 2.]~~ ***NRS 449A.282.***

Sec**. 40.** NAC 449.2712 is hereby amended to read as follows:

449.2712 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she:

(a) Is mentally and physically capable of operating the equipment that provides the oxygen; or

(b) Is capable of:

(1) Determining his or her need for oxygen; and

(2) Administering the oxygen to himself or herself with assistance.

2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:

(a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and

(b) Ensure that:

(1) The resident's physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen;

(2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;

(3) Persons do not smoke in those areas where smoking is prohibited;

(4) All electrical equipment is inspected for defects which may cause sparks;

(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;

(6) The equipment used to administer oxygen is in good working condition;

(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and

(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.

3. The administrator of a residential facility shall ensure that ~~[the]~~ ***:***

(a) The caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen ~~[.]~~ ***; and***

(b) All caregivers are trained and knowledgeable regarding hazards and precautions to take when oxygen is in use.

Sec. 41. NAC 449.272 is hereby amended to read as follows:

449.272 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

(a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver;

(b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care; and

(c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter.

2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that:

(a) The bag and tubing of the catheter are changed by:

(1) The resident, with or without the assistance of a caregiver; or

(2) A medical professional who has been trained to provide that care;

(b) Waste from the use of the catheter is disposed of properly;

(c) Privacy is afforded to the resident while care is being provided; ~~[and]~~

(d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration ~~[.]~~ ***; and***

(e) Immediate notice is given to the primary health care provider of the resident or the administrator of the facility or his or her designee if a caregiver observes any signs or symptoms of a urinary tract infection or dehydration in the resident.

3. An administrator or his or her designee who receives notification from a caregiver pursuant to paragraph (e) of subsection 2 shall immediately notify the primary health care provider of the resident.

Sec. 42. NAC 449.2722 is hereby amended to read as follows:

449.2722 1. ~~[A person who has an unmanageable condition of bowel or bladder incontinence must not be admitted to a residential facility or permitted to remain as a resident of a residential facility.~~

~~2.]~~ A person who has a ~~[manageable]~~ condition of bowel or bladder incontinence must not be admitted to a residential facility or permitted to remain as a resident of a residential facility unless the condition can be managed by:

(a) The resident without the assistance of any other person;

(b) Requiring the resident to participate in a structured bowel or bladder retraining program to assist the resident in restoring a normal pattern of continence;

(c) A program which includes scheduled toileting at regular intervals; or

(d) Requiring the resident to use products that keep him or her clean and dry at all times.

~~[3.]~~ ***2.*** The caregivers employed by a residential facility with a resident who has a ~~[manageable]~~ condition of bowel or bladder incontinence shall ensure that:

(a) If the resident can benefit from scheduled toileting, he or she is assisted or reminded to go to the bathroom at regular intervals;

(b) The resident is checked during those periods when he or she is known to be incontinent, including during the night;

(c) The resident is kept clean and dry;

(d) Retraining programs are designed by a medical professional with training and experience in the care of persons with bowel or bladder dysfunction;

(e) The retraining programs established for a resident are followed; and

(f) Privacy is afforded to the resident when care is being provided.

~~[4.]~~ ***3.*** The caregivers employed by the facility shall not:

(a) Withhold fluids from a resident to control incontinence; or

(b) Have a resident catheterized to control incontinence for the convenience of the employees of the facility.

Sec. 43. NAC 449.2734 is hereby amended to read as follows:

449.2734 1. ~~[A]~~ ***Except as otherwise provided in NAC 449.2702, a*** person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be

admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

(a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance;

(b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or

(c) The wound is the result of surgical intervention and care is provided as directed by the surgeon.

2. If a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility:

(a) The condition must have been diagnosed by a physician;

(b) The condition must be cared for by a medical professional who is trained to provide care for and reassessment of that condition; and

(c) Before a caregiver provides care to the person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer, the caregiver must receive training related to the prevention and care of pressure sores from a medical professional who is trained to provide care for that condition.

3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer.

Sec. 44. NAC 449.2736 is hereby amended to read as follows:

449.2736 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to ~~[NAC 449.271 to 449.2734, inclusive.]~~ ***paragraph (a) or (i) of subsection 4 of NAC 449.2702.***

2. A written request submitted pursuant to this section must include, without limitation:

(a) Records concerning the resident's current medical condition, including updated medical reports, other documentation of current health, a prognosis and the expected duration of the condition;

(b) A plan for ensuring that the resident's medical needs can be met by the facility;

(c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and

(d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility.

3. A written request submitted to the Division pursuant to this section must be received:

(a) Before the administrator admits a resident; or

(b) At the onset of a medical condition set forth in ~~[NAC 449.271 to 449.2734, inclusive.]~~ ***paragraph (a) or (i) of subsection 4 of NAC 449.2702.***

4. ~~[A]~~ ***The plan for ensuring that the medical needs of a resident who is bedfast can be met by the facility submitted pursuant to paragraph (b) of subsection 2 must include, without limitation:***

(a) An assessment of the needs of the resident made within 48 hours after admission to the residential facility or the time when the resident becomes bedfast, as applicable;

(b) Measures to reduce the risk of blood clots and muscle atrophy;

(c) Measures to decrease the development of pneumonia and other respiratory complications;

(d) Measures to decrease constipation and other problems with bowel function;

(e) Measures to meet the psychosocial needs of the resident, including, without limitation, planning activities in which the resident can participate such as listening to music, visitation and having another person read to the resident;

(f) Measures to reduce injury, including, without limitation, pressure ulcers, foot drop, contractures and other related injuries;

(g) Measures to ensure the nutritional needs of the resident are met and are provided in a safe manner to avoid problems such as aspiration; and

(h) Measures to ensure the safe administration of medications.

5. Except as otherwise provided in subsection 6 and NAC 449.275, a residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to ~~[NAC 449.271 to 449.2734, inclusive.]~~ ***paragraph (a) or (i) of subsection 4 of NAC 449.2702.***

~~[5.]~~ ***6.*** A residential facility may retain a resident who is otherwise prohibited from remaining as a resident of the facility pursuant to ~~[NAC 449.271 to 449.2734, inclusive,]~~ ***paragraph (a) or (i) of subsection 4 of NAC 449.2702*** for 10 days after the facility submits to the Division the written request required pursuant to subsection 1.

Sec. 45. NAC 449.2738 is hereby amended to read as follows:

449.2738 1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau

shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau:

(a) The assessments made by physicians concerning the physical and mental condition of the resident; and

(b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident.

2. If the Bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to NAC ~~[449.271]~~ ***449.2712*** to 449.2734, inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility must be notified of that determination. Upon receipt of such a notification, the administrator shall, within a period prescribed by the Bureau, submit a plan to the Bureau for the safe and appropriate relocation of the resident pursuant to NRS 449A.100 to a place where the proper care will be provided.

3. If an inspection or investigation reveals that the conditions at a residential facility may immediately jeopardize the health and safety of a resident, the administrator of the facility shall, as soon as practicable, ensure that the resident is transferred to a facility which is capable of properly providing for his or her care.

Sec. 46. NAC 449.275 is hereby amended to read as follows:

449.275 1. ***A residential facility may admit a resident who requires skilled nursing on a 24-hour basis, including, without limitation, such a resident who is bedfast, or permit such a resident to remain in the facility without obtaining permission pursuant to NAC 449.2736 if:***

(a) The facility is not otherwise prohibited from admitting the resident or allowing the resident to remain in the facility, as applicable, by NAC 449.2702;

(b) The care and services are provided by a program of hospice care or an agency to provide nursing in the home, as applicable; and

(c) The facility complies with the requirements of subsection 2, if applicable.

2. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident.

~~[2.]~~ The members of the staff of the facility shall:

(a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care; and

(b) Report any deviation from the established plan of care to the resident's physician within 24 hours after the deviation occurs.

~~[3. If the Division grants a request made pursuant to NAC 449.2736 by the administrator of a residential facility that provides hospice care, the residential facility may retain a resident who:~~

~~(a) Is bedfast, as defined in NAC 449.2702; or~~

~~(b) Requires skilled nursing or other medical care on a 24-hour basis.]~~

Sec. 47. NAC 449.310 is hereby amended to read as follows:

449.310 1. A hospital shall not have more patients than the number of beds for which it is licensed, except in emergencies. If there is an emergency, the hospital shall notify the Bureau.

2. If a hospital is accredited by the Joint Commission ~~[on Accreditation of Healthcare Organizations]~~ or the American Osteopathic Association, the Bureau is not required to make an annual on-site inspection of the hospital.

Sec. 48. NAC 449.358 is hereby amended to read as follows:

449.358 1. A hospital shall have a well-organized medical staff that operates in accordance with the bylaws approved by the governing body.

2. The medical staff must be appointed by the governing body and be composed of:

(a) Doctors of medicine or osteopathy; and

(b) To the extent authorized by state law, other practitioners.

3. The medical staff shall periodically conduct appraisals of its members.

4. The members of the medical staff shall examine the credentials of candidates for membership to the medical staff and make recommendations to the governing body on the appointment of those candidates to the medical staff.

5. The medical staff is accountable to the governing body for the quality of the medical care provided to the patients of the hospital.

6. If the medical staff has an executive committee, a majority of the members of the executive committee must be doctors of medicine or osteopathy.

7. The responsibility for the organization and conduct of the medical staff must be assigned only to a doctor of medicine or osteopathy.

8. The medical staff shall adopt and enforce bylaws to carry out its responsibilities. The bylaws must:

(a) Be approved by the governing body of the hospital.

(b) Include a statement of the duties and privileges for each category of the medical staff, including, without limitation, active status and courtesy privileges.

(c) Describe the organization of the medical staff.

(d) Describe the qualifications that a candidate for membership to the medical staff must have before the medical staff will consider the recommendation of the candidate for membership.

(e) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to persons requesting privileges.

(f) ~~[Include]~~ ***Except as otherwise provided in this paragraph, include*** a requirement that a physical examination and medical history be done on each patient not more than 7 days before or more than 48 hours after the patient is admitted into the hospital by a member of the medical staff who is a doctor of medicine or osteopathy. ***The bylaws may authorize a certified nurse-midwife, as defined in NRS 449.0302, to perform the physical examination and medical history required by this paragraph for a patient who is admitted into the hospital for the purpose of giving birth.***

9. The medical staff shall attempt to secure autopsies in all cases in which the death of the patient is unusual or is of legal, medical or educational interest. The medical staff shall:

(a) Specifically define a mechanism for documenting permission to perform an autopsy;

(b) Establish a system for notifying the members of the medical staff and the attending physician when an autopsy is to be performed; and

(c) Ensure that all autopsies performed in the hospital are authorized pursuant to NRS 451.010.

Sec. 49. NAC 449.364 is hereby amended to read as follows:

449.364 1. If a hospital provides obstetric services, the obstetric services must be provided through an obstetric department which is well-organized and sufficiently staffed to ensure the health and safety of the patients.

2. The obstetric department must be under the direction and supervision of a qualified member of the medical staff. The director of the obstetric department is responsible for the quality of medical care provided to patients by the obstetric department and for the review of the professional practices of the medical staff within the obstetric department, including, without limitation:

(a) The delineation of the privileges accorded to members of the medical staff and members of allied health professional persons in the obstetric department; and

(b) The reappraisal and appointment of each such member.

3. A roster of the privileges relating to the provision of obstetric services of each member of the medical staff must be kept in the files of the obstetric department. The roster must specify the privileges awarded to each member.

4. A hospital shall ensure that the obstetric department has adequate staffing and equipment, including, without limitation:

(a) A sufficient number of registered nurses, trained in perinatal care of a maternal patient and in newborn care, who are on duty at all times to ensure that proper care is provided to each patient;

(b) Appropriate equipment maintained in good working order;

(c) Drugs and oxygen necessary to provide obstetric care to a maternal patient and a newborn;

(d) Appropriate clinical laboratory services available to provide safe obstetric care according to the needs of the patient and medical staff of the department; and

(e) Sufficient personnel on the premises and immediately available for each delivery of a newborn who:

(1) Are ~~[trained]~~ ***certified in accordance with the requirements of section 2 of this regulation*** and experienced in performing cardiopulmonary resuscitation on adults and newborns; and

(2) Have successfully completed the Neonatal Resuscitation Program endorsed by the American Academy of Pediatrics and the American Heart Association.

5. A hospital shall ensure that the obstetric department has the capability of providing:

(a) Initial evaluation of the risk-status of each patient needing obstetric services, including the appropriateness of admitting the patient; and

(b) Support of patients in labor.

Sec. 50. NAC 449.39516 is hereby amended to read as follows:

449.39516 1. An intermediary service organization shall ensure that each client of the intermediary service organization and personal assistant employed by the intermediary service organization is aware of and understands:

(a) The rights and responsibilities of the client;

(b) The ethical responsibilities of the personal assistant, including, without limitation, any responsibilities concerning the confidentiality of client information;

(c) The training requirements for the personal assistant as set forth in NAC 449.39519;

(d) The policies and procedures to be used by the personal assistant for the control of infections, including, without limitation, the policies and procedures of the intermediary service organization and the universal precautions as defined in NAC 441A.195;

(e) The respective responsibilities of the personal assistant and the client to properly document the needs of the person with a disability and to properly document the provision of personal assistance to that person;

(f) The procedures that the personal assistant will follow when responding to medical and nonmedical emergencies of the person with a disability;

(g) The provisions of NRS 629.091 and the appropriate procedures that must be followed when providing assistance to a person with a disability pursuant to that section; and

(h) The procedures for a client to appeal the termination, reduction or suspension of services by the intermediary service organization.

2. An intermediary service organization shall:

(a) Remain open for operation during regular business hours;

(b) ~~[Maintain a telephone line at the location of the intermediary service organization that is listed on its certificate, which must be published in a public telephone directory;~~

~~(c)]~~ Have a federal taxpayer identification number;

~~[(d)]~~ ***(c)*** Maintain all business licenses required by state and local law;

~~[(e)]~~ ***(d)*** Maintain a written policy concerning the manner in which complaints from clients will be documented and resolved and a log which lists all complaints filed by clients; and

~~[(f)]~~ ***(e)*** Maintain a written policy concerning the procedures for a client to appeal the termination, reduction or suspension of services by the intermediary service organization.

3. If an intermediary service organization withholds any money from a personal assistant which must be forwarded to another person, including, without limitation, insurance premiums, fees required to be paid by the intermediary service organization pursuant to state or federal law on behalf of the personal assistant or money withheld at the request of the personal assistant, the intermediary service organization must transfer such money to the person designated for receipt of the money by the date required for such transfer.

4. An intermediary service organization may:

(a) Employ personal assistants to provide specific medical, nursing or home health care services for a person with a disability pursuant to NRS 629.091; and

(b) At the request of a client, assist in the development of a plan of care for a person with a disability.

5. An intermediary service organization shall not serve as the managing employer of a personal assistant.

Sec. 51. NAC 449.39517 is hereby amended to read as follows:

449.39517 1. Each personal assistant employed by an intermediary service organization must:

(a) Be at least 18 years of age;

(b) Demonstrate the ability to meet the needs of the person with a disability as outlined by the client;

(c) Demonstrate the ability to communicate effectively with the client;

(d) Obtain certification to perform first aid and cardiopulmonary resuscitation ***, in accordance with the requirements of section 2 of this regulation,*** within 120 days after the date on which the personal assistant begins employment with the intermediary service organization;

(e) Be in good health as certified by a physician and must not be infected with any communicable disease that may be contagious; and

(f) If the personal assistant transports a person with a disability in a motor vehicle, maintain motor vehicle liability insurance.

2. An intermediary service organization shall serve as the employer of record for and shall maintain a personnel file for each personal assistant employed by the intermediary service organization. Each personnel file must include, without limitation:

(a) The name, address and telephone number of the personal assistant;

(b) The date on which the personal assistant began employment with the intermediary service organization;

(c) Proof that the personal assistant meets the qualifications set forth in subsection 1;

(d) Evidence that the intermediary service organization has submitted the personal assistant's fingerprints to the Central Repository for Nevada Records of Criminal History or the results of the criminal history report prepared by the Central Repository, as applicable; and

(e) Documentation submitted by the client pursuant to NAC 449.39519 of the training received by the personal assistant as required pursuant to that section.

3. An intermediary service organization shall, upon the request of the Division, make available to the Division all personnel files, including, without limitation, any personnel files that are maintained electronically.

Sec. 52. NAC 449.39519 is hereby amended to read as follows:

449.39519 1. The client of an intermediary service organization must serve as the managing employer of the personal assistant and must be responsible for the selection and termination of the personal assistant.

2. Each client shall ensure that:

(a) The personal assistant selected to provide services to the person with a disability under the direction of the client completes the training required pursuant to this section; and

(b) The personal assistant is able to safely perform the services required to meet the needs of the person with a disability.

3. Each client shall ensure that the personal assistant:

(a) Receives instruction from the client or a person designated by the client at the location where the personal assistant will provide services to the person with a disability;

(b) Within 120 days after being employed by the intermediary service organization, receives not less than 16 hours of training which must include, without limitation:

(1) The rights of a client, including, without limitation, confidentiality of client information and state and federal laws relating to confidentiality;

(2) First aid and cardiopulmonary resuscitation ~~[;]~~ ***in accordance with the requirements of section 2 of this regulation and paragraph (d) of subsection 1 of NAC 449.39517;***

(3) Universal precautions, as defined in NAC 441A.195, and the control of infection, including, without limitation, information on bloodborne pathogens and infection control procedures;

(4) Body mechanics, transferring and mobility, including, without limitation, typical body movements, range of motion, prevention of back injury and potential fall hazards;

(5) Household safety and accident prevention, including, without limitation, the preparation of a home for safety and accident prevention;

(6) Basic communication skills, including, without limitation, techniques for sharing information with persons who require alternative modes of communication;

(7) Information concerning advance directives as defined in NRS 449A.703;

(8) General awareness of issues relating to aging and disabilities, sensory, physical and cognitive disabilities, behavioral interventions targeted to specific populations, and the philosophy and principles of independent living; and

(9) The prevention of abuse, neglect ***,*** ~~[and]~~ exploitation ***, isolation or abandonment*** of ~~[a]~~ ***an older*** person ~~[with a disability,]~~ ***or vulnerable person,*** including, without limitation, identifying and reporting the full range of serious occurrences, and reporting of suspected cases of abuse, neglect ***,*** ~~[or]~~ exploitation ***, isolation or abandonment*** in the manner prescribed in NRS 200.5093 ~~[, 200.50935]~~ and 632.472; and

(c) Receives not less than 8 hours of training during each year of employment thereafter concerning such topics as determined by the client.

4. The client shall submit to the intermediary service organization documentation which includes, without limitation:

(a) The content of the training provided to the personal assistant pursuant to this section;

(b) The date on which the training was completed;

(c) The number of hours of training provided to the personal assistant; and

(d) A certificate indicating successful completion of the training.

Sec. 53. NAC 449.39579 is hereby amended to read as follows:

449.39579 1. The administrator of a community health worker pool must:

(a) Be at least 18 years of age;

(b) Have a high school diploma or its equivalent;

(c) Be responsible and mature and have the personal qualities which will enable the administrator to understand the problems relating to the prevention and management of chronic disease, the social determinants of health, the field of behavioral health and community services;

(d) Understand the provisions of this chapter and chapter 449 of NRS; and

(e) Demonstrate the ability to read, write, speak and understand the English language.

2. The administrator of a community health worker pool shall represent the licensee in the daily operation of the community health worker pool and shall appoint a person to exercise his or her authority in the administrator's absence. The responsibilities of an administrator include, without limitation:

(a) Employing qualified personnel and arranging for their training;

(b) Ensuring that only trained community health workers are providing the services of a community health worker to a client of the community health worker pool and that such services are provided in accordance with the functional assessment of the client, the service plan established for the client and the policies and procedures of the community health worker pool;

(c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the community health worker pool;

(d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the community health worker pool;

(e) Providing oversight and direction for community health workers and other members of the staff of the community health worker pool as necessary to ensure that the clients of the community health worker pool receive needed services;

(f) Developing and implementing policies and procedures for the community health worker pool, including, without limitation, policies and procedures concerning terminating the services of a community health worker provided to a client;

(g) Designating one or more employees of the community health worker pool to be in charge of the community health worker pool during those times when the administrator is absent;

(h) Demonstrating to the Division upon request that the community health worker pool has sufficient resources and the capability to satisfy the requests of each client of the community health worker pool related to the provision of the services of a community health worker described in the service plan to the client; and

(i) Providing an annual report to the Division, on a form prescribed by the Division, on or before January 1 of each year after the initial licensure of the community health worker pool.

3. Except as otherwise provided in this subsection, an employee designated to be in charge of the community health worker pool when the administrator is absent must have access to all records kept at the community health worker pool. Confidential information may be removed from a file to which an employee designated to be in charge of the community health worker pool has access if the confidential information is maintained separately by the administrator.

4. The administrator of a community health worker pool shall ensure that:

(a) The clients of the community health worker pool are not abused, neglected, exploited, isolated or abandoned by a community health worker or another member of the staff of the community health worker pool, or by any person who is visiting the client when a community health worker or another member of the staff of the community health worker pool is present; and

(b) Suspected cases of abuse, neglect, exploitation, isolation or abandonment of a client are reported in the manner prescribed in NRS 200.5093 ~~[, 200.50935]~~ and 632.472.

Sec. 54. NAC 449.39585 is hereby amended to read as follows:

449.39585 1. A separate personnel file must be kept for each community health worker employed or retained pursuant to a contract by a community health worker pool and must include, without limitation:

(a) The name, address and telephone number of the community health worker;

(b) The date on which the community health worker began working for the community health worker pool;

(c) Documentation satisfactory to the Division that the community health worker has been screened for communicable diseases as described in NAC 441A.375;

(d) Evidence of compliance with NRS 449.123 by the administrator of the community health worker pool or the person licensed to operate the community health worker pool with respect to the community health worker;

(e) Proof that, within 6 months after the community health worker began working for the community health worker pool, the community health worker obtained a certificate in first aid and cardiopulmonary resuscitation ~~[issued by]~~ ***, in accordance with*** the ~~[American National Red Cross or an equivalent certificate approved by the Division]~~ ***requirements of section 2 of this regulation,*** and proof that such certification has been maintained current;

(f) Proof that the community health worker is at least 18 years of age;

(g) Proof of possession by the community health worker of at least the minimum liability insurance coverage required by state law if the community health worker will be providing transportation to a client in a motor vehicle;

(h) Documentation of each initial training course and continuing education attended by the community health worker; and

(i) Documentation of the performance evaluations of the community health worker.

2. The documentation described in paragraph (h) of subsection 1 must include, without limitation, for each initial training course and continuing education attended by the community health worker:

(a) The name of the training course or continuing education;

(b) The date on which the training course or continuing education was attended;

(c) The number of hours of the training course or continuing education;

(d) The name of the instructor of the training course or continuing education; and

(e) A certificate of completion or another certificate indicating that the training course or continuing education was successfully completed by the community health worker.

Sec. 55. NAC 449.396 is hereby amended to read as follows:

449.396 As used in NAC 449.396 to 449.3982, inclusive, ***and section 14 of this regulation,*** the words and terms defined in NAC 449.3961 to 449.3968, inclusive, have the meanings ascribed to them in those sections.

Sec. 56. NAC 449.3961 is hereby amended to read as follows:

449.3961 "Activities of daily living" means the activities listed in ~~[NRS 449.0021.]~~ ***section 7 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 917.***

Sec. 57. NAC 449.3965 is hereby amended to read as follows:

449.3965 "Personal care services" means the nonmedical services described in ~~[NRS 449.0021.]~~ ***section 7 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at pages 917-955.***

Sec. 58. NAC 449.3973 is hereby amended to read as follows:

449.3973 1. The administrator of an agency must:

(a) Be at least 18 years of age;

(b) Have a high school diploma or its equivalent ~~[;]~~ ***or be licensed by the Board of Examiners for Long-Term Care Administrators pursuant to chapter 654 of NRS;***

(c) Be responsible and mature and have the personal qualities which will enable the administrator to understand the problems of elderly persons and persons with disabilities;

(d) Understand the provisions of this chapter and ***the*** chapter ~~[449]~~ of NRS ~~[;]~~ ***consisting of sections 2 to 90, inclusive, of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at pages 917-955;*** and

(e) Demonstrate the ability to read, write, speak and understand the English language.

2. The administrator of an agency shall represent the licensee in the daily operation of the agency and shall appoint a person to exercise his or her authority in the administrator's absence. The responsibilities of an administrator include, without limitation:

(a) Employing qualified personnel and ensuring that such personnel receive all training required by this chapter and chapter 449 of NRS in accordance with NRS 449.39735;

(b) Ensuring that only trained attendants are providing services to a client of the agency and that such services are provided in accordance with the functional assessment of the client, the service plan established for the client and the policies and procedures of the agency;

(c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the agency;

(d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the agency;

(e) Providing oversight and direction for attendants and other members of the staff of the agency as necessary to ensure that the clients of the agency receive needed services;

(f) Developing and implementing policies and procedures for the agency, including, without limitation, policies and procedures concerning terminating the personal care services provided to a client;

(g) Designating one or more employees of the agency to be in charge of the agency during those times when the administrator is absent; and

(h) Demonstrating to the Division upon request that the agency has sufficient resources and the capability to satisfy the requests of each client of the agency related to the provision of the personal care services described in the service plan to the client.

3. Except as otherwise provided in this subsection and subsection 4 of NAC 449.3976, an employee designated to be in charge of the agency when the administrator is absent must have access to all records kept at the agency. Confidential information may be removed from a file to which an employee designated to be in charge of the agency has access if the confidential information is maintained separately by the administrator.

4. The administrator of an agency shall ensure that:

(a) The clients of the agency are not abused, neglected or exploited by an attendant or another member of the staff of the agency, or by any person who is visiting the client when an attendant or another member of the staff of the agency is present; and

(b) Suspected cases of abuse, neglect ***,*** ~~[or]~~ exploitation ***, isolation or abandonment*** of a client are reported in the manner prescribed in NRS 200.5093 and 632.472.

Sec. 59. NAC 449.3976 is hereby amended to read as follows:

449.3976 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation:

(a) The name, address and telephone number of the attendant;

(b) The date on which the attendant began working for the agency;

(c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375;

(d) Evidence that the references supplied by the attendant were checked by the agency;

(e) Evidence of compliance with ~~[NRS 449.123]~~ ***section 37 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 930,*** by the administrator of the agency or the person licensed to operate the agency with respect to the attendant;

(f) Proof that, within 6 months after the attendant began working for the agency, the attendant ~~[obtained a certificate]~~ ***is certified*** in first aid and cardiopulmonary resuscitation ~~[issued by]~~ ***in accordance with*** the ~~[American National Red Cross or an equivalent certificate approved by the Division;]~~ ***requirements of section 2 of this regulation;***

(g) Proof that the attendant is at least 18 years of age;

(h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and

(i) Documentation of all training attended by and performance evaluations of the attendant.

2. The documentation described in paragraph (i) of subsection 1 must include, without limitation, for each training course attended by the attendant:

(a) A description of the content of the training course;

(b) The date on which the training course was attended;

(c) The number of hours of the training course;

(d) The name and signature of the instructor of the training course; and

(e) A certificate indicating that the training course was successfully completed by the attendant.

3. The administrator or the administrator's designee shall evaluate the competency of an attendant in each competency area required by the agency if the attendant provides written proof of his or her current or previous training in that competency area. After the initial evaluation, any additional training provided to the attendant may be limited to areas in which the attendant needs to improve his or her competency.

4. The administrator may keep the personnel files of the agency in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by attendants and other members of the staff of the agency. The administrator shall make the personnel files, including, without limitation, any electronic files, available for review by the Division upon request.

Sec. 60. NAC 449.3977 is hereby amended to read as follows:

449.3977 1. Each attendant of an agency shall:

(a) Obtain a working knowledge of the provisions of this chapter which govern the licensing of agencies before providing personal care services to the clients of the agency. The agency must provide a copy of those provisions to an attendant before the attendant may provide personal care services to the clients of the agency.

(b) Participate in and complete a training program before independently providing personal care services to the clients of the agency. The training program must include an opportunity for the attendant to receive on-the-job instruction provided to clients of the agency, as long as the administrator of the agency or the administrator's designee provides supervision during this instruction to determine whether the attendant is able to provide personal care services successfully and independently to the client.

(c) Receive training:

(1) In the written documentation of:

(I) Personal care services provided to the clients of the agency; and

(II) Verification of time records.

(2) In the rights of clients, including, without limitation, training in methods to protect client confidentiality pursuant to state and federal regulations.

(3) Related to the special needs of elderly persons and persons with disabilities, including, without limitation, training in the sensory, physical and cognitive changes related to the aging process.

(4) Related to communication skills, including, without limitation, active listening, problem solving, conflict resolution and techniques for communicating through alternative modes with persons with communication or sensory impairments.

(5) In first aid and cardiopulmonary resuscitation ~~[. A certificate]~~ ***that culminates in the attendant being certified*** in first aid and cardiopulmonary resuscitation ~~[issued by]~~ ***in accordance with*** the ~~[American National Red Cross or an equivalent certificate will be accepted as proof of that training.]~~ ***requirements of section 2 of this regulation.***

(6) That is specifically related to the personal care services provided by the agency, including, as applicable, training in the following topics:

(I) Duties and responsibilities of attendants and the appropriate techniques for providing personal care services;

(II) Recognizing and responding to emergencies, including, without limitation, fires and medical emergencies;

(III) Dealing with adverse behaviors;

(IV) Nutrition and hydration, including, without limitation, special diets and meal preparation and service;

(V) Bowel and bladder care, including, without limitation, routine care associated with toileting, routine maintenance of an indwelling catheter drainage system such as emptying the bag and positioning, routine care of colostomies such as emptying and changing the bag, signs

and symptoms of urinary tract infections, and common bowel problems, including, without limitation, constipation and diarrhea;

(VI) Skin care, including, without limitation, interventions that prevent pressure sores, routine inspections of the skin and reporting skin redness, discoloration or breakdown to the client or a representative of the client and to the administrator of the agency or the administrator's designee;

(VII) Methods and techniques to prevent skin breakdown, contractures and falls;

(VIII) Hand washing and infection control;

(IX) Body mechanics, mobility and transfer techniques, including, without limitation, simple nonprescribed range of motion; and

(X) Maintenance of a clean and safe environment.

2. Each attendant of an agency must be evaluated and determined to be competent by the agency in the required areas of training set forth in paragraph (c) of subsection 1.

3. Each attendant of an agency must have evidence of successful completion of a training program that includes the areas of training set forth in paragraph (c) of subsection 1 within the 12 months immediately preceding the date on which the attendant first begins providing care to a client.

Sec. 61. NAC 449.39775 is hereby amended to read as follows:

449.39775 1. An attendant may perform a task described in ~~[NRS 449.0304]~~ ***section 14 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 920,*** if the attendant:

(a) Before performing the task, annually thereafter and when any device used for performing the task is changed:

(1) Receives training concerning the task that meets the requirements of subsections ~~[6]~~ *7* and ~~[7;]~~ ***8;*** and

(2) Demonstrates an understanding of the task;

(b) Follows the manufacturer's instructions when operating any device used for performing the task;

(c) Performs the task in conformance with the Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578, 42 U.S.C. § 263a, if applicable, and any other applicable federal law or regulation; and

(d) Complies with the requirements of subsection 3 or 4, if applicable.

2. If a person with diabetes who is a client of an agency does not have the physical or mental capacity to perform a blood glucose test on himself or herself and an attendant performs a blood glucose test on the client, the Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578, 42 U.S.C. § 263a, shall be deemed to be applicable for the purposes of paragraph (c) of subsection 1.

3. In addition to satisfying the requirements of subsection 1, an attendant who conducts a blood glucose test must ensure that the device for monitoring blood glucose is not used on more than one person.

4. An attendant may assist a client in the administration of insulin prescribed to the client for his or her diabetes and furnished by a registered pharmacist through an auto-injection device approved by the United States Food and Drug Administration for use in the home in accordance with the requirements of subsection 1 if:

(a) A physician, physician assistant or advanced practice registered nurse has determined that the client's physical and mental condition is stable and following a predictable course; and

(b) The amount of the insulin prescribed to the client is at a maintenance level and does not require a daily assessment, including, without limitation, the use of a sliding scale.

5. An attendant may weigh a client of an agency only if:

(a) The attendant has received training on how to accurately weigh persons that meets the requirements of subsections ~~[6]~~ *7* and ~~[7;]~~ *8;* and

(b) The client has consented to being weighed by the attendant.

6. ***An attendant may:***

(a) Except as otherwise provided in this paragraph, trim or cut the fingernails or toenails of a client. An attendant shall not trim or cut the toenails of a client if the client's physician or other provider of health care has indicated that the client's toenails must be trimmed only by a person who is licensed to practice podiatry pursuant to chapter 635 of NRS or a nail technologist licensed pursuant to chapter 644A of NRS. If the client has been diagnosed with diabetes, the attendant shall consult with the client's physician or other provider of health care before trimming or cutting the toenails of the client.

(b) Except as otherwise provided in this paragraph, assist a client with physical exercises, including, without limitation, exercises for strength training and exercises designed to help with balance, flexibility, endurance and range of motion. An attendant shall not assist a client with any exercises in which the physician or other provider of health care of the client has determined that the client should not participate.

(c) Assist a client with scheduling and attending medical and nonmedical appointments.

(d) In accordance with the requirements of federal and state law and regulations concerning protected health information, communicate and share information pursuant to this subsection, including, without limitation:

(1) Communicating with the office of a physician or other provider of health care or accompanying a client to the office of a physician or other provider of health care to:

(I) Provide information concerning the client, including, without limitation, medical information, to the physician or other provider of health care; and

(II) Receive information concerning the client, including, without limitation, medical information, from the physician or other provider of health care.

(2) Sharing any information received pursuant to subparagraph (1) with the client, a representative of the client or a person named as an attorney-in-fact in a power of attorney executed by the client.

7. The training described in this section must be provided by:

(a) A physician, physician assistant or licensed nurse;

(b) For the training described in paragraph (b) or (c) of subsection 1 of ~~[~~NRS 449.0304,~~]~~ ***section 14 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 920,*** a registered pharmacist; or

(c) An employee of the residential facility who has:

(1) Received training pursuant to paragraph (a) of subsection 1 or paragraph (a) of subsection 5, as applicable, from a physician, a physician assistant, a licensed nurse or, if applicable, a registered pharmacist;

(2) At least 1 year of experience performing the task for which he or she is providing training; and

(3) Demonstrated competency in performing the task for which he or she is providing training.

~~[7.]~~ ***8.*** Any training described in this section must include, without limitation:

(a) Instruction concerning how to accurately perform the task for which the attendant is being trained in conformance with nationally recognized infection control guidelines which may include, without limitation, guidelines published by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services;

(b) Instruction concerning how to accurately interpret the information obtained from performing the task; and

(c) A description of any action, including, without limitation, notifying a physician, that must be taken based on such information.

Sec. 62. NAC 449.3978 is hereby amended to read as follows:

449.3978 1. The administrator of an agency shall ensure that each attendant working for the agency is working within the attendant's scope of service and conducts himself or herself in a professional manner. An attendant is prohibited from providing any of the services listed in subsection 2 to a client.

2. The services an attendant must not provide to a client include, without limitation:

(a) Insertion or irrigation of a catheter;

(b) Irrigation of any body cavity, including, without limitation, irrigation of the ear, insertion of an enema or a vaginal douche;

(c) Application of a dressing involving prescription medication or aseptic techniques, including, without limitation, the treatment of moderate or severe conditions of the skin;

(d) Except as authorized by NAC 449.39775, administration of injections of fluids into veins, muscles or the skin;

(e) ~~[Except as authorized by NAC 449.39775, administration of medication, including, without limitation, the insertion of rectal suppositories, the application of a prescribed topical lotion for the skin and the administration of drops in the eyes;~~

~~(f)]~~ Performing physical assessments;

~~[(g)]~~ ***(f)*** Using specialized feeding techniques;

~~[(h)]~~ ***(g)*** Performing a digital rectal examination;

~~[(i) Trimming or cutting toenails;~~

~~(j)]~~ ***(h)*** Massage;

~~[(k) Providing specialized services to increase the range of motion of a client;~~

~~(l) Providing medical case management, including, without limitation, accompanying a client to the office of a physician to provide medical information to the physician concerning the client or to receive medical information from the physician concerning the client;]~~ and

~~[(m)]~~ ***(i)*** Any task identified in chapter 632 of NRS and the regulations adopted by the State Board of Nursing as requiring skilled nursing care, except any services that are within the scope and practice of a certified nursing assistant.

Sec. 63. NAC 449.4079 is hereby amended to read as follows:

449.4079 The facility must:

1. Provide each client with such assistance as necessary for the activities of daily living;

2. Provide activities for a client which are suited to his or her interests and capacities;

3. Observe the health of the client and notify his or her next of kin, guardian, or other person responsible for the client of any significant change in his or her physical or mental condition;

4. Establish procedures for the administration of medication to clients, either directly by the client or by an employee at the facility;

5. Provide fluids to clients as necessary to prevent dehydration;

6. Have at least one employee on the premises at all times who is ~~[trained]~~ ***certified*** to administer first aid and cardiopulmonary resuscitation ~~[;]~~ ***in accordance with the requirements of section 2 of this regulation;***

7. Provide information to a client about other local, state and federal agencies in the area that may be able to assist the client and his or her family; and

8. Prepare a monthly calendar of activities at the facility and distribute the calendar to clients and their families.

Sec. 64. NAC 449.410 is hereby amended to read as follows:

449.410 As used in NAC 449.410 to 449.4495, inclusive, unless the context otherwise requires, the words and terms defined in NAC 449.4105 ~~[, 449.411]~~ and 449.4115 have the meanings ascribed to them in those sections.

Sec. 65. NAC 449.4506 is hereby amended to read as follows:

449.4506 The administrator of a facility shall ensure that:

1. The facility is adequately staffed with qualified personnel who:

(a) Meet the needs of and ensure the safety of each person who visits the facility; and

(b) Satisfy any applicable statutory requirements for the provision of care.

2. The facility employs at least one full-time registered nurse licensed pursuant to chapter 632 of NRS to supervise and manage the care provided to patients in the facility.

3. At least one registered nurse who is employed by the facility is present in the facility at all times that any patient is present in the facility.

4. Each member of the staff who provides patient care is adequately trained in emergency procedures and is currently certified to perform first aid and cardiopulmonary resuscitation ~~[.]~~ ***in***

accordance with the requirements of section 2 of this regulation. At least one member of the staff who is trained in emergency procedures and who has obtained the advanced certificate in first aid and adult cardiopulmonary resuscitation ~~[issued by the American Red Cross or an equivalent certification]~~ ***in accordance with the requirements of section 2 of this regulation*** must be present in the facility whenever any patient is present in the facility.

5. A separate personnel file is established and maintained for each member of the staff of the facility that includes:

(a) Proof of any training relating to emergency response required by the facility pursuant to the policies and procedures established by the facility pursuant to NAC 449.451;

(b) Such health records as are required by chapter 441A of NAC which include evidence that the member of the staff employed by the facility or under contract with the facility has had a skin test for tuberculosis in accordance with NAC 441A.375; and

(c) Evidence that the member of the staff employed by the facility or under contract with the facility has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by that person.

Sec. 66. NAC 449.546 is hereby amended to read as follows:

449.546 1. If an advanced practice registered nurse or a physician assistant provides treatment for a patient of a facility, the facility shall ensure that there is evidence of communication with the treating physician of the patient if the advanced practice registered nurse or physician assistant changes any order for treatment in accordance with the provisions of chapter 630 ***,*** ~~[or]~~ 632 ***or 633*** of NRS.

2. An advanced practice registered nurse or a physician assistant specified in subsection 1 may not replace the treating physician of the patient concerning:

(a) Participation in planning for the care of the patient; or

(b) Activities conducted at the facility to ensure the quality of the facility.

3. If a medical emergency occurs concerning a patient of a facility, the treating physician for that patient:

(a) Must be immediately notified; and

(b) Shall direct the provision of care for the patient during the emergency.

Sec. 67. NAC 449.553 is hereby amended to read as follows:

449.553 1. Each physician who is a member of the medical staff of a facility must be licensed to practice medicine in this State.

2. The membership of the medical staff of a facility may include a nephrologist or any other physician who has training or demonstrated experience in providing care for a patient who is diagnosed with end-stage renal disease.

3. If a facility employs an advanced practice registered nurse or a physician assistant:

(a) The advanced practice registered nurse must be qualified in accordance with the provisions of chapter 632 of NRS; and

(b) The physician assistant must be qualified in accordance with the regulations adopted by the Board of Medical Examiners ~~,~~ ***or the State Board of Osteopathic Medicine, as applicable.***

Sec. 68. NAC 449.5745 is hereby amended to read as follows:

449.5745 The supervising nurse or a registered nurse of a facility who qualifies as an instructor for the facility shall complete a written list to determine the knowledge and skills of each dialysis technician in performing the following activities:

1. Assembling supplies required to provide treatment to a patient of the facility;

2. Preparing dialysate according to procedure and dialysis prescription;

3. Assembling and preparing the dialysis extracorporeal circuit;

4. Securing the correct dialyzer for the patient;

5. Installing and rinsing the dialyzer and all required tubing for the dialyzer;

6. Testing monitors and alarms, conductivity and, if applicable, testing for the presence or absence of residual sterilants;

7. Setting monitors and alarms in accordance with the protocols of the facility and the instructions of the manufacturer of the monitor or alarm;

8. Obtaining predialysis vital signs, weight and temperature of a patient of the facility in accordance with the protocols of the facility and, after obtaining that information, notifying the supervising nurse or registered nurse of all unusual findings;

9. Inspecting the dialysis access of the patient for patency and, after cannulation is performed and heparin is administered, initiating dialysis in accordance with the patient's prescription, observing universal precautions and reporting all unusual findings to the supervising nurse or registered nurse;

10. Adjusting the rate of the flow of blood in accordance with the protocols of the facility and the prescription of the patient;

11. Calculating and setting the dialysis machine to allow the removal of fluid at a rate established in accordance with the protocols of the facility and the prescription of the patient;

12. Monitoring the patient and equipment during treatment, responding appropriately to the requirements of the patient and to machine alarms, and reporting all unusual occurrences to the supervising nurse or registered nurse;

13. Changing the rate of the removal of fluid, placing the patient in the Trendelenburg position and administering replacement normal saline as directed by:

(a) The supervising nurse or registered nurse;

(b) An order of a physician; or

(c) The protocols of the facility;

14. Documenting all findings and actions in accordance with the protocols of the facility;

15. Describing the appropriate response to:

(a) Emergencies relating to dialysis, including, without limitation, cardiac or respiratory arrest, needle displacement or infiltration, clotting, blood leaks or air emboli; and

(b) Nonmedical emergencies, including, without limitation, power outages or equipment failures;

16. Discontinuing dialysis and establishing hemostasis, including:

(a) Inspecting, cleaning and dressing the dialysis access of the patient in accordance with the protocols of the facility; and

(b) Reporting all unusual findings or occurrences to the supervising nurse or registered nurse;

17. Obtaining and recording the temperature, weight and postdialysis vital signs of the patient and reporting all unusual findings to the supervising nurse or registered nurse;

18. Discarding supplies and sanitizing the equipment and treatment chair in accordance with the protocols of the facility;

19. Communicating all emotional, medical, psychological or nutritional concerns of the patient to the supervising nurse or registered nurse;

20. Obtaining current certification in cardiopulmonary resuscitation ~~[;]~~ ***in accordance with the requirements of section 2 of this regulation;*** and

21. Maintaining professional conduct, good communication skills and confidentiality concerning the care of the patients of the facility.

Sec. 69. NAC 449.6122 is hereby amended to read as follows:

449.6122 Anesthesia during open-heart surgery at an approved hospital must be administered by an anesthesiologist who:

1. Is certified by or who is eligible for certification by the American Board of ~~[Anesthesiologists;]~~ ***Anesthesiology, or its successor organization;*** and

2. Has special training or experience in the administration of anesthesia in open-heart surgery.

Sec. 70. NAC 449.61378 is hereby amended to read as follows:

449.61378 1. Each independent center for emergency medical care shall provide basic radiological services performed by a person who is certified by the American Registry of ~~[Radiological]~~ ***Radiologic*** Technologists ***, or its successor organization,*** or a person who has equivalent qualifications. Radiological services must be available during all hours of operation of the center to meet the needs of its patients and medical staff.

2. All X-ray films requested by a physician at an independent center for emergency medical care must be interpreted by a radiologist. The radiologist shall provide a final report for each X-ray film signed by the radiologist which must be filed with the medical record of the patient. A duplicate copy of the report must be kept within the radiology department of the center. Any positive or abnormal results from the X-ray report must be reported to the patient and the physician who requested the X-ray.

3. All X-ray reports and roentgenograms must be preserved or microfilmed for at least the length of time specified in the applicable statute of limitations governing medical malpractice.

Sec. 71. NAC 449.74347 is hereby amended to read as follows:

449.74347 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 persons with alcohol or other substance use disorders and persons with mental illness.

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 practice registered nurse 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]~~ ***certified*** to administer cardiopulmonary resuscitation ~~[.]~~ ***in accordance with the requirements of section 2 of this regulation.***

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 or her designee.

Sec. 72. NAC 449.74349 is hereby amended to read as follows:

449.74349 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 practice registered nurse with at least 2 years of clinical practice in the field of psychiatric nursing or nursing related to the treatment of alcohol or other substance use disorders; 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 ***or 633*** 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. 73. NAC 449.74357 is hereby amended to read as follows:

449.74357 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. 74. NAC 449.74417 is hereby amended to read as follows:

449.74417 1. The governing body of a facility for skilled nursing shall appoint a qualified administrator for the facility.

2. The administrator ~~[~~:

~~(a) Must be licensed under the provisions of chapter 654 of NRS; and~~

~~(b) Is]~~ ***is*** responsible for the management of the facility.

3. A facility for skilled nursing must be administered in a manner that enables it to use its resources effectively and efficiently in order to attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient.

Sec. 75. NAC 449.74447 is hereby amended to read as follows:

449.74447 1. A facility for skilled nursing shall not prohibit a patient in the facility from contacting, receiving information from or speaking to:

(a) A representative of the Bureau.

(b) The patient's physician ~~[.]~~ ***or other provider of health care.***

(c) Any person who advocates for the rights of the patients of the facility, including, without limitation:

(1) Advocates for residents of facilities for long-term care appointed pursuant to chapter 427A of NRS; and

(2) Persons who advocate for and are responsible for the protection of persons with developmental disabilities or who are mentally ill.

(d) Any person who provides health care, social, legal or other services to the patient.

(e) The relatives of the patient.

(f) Any other persons with whom the patient wishes to visit.

2. ~~[The provisions of this section do not prohibit a]~~ ***A*** facility for skilled nursing ~~[from adopting reasonable restrictions]~~ ***shall comply with the provisions of 42 C.F.R. §§ 483.10(f)(4)*** relating to the visitation of patients.

3. A facility for skilled nursing shall not prohibit an advocate for residents of facilities for long-term care appointed pursuant to chapter 427A of NRS from examining the medical records

of a patient of the facility in accordance with state law and with the permission of the patient or the patient's legal representative.

Sec. 76. NAC 449.793 is hereby amended to read as follows:

449.793 1. The governing body or other entity responsible for the operation of a home health agency shall appoint a committee to provide for a quarterly review of 10 percent of the records of patients who have received services from the agency during the preceding 3 months in each service area. The members of the committee must include ~~[an]~~ ***:***

(a) An administrative representative ~~[, a]~~ ***;***

(b) A physician, a ***physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse;***

(c) A registered nurse ***;*** and ~~[a]~~

(d) A clerk or librarian who keeps records.

2. The clerk or librarian of the committee shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices.

3. The committee shall:

(a) Determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service; and

(b) Record any deficiencies and make necessary recommendations to the administrator.

4. If ~~[the branch offices of]~~ a home health agency ~~[are small,]~~ ***has branch offices,*** two or more offices may establish one committee to review cases from each area.

5. The committee shall ensure that minutes of the committee's meetings are documented and make the minutes available to personnel of the Division for review upon request.

Sec. 77. NAC 449.818 is hereby amended to read as follows:

449.818 1. An application for a provisional license must be submitted to the Division on a form furnished by the Division accompanied by a nonrefundable fee of $100 and must include:

(a) For an applicant who is a natural person:

(1) ~~[Three]~~ ***One*** or more letters of professional reference ~~[,]~~ ***that include valid contact information for the person providing the reference;***

(2) A certification, signed by the applicant, that the applicant will maintain the confidentiality of information relating to any person who receives services;

(3) Proof that the applicant ~~[has successfully completed a course]~~ ***is certified*** in ***first aid and*** cardiopulmonary resuscitation ~~[according to]~~ ***in accordance with*** the ~~[guidelines of the American Red Cross or American Heart Association;]~~ ***requirements of section 2 of this regulation;***

(4) ~~[Proof that the applicant is currently certified in standard first aid through a course from the American Red Cross or American Heart Association or, if the applicant submits proof that the course meets or exceeds the requirements of the American Red Cross or the American Heart Association, an equivalent course in standard first aid;~~

~~(5)]~~ Written verification, on a form prescribed by the Division, that the fingerprints of the applicant were taken and forwarded electronically or by another means directly to the Central Repository for Nevada Records of Criminal History and that the applicant has given written permission to the law enforcement agency or other authorized entity taking the fingerprints to submit the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation and to such other law enforcement agencies as the Division deems necessary for reports on the applicant's background to the Division and the applicant;

~~[(6)]~~ ***(5)*** A copy of the social security card of the applicant;

~~[(7)]~~ ***(6)*** A copy of a form of government-issued identification, which may include, without limitation, a passport, identification card or driver's license;

~~[(8)]~~ ***(7)*** An attestation that the applicant has sufficient working capital to effectively provide services and, if the applicant proposes to provide services in a facility, operate the facility;

~~[(9)]~~ ***(8)*** If applicable, ~~[a copy of]~~ the ~~[applicant's]~~ ***business identification number assigned by the Secretary of State, unless the applicant is exempt from the requirement to obtain a*** state business license ***,*** and a copy of the current business license issued for the applicant's business by the county, city or town in which the applicant's business is located or written verification that the applicant is exempt from any requirement to obtain a business license; and

~~[(10)]~~ ***(9)*** Any other information required by the Division.

(b) For an applicant other than a natural person:

(1) If applicable, ~~[a copy of]~~ the ***business identification number assigned by the Secretary of State, unless the applicant is exempt from the requirement to obtain a*** state business license ***,*** ~~[of the organization]~~ and a copy of the current business license issued for the applicant's business by the county, city or town in which the applicant's business is located or written verification that the applicant is exempt from any requirement to obtain a business license;

(2) The federal tax identification number of the organization;

(3) ~~[A copy of the bylaws, articles of incorporation, articles of association, articles of organization, partnership agreement, constitution and any other substantially equivalent documents of the applicant, and any amendments thereto;~~

~~(4)]~~ A list of the members of the governing body of the applicant;

~~[(5)]~~ ***(4)*** If the applicant is an association or a corporation:

(I) The name, title and principal business address of each officer and member of its governing body;

(II) The signature of the chief executive officer or an authorized representative; and

(III) If the applicant is a corporation, the name and address of each person holding more than 10 percent of its stock;

~~[(6)]~~ ***(5)*** For each member of the governing body:

(I) ~~[Three]~~ ***One*** or more letters of professional reference ~~[;]~~ ***that include valid contact information for the person providing the reference;*** and

(II) Written verification, on a form prescribed by the Division, that the fingerprints of the member of the governing body were taken and forwarded electronically or by another means directly to the Central Repository for Nevada Records of Criminal History and that the member of the governing body has given written permission to the law enforcement agency or other authorized entity taking the fingerprints to submit the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation and to such other law enforcement agencies as the Division deems necessary for reports on the member's background to the Division and the applicant;

~~[(7)]~~ ***(6)*** An attestation that the applicant has sufficient working capital to effectively provide services and, if the applicant proposes to provide services in a facility, operate the facility;

~~[(8)]~~ ***(7)*** Copies of any policies and procedures of the applicant relating to the provision of services; and

~~[(9)]~~ ***(8)*** Such other information as may be required by the Division.

2. An applicant for a provisional license shall post a surety bond in an amount equal to the operating expenses of the applicant for 2 months, place that amount in escrow or take another action prescribed by the Division to ensure that, if the applicant becomes insolvent, recipients of community-based living arrangement services from the applicant may continue to receive community-based living arrangement services for 2 months at the expense of the applicant.

3. As used in this section:

(a) "Electronic signature" means a user name attached to or logically associated with a record and executed or adopted by a person with the intent to sign an electronic application or other document.

(b) "Signature" includes, without limitation, an electronic signature.

Sec. 78. NAC 449.831 is hereby amended to read as follows:

449.831 Each employee or independent contractor of a provider who provides services must ~~[~~:

~~1. Be]~~ ***be*** currently certified in ~~[~~standard~~]~~ first aid ~~[~~through a course from the American Red Cross or American Heart Association or their successor organizations or, if the applicant submits proof that the course meets or exceeds the requirements of the American Red Cross or the

~~American Heart Association or their successor organizations, an equivalent course in standard first aid;~~] and [

~~2. Have successfully completed a course in~~] cardiopulmonary resuscitation [~~according to~~] ***in accordance with*** the [~~guidelines of the American Red Cross or American Heart Association or their successor organizations.~~] ***requirements of section 2 of this regulation.***

Sec. 79. NAC 449.8385 is hereby amended to read as follows:

449.8385 1. Except as otherwise provided in subsection 2, a natural person responsible for the operation of a provider of community-based living arrangement services and each employee of a provider of community-based living arrangement services who supervises or provides support to recipients of community-based living arrangement services shall:

(a) Complete not less than 16 hours of training concerning the provision of community-based living arrangement services to persons with mental illness within 30 days after the date of hire or before providing services to a patient, whichever is later; and

(b) Annually complete not less than 8 hours of continuing education approved by the Division concerning the particular population served by the provider.

2. If the Board determines that a person described in subsection 1 is required to receive training or continuing education substantially equivalent to that prescribed in that subsection as a condition of licensure or certification under title 54 of NRS, the person is not required to complete the training or continuing education, as applicable, required by subsection 1.

3. If a [~~caregiver~~] ***natural person responsible for the operation of a provider of community-based living arrangement services or an employee of a provider of community-based living arrangement services*** assists a recipient of community-based living arrangement

services in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:

(a) Before assisting a resident in the administration of a medication, ~~[receive]~~ ***successfully compete*** not less than 16 hours of training in the management of medication ***from a course*** approved by the Division ~~[, which must consist of not less than 12 hours of classroom training and not less than 4 hours of practical training,]~~ ***pursuant to section 12 of LCB File No. R043-22*** and obtain a certificate attesting to the completion of such training; ***and***

(b) ~~[Receive]~~ ***Successfully complete*** annually ***from a course approved by the Division pursuant to section 12 of LCB File No. R043-22*** not less than 8 hours of training in the management of medication and provide the provider of community-based living arrangement services with satisfactory evidence of the content of the training and his or her ~~[attendance at]~~ ***completion of*** the training ***.*** ~~[; and~~

~~(c) Annually pass an examination relating to the management of medication approved by the Bureau.]~~

Sec. 80. NAC 449.847 is hereby amended to read as follows:

449.847 1. A provider who operates a facility shall:

(a) Furnish each common area with comfortable furniture.

(b) Provide a dining area with a sufficient number of tables and chairs to provide seating for the number of residents for which the facility is certified. The tables and chairs must be sturdy, of proper height for dining and have surfaces that are easily cleaned.

(c) Provide a kitchen that allows for the sanitary preparation of food and is furnished with equipment that is clean and in good working condition.

(d) Ensure that all perishable food is refrigerated at a temperature of 41 degrees Fahrenheit or less, all frozen food is kept at a temperature of 0 degrees Fahrenheit or less and all stored foods have not expired.

(e) Ensure that food is not stored for longer than the length of time recommended by the United States Department of Health and Human Services in ~~["Storage Times for the Refrigerator and Freezer,"]~~ ***"Cold Food Storage Chart"*** which is hereby adopted by reference. This chart may be obtained:

(1) From the United States Department of Health and Human Services for free at 200 Independence Avenue, S.W., Washington, D.C. 20201, and at the Internet address ~~[https://www.foodsafety.gov/keep/charts/storagetimes.html;]~~ ***https://www.foodsafety.gov/food-safety-charts/cold-food-storage-charts;*** or

(2) Under the circumstances described in subsection 4, on an Internet website maintained by the Division.

2. Except as otherwise provided in this section, the most current version of the guidelines adopted by reference pursuant to paragraph (e) of subsection 1 which is published will be deemed to be adopted by reference.

3. If the Division determines that an update of or revision to the guidelines adopted by reference pursuant to paragraph (e) of subsection 1 are not appropriate for use in the State of Nevada, the Division shall present this determination to the State Board of Health and the State Board of Health will not adopt the update or revision, as applicable.

4. If the guidelines adopted by reference pursuant to paragraph (e) of subsection 1 cease to exist, the last version of the guidelines that was published shall be deemed to be the current version.

Sec. 81. NAC 449.852 is hereby amended to read as follows:

449.852 1. A provider who operates a facility ~~[:~~

~~(a) Shall maintain a policy concerning visitation by family, friends or acquaintances of residents and employees who enter the facility.~~

~~(b) Shall]~~ ***shall*** not allow a minor child of the provider or an employee of the provider to be present at the facility when services are provided.

2. A child of a resident may visit the resident in accordance with the policy ~~[maintained]~~ ***developed*** pursuant to ~~[subsection 1]~~ ***section 7 of this regulation*** and the individualized plan prepared pursuant to NAC 449.835 for the resident.

Sec. 82. NAC 449.880 is hereby amended to read as follows:

449.880 Each attendant of an employment agency must:

1. Be at least 18 years of age;

2. Provide to the Division, upon request, documentation that the attendant has taken the tests and obtained the certificates required by NAC 441A.375;

3. Be responsible and mature and exhibit empathy, listening skills and other personal qualities which will enable the attendant to understand the problems of elderly persons and persons with disabilities;

4. Understand the provisions of this chapter and ***the*** chapter ~~[449]~~ of NRS ~~[;]~~ ***consisting of sections 2 to 90, inclusive, of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at pages 917-955;***

5. Demonstrate the ability to read, write, speak and communicate effectively in the English language with the clients of the employment agency;

6. Demonstrate the ability to meet the needs of the clients of the employment agency; and

7. Within the 12 months immediately preceding the date on which the attendant begins providing nonmedical services to a client and annually thereafter, complete not less than 8 hours of training related to providing for the needs of the clients of the employment agency and limitations on the nonmedical services provided by the employment agency. The training must include, without limitation, training concerning:

(a) Duties and responsibilities of attendants and the appropriate techniques for providing nonmedical services;

(b) Recognizing and responding to emergencies, including, without limitation, fires and medical emergencies;

(c) Dealing with the adverse behaviors of clients;

(d) Nutrition and hydration, including, without limitation, special diets and meal preparation and service;

(e) Bowel and bladder care, including, without limitation, routine care associated with toileting, routine maintenance of an indwelling catheter drainage system such as emptying the bag and positioning of the system, routine care of colostomies such as emptying and changing the colostomy bag, signs and symptoms of urinary tract infections and common bowel problems, including, without limitation, constipation and diarrhea;

(f) Methods for preventing skin breakdown, contractures and falls;

(g) Handwashing and infection control;

(h) Basic body mechanics, mobility and techniques for transferring clients;

(i) Proper techniques for bathing clients;

(j) The rights of clients and methods to protect the confidentiality of information concerning clients as required by federal and state law and regulations;

(k) The special needs of elderly persons and persons with disabilities and sensory, physical and cognitive changes related to the aging process;

(l) Maintenance of a clean and safe environment; ~~[and]~~

(m) ***Recognizing and preventing the abuse of older persons and vulnerable persons that meets the requirements of NRS 449.093 or section 31 of Assembly Bill No. 519, chapter 158, Statutes of Nevada 2025, at page 926, as applicable, for an employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care; and***

(n) First aid and cardiopulmonary resuscitation ~~[. A certificate]~~ ***that culminates in the attendant being certified*** in first aid and cardiopulmonary resuscitation ~~[issued to]~~ ***in accordance with*** the ~~[attendant by the American Red Cross, its successor organization, or an organization determined by the Division to be equivalent shall be deemed adequate proof that the attendant has received the training required by this paragraph.]~~ ***requirements of section 2 of this regulation.***

Sec. 83. NAC 449.97036 is hereby amended to read as follows:

449.97036 1. In addition to complying with the requirements set forth in NRS 449A.100 to 449A.118, inclusive, a parent facility or independent facility that is issued a license to operate a mobile unit shall ensure that each patient who receives services at the mobile unit is:

(a) Treated with respect, consideration and dignity;

(b) Provided appropriate privacy;

(c) Informed of:

(1) His or her rights as a patient in accordance with NRS ~~[449.730;]~~ ***449A.118;***

(2) Before admission to the mobile unit, each service that is available at the mobile unit and the estimated cost of the service; and

(3) Any supplies, medication or equipment that the patient may require after receiving the service; and

(d) Allowed to participate in any decision relating to any health care the patient receives at the mobile unit, unless the patient is unable to participate in that decision because of his or her medical condition.

2. If a patient of a mobile unit is unable to understand any information relating to his or her rights as a patient provided to him or her pursuant to subsection 1, the person who is responsible for the provision of services at the mobile unit shall provide that information to an appropriate person who is responsible for the patient. For each patient who is informed of his or her rights as a patient pursuant to this section, the person who is responsible for the provision of services at the mobile unit shall:

(a) Prepare a written statement indicating that he or she informed the patient of those rights; and

(b) Include the statement in the medical record of the patient that is maintained by the mobile unit.

Sec. 84. NAC 449.97042 is hereby amended to read as follows:

449.97042 1. A hospital shall not operate a mobile unit as a primary source for providing a service specified in NRS 449.012 except during an emergency.

2. A parent facility or independent facility that is issued a license to operate a mobile unit shall not use the mobile unit to provide any service for which the mobile unit is not licensed,

regardless of whether the mobile unit is operated by a person other than the parent facility or independent facility.

3. An independent facility that is issued a license to operate a mobile unit shall:

(a) Maintain an office in this State;

(b) Ensure that the office remains open during normal business hours;

(c) Ensure that any schedule, record or other information that the independent facility or mobile unit is required to maintain pursuant to NAC 449.970 to 449.97042, inclusive, is maintained at the office of the independent facility; and

(d) Not use the office of the independent facility to provide any service for which the mobile unit is licensed, unless the owner or operator of the independent facility is a physician licensed pursuant to chapter 630 ***or 633*** of NRS and uses the office to provide medical services to his or her patients.

4. If a mobile unit is operated pursuant to a contract, the parent facility or independent facility of the mobile unit:

(a) Is liable for any failure by the operator of the mobile unit to comply with any provision of NRS 449.001 to 449.240, inclusive, or the standards and regulations adopted by the State Board of Health concerning the operation and maintenance of the mobile unit;

(b) Shall maintain on the premises of the parent facility or independent facility a record satisfactory to the Division setting forth the services provided by the mobile unit pursuant to the contract and the name of each person who is responsible for the provision of services at the mobile unit;

(c) Shall ensure that any procedure conducted or service provided by the mobile unit is conducted or provided in accordance with the standard of acceptable practice for the procedure or service; and

(d) Shall ensure that the owner or operator of the mobile unit makes the mobile unit available for inspection by the Division pursuant to NRS 449.0307, 449.131 and 449.132.

Sec. 85. Section 10 of LCB File No. R043-22 is hereby amended to read as follows:

Sec. 10. "Course" means a course of training in the administration of medication offered to satisfy the requirements of NAC 449.196, 449.2726 ***,*** ~~[and]~~ 449.2742 and ***449.8385,*** section 15 of LCB File No. R043-22 ~~[.]~~ ***and section 14 of this regulation.***

Sec. 86. Section 13 of LCB File No. R043-22 is hereby amended to read as follows:

Sec. 13. 1. A course must:

(a) Be conducted entirely in English and consist of:

(1) At least 16 hours of training in the management of medication, consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training; or

(2) At least 8 hours of refresher or remedial training in the management of medication.

(b) Include, without limitation, instruction concerning:

(1) The duties, responsibilities and authorized activities of a ~~[caregiver]~~ ***person*** who administers or assists with the administration of medication to residents ~~[;]~~ ***, recipients or clients, as applicable;***

(2) Common abbreviations used by physicians, physician assistants, advanced practice registered nurses and pharmacists when writing prescriptions and instructions for using medications;

(3) Following a plan for managing the administration of medications maintained by a residential facility pursuant to paragraph (d) of subsection 1 of NAC 449.2742 and any other policies ***of a residential facility, a provider of community-based living arrangement services or an agency to provide personal care services in the home*** concerning ordering new prescriptions, reordering existing prescriptions, requesting refills, storage and handling of different types of medication, destruction of medication in accordance with subsection 9 of NAC 449.2742 and maintaining a log of medication deliveries;

(4) Common classifications of medications, including, without limitation, generic, brand name, statins, blood thinners, nitroglycerin, laxatives, antihistamines, antibiotics, bronchodilators, diuretics, antihypertensives, analgesics, antidepressants, anti-anxiety, sedatives, hypnotics, antipsychotics, anti-ulcer, anti-osteoporosis, eye drops and ear drops;

(5) Controlled substances and other medications commonly prescribed to residents ~~[.]~~ ***, recipients and clients;***

(6) Types of orders commonly given by physicians, physician assistants and advanced practice registered nurses;

(7) Routes by which medication can be administered, including, without limitation, oral, sublingual, transdermal, topical, otic and ophthalmic;

(8) Types of packaging for medication, including, without limitation, bottles, bubble packs, blister packs and patches;

(9) Forms of medication, including, without limitation, tablet, capsule, cream, elixir, enteric-coated tablet, fast-dissolving tablet, gel capsule, powder, inhaler, ointment, solution, suspension and transdermal patch;

(10) Allergies, interactions between drugs, contraindications, side effects, adverse reactions and toxicity;

(11) Reading the medication label;

(12) The importance of:

(I) Administering medications as prescribed, including, without limitation, the effect of the manner in which medication is administered on the level of medication in the bloodstream and the therapeutic effect of the medication; and

(II) Ensuring that over-the-counter medications and dietary supplements are administered only as authorized by NAC 449.2742 ~~[,]~~ ***or 449.8415 or section 14 of this regulation, as applicable;***

(13) Determining the schedule for administering a medication based on the instructions provided by the prescribing physician, physician assistant or advanced practice registered nurse;

(14) The rights of a resident ***, recipient or client*** concerning the administration of medication;

(15) Verifying before and during the administration of medication that:

(I) The medication is being administered to the correct resident ~~[,]~~ ***, recipient or client;***

(II) The correct medication is being administered to the resident ~~[,]~~ ***, recipient or client;***

(III) The dosage of the medication is correct;

(IV) The medication is being administered according to the schedule established by the prescribing physician, physician assistant or advanced practice registered nurse;

(V) The medication is being administered through the correct route; and

(VI) The administration of the medication is documented properly;

(16) Checking the name of the resident ***, recipient or client*** receiving medication, the strength and dosage of the medication and the frequency of administration against the order or prescription, the record of the administration of the medication maintained pursuant to NAC 449.2744 ***or 449.8415 or section 14 of this regulation, as applicable,*** and the instructions on the container of the medication;

(17) When to cut or crush a pill and the proper procedure for cutting or crushing a pill;

(18) When and how to administer a liquid medication, including, without limitation, measuring the amount of a liquid medication;

(19) Antibiotic therapy and achieving therapeutic levels of an antibiotic in blood serum;

(20) Situations where it is appropriate to administer topical solutions, including, without limitation, antibiotic cream, without an order from a physician, physician assistant or advanced practice registered nurse;

(21) Determining when to administer a medication if the directions provide for administration as needed;

(22) Maintaining a record of medication administration in accordance with NAC 449.2744 ~~[;]~~ ***and 449.8415 and section 14 of this regulation;***

(23) Actions to take if an error is made in the administration of medication;

(24) Signs and symptoms of an allergic reaction to medication and other changes in the condition of a resident ***, recipient or client*** to whom medication is administered that must be reported to a physician, physician assistant or advanced practice registered nurse;

(25) Situations where it is necessary to seek the assistance of providers of emergency medical services;

(26) Assisting residents ***, recipients or clients*** who use oxygen, residents ***, recipients or clients*** who receive kidney dialysis and residents ***, recipients or clients*** with diabetes, dementia, Parkinson's disease and asthma;

(27) Dealing with medication-seeking behavior and other problematic behavior of residents ***, recipients, or clients*** relating to medication;

(28) Assisting residents ***, recipients or clients*** with the self-administration of medication;

(29) Preventing infectious diseases, including, without limitation, proper procedures for hand washing and actions to take when exposed to blood-borne pathogens; and

(30) Finding necessary information concerning medications.

(c) Require a participant in the course to demonstrate competency in:

(1) Washing hands;

(2) Putting on and removing gloves;

(3) Pouring medication and passing the medication to a resident ***, recipient or client*** while performing the duties described in subparagraphs (15) and (16) of paragraph (b);

(4) Assisting with the administration of medication orally, sublingually, topically or through eye drops, ear drops, nose drops or spray and inhalers;

(5) Cutting and crushing pills;

(6) Reading and interpreting the label of a prescription medication;

(7) Labeling over-the-counter medications and nutritional supplements;

(8) Counting the amount of a controlled substance;

(9) Properly storing medications;

(10) Recording the administration of medication in a record of medication administration maintained pursuant to NAC 449.2744 ***or 449.8415 or section 14 of this regulation, as applicable,*** if:

(I) The medication is administered pursuant to a routine schedule; and

(II) The instructions of the prescribing physician, physician assistant or advanced practice registered nurse provide for administration as needed;

(11) Recording an order to discontinue medication in a record of medication administration maintained pursuant to NAC 449.2744 ~~[;]~~ ***or 449.8415 or section 14 of this regulation, as applicable;***

(12) Completing a report documenting an error in the administration of medication;

(13) Documenting the delivery and destruction of medication in a log maintained pursuant to NAC 449.2744 ~~[;]~~ ***or 449.8415 or section 14 of this regulation, as applicable;***

(14) Completing a form to notify the physician, physician assistant or advanced practice registered nurse who prescribed or ordered a medication for a resident ***, recipient or client*** if the resident ***, recipient or client*** refuses or otherwise misses an administration of the medication ~~[as required by]~~ ***in a manner that complies with*** subsection 7 of NAC 449.2742;

(15) Recording a change to an order or prescription in the record of medication administration and on the container of the medication; and

(16) Destroying unused medication in accordance with subsection 9 of NAC 449.2742.

(d) Require a participant in the course to achieve a passing score of at least 80 percent on an examination in order to receive a certificate of completion. The examination must:

(1) Consist of questions prescribed by the Division; and

(2) Be administered in a manner approved by the Division.

(e) Result in the award of a certificate of completion approved by the Division to each person who successfully completes the course, including, without limitation, successfully completing the competency demonstration described in paragraph (c) and achieving a passing score on the examination described in paragraph (d). The certificate must be signed by the instructor and must include, without limitation:

(1) The number of hours of training completed;

(2) The names of the person who completed the course and the instructor;

(3) The date of the training;

(4) The approval code issued by the Division pursuant to section 12 of LCB File No. R043-22; and

(5) The approval code issued by the Division to the instructor of the course pursuant to section 14 of LCB File No. R043-22.

2. A person or entity that offers a course shall:

(a) Ensure that, upon the request of a participant in a course, the participant is provided with the written evaluation of the content and presentation of the course provided to the Division pursuant to paragraph (d) of subsection 1 of section 12 of LCB File No. R043-22 to the participant;

(b) Allow the participant to complete the evaluation; and

(c) Review and consider the completed evaluation.

3. The person or entity that offers a course shall:

(a) Maintain attendance records for the course for at least 2 years after the final date on which the course took place; and

(b) Provide those records to the Division upon request.

Sec. 87. Section 15 of LCB File No. R043-22 is hereby amended to read as follows:

Sec. 15. 1. An instructor must:

(a) Be authorized to use a curriculum concerning the management of medication that is approved by the Division pursuant to section 12 of LCB File No. R043-22;

(b) Have completed:

(1) At least 16 hours of training in the management of medication, consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, approved by the Division pursuant to section 12 of LCB File No. R043-22 within the year immediately preceding the submission of an application pursuant to section 14 of LCB File No. R043-22; or

(2) At least 16 hours of training in the management of medication, consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training approved by the Division pursuant to section 12 of LCB File No. R043-22, at any time and at least 8 hours of refresher or remedial training in the management of medication approved by the Division pursuant to section 12 of LCB File No. R043-22 within the year immediately preceding the submission of an application pursuant to section 14 of LCB File No. R043-22;

(c) Have the ability to speak, read, write and teach the entire course in the English language;

(d) Have at least 3 years of experience administering medication or supervising the administration of medication in a medical facility or a facility for the dependent or be licensed in good standing as a physician, physician assistant, advanced practice registered nurse, registered nurse or licensed practical nurse; and

(e) In addition to passing the examination administered pursuant to paragraph (d) of subsection 1 of section 13 of LCB File No. R043-22 at the conclusion of the course completed

pursuant to paragraph (b), have achieved a score of at least 80 percent on a comprehensive examination concerning:

(1) The curriculum that the applicant proposes to teach;

(2) Regulations concerning the management of medication; and

(3) Skills for presenting information in person or by videoconference.

2. When teaching a course, the instructor shall:

(a) Utilize and follow the curriculum approved by the Division pursuant to section 12 of LCB File No. R043-22 while providing comprehensive instruction concerning each topic in the curriculum;

(b) Issue certificates of completion only to persons who meet the requirements of paragraph (e) of subsection 1 of section 13 of LCB File No. R043-22;

(c) Protect the integrity of the examination administered pursuant to paragraph (d) of subsection 1 of section 13 of LCB File No. R043-22 by refraining from sharing the questions on the examination and the answers to those questions with any person who is not authorized to view such questions and answers;

(d) Educate himself or herself concerning the provisions of NAC 449.196, 449.2742, 449.2744 ***,*** ~~[and]~~ 449.2746 ***, 449.8385 and 449.8415 and section 14 of this regulation*** and provide accurate information concerning those provisions to participants in the course;

(e) Notify the Division of any changes in the information submitted to the Division as part of an application pursuant to section 14 of LCB File No. R043-22;

(f) Verify the identity of each person who participates in a course of training for which the person provides instruction;

(g) Administer and supervise the examination described in paragraph (d) of subsection 1 of section 13 of LCB File No. R043-22 in a manner approved by the Division; and

(h) Allow employees of the Division to attend the course, with or without prior notice.

Sec. 88. This regulation is hereby amended by adding thereto the following transitory language which has the force and effect of law but which will not be codified in the Nevada Administrative Code:

1. Notwithstanding the provisions of section 4 of this regulation, a facility licensed pursuant to the provisions of chapter 449 of NAC and chapter 449 of NRS may employ or otherwise allow a person to provide services as a mental health technician or psychiatric technician who, on the effective date of this regulation, is not in compliance with the requirements set forth in section 4 of this regulation if the person meets the requirements of:

(a) Subsection 2 of section 4 of this regulation within 12 months after the effective date of this regulation; and

(b) Subsection 4 of section 4 of this regulation within 180 days after the effective date of this regulation.

2. Notwithstanding the provisions of sections 2 and 4 of this regulation and the amendatory provisions of sections 24, 26, 30, 32, 33, 49, 51, 52, 54, 59, 60, 63, 65, 68, 71, 77, 78 and 82 of this regulation, any person who is required by the provisions of this regulation and chapter 449 of NAC to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation and who, on the effective date of this regulation, is not certified in accordance with the requirements of section 2 of this regulation shall be deemed to be in compliance with those requirements if the person obtains certification in accordance with the

requirements of section 2 of this regulation within 180 days after the effective date of this regulation.

3. As used in this section:

(a) "Facility" has the meaning ascribed to it in NAC 449.0034.

(b) "Mental health technician or psychiatric technician" has the meaning ascribed to it in section 4 of this regulation.

Sec. 89. NAC 449.079, 449.1549, 449.154901, 449.154903, 449.154905, 449.15491, 449.154911, 449.154913, 449.154915, 449.154917, 449.154919, 449.154921, 449.154923, 449.154925, 449.154927, 449.154929, 449.154931, 449.154933, 449.154935, 449.154937, 449.154939, 449.154941, 449.154943, 449.154945, 449.2704, 449.271 and 449.411 are hereby repealed.

TEXT OF REPEALED SECTIONS

449.079 Denial, revocation or suspension of license if facility not certified by Division; appeal. (NRS 449.0302)

1. If a facility is not certified by the Division pursuant to paragraph (d) of subsection 1 of NRS 458.025, the Division shall deny an application for a license or suspend or revoke the license of the facility.

2. An applicant or licensee who wishes to appeal an action of the Division relating to the denial, suspension or revocation of a license may appeal the action pursuant to the procedures set forth in NAC 439.300 to 439.395, inclusive.

449.1549 Definitions. (NRS 449.0302) As used in NAC 449.1549 to 449.154945, inclusive, unless the context otherwise requires, the words and terms defined in NAC 449.154901, 449.154903 and 449.154905 have the meanings ascribed to them in those sections.

449.154901 "Administrator" defined. (NRS 449.0302) "Administrator" means a person:

1. Whose name appears on a license issued by the Bureau as administrator of record for a facility; and

2. Who is legally responsible for the management of the facility.

449.154903 "Client" defined. (NRS 449.0302) "Client" means a person who is admitted to a facility.

449.154905 "Facility" defined. (NRS 449.0302) "Facility" means a halfway house for persons recovering from alcohol or other substance use disorders as defined in NRS 449.008.

449.15491 Administrator: Qualifications. (NRS 449.0302) An administrator must:

1. Be at least 21 years of age;

2. Have the tests and obtain the certifications required by NAC 441A.375 for a person employed in a facility for the dependent; and

3. Maintain evidence that he or she satisfies the requirements of this section in a file that is maintained on the premises of the facility.

449.154911 Administrator: General duties. (NRS 449.0302) An administrator shall:

1. Post the license issued by the Bureau in a conspicuous place within the facility.

2. Organize and manage the facility.

3. Establish policies, procedures and rules for the operation of the facility, including, without limitation, the policies and procedures required to be established by NAC 449.154915.

4. Ensure that the records of the facility are maintained in accordance with the requirements of the policies, procedures and rules for the operation of the facility established pursuant to subsection 3.

5. Ensure that the facility complies with any applicable state statutes and regulations and local ordinances.

6. Ensure that the clients of the facility are afforded the opportunity to exercise their individual rights in a manner consistent with the rules of the facility.

7. Ensure that the facility is maintained in a safe and clean condition.

8. Review and approve changes in the policies and procedures established pursuant to subsection 3 at least annually. This review must be signed and dated.

449.154913 General operational guidelines. (NRS 449.0302) An administrator shall ensure that:

1. Alcohol or drugs are not allowed on the premises of the facility;

2. The policies, procedures and rules established pursuant to NAC 449.154911 are carried out;

3. Each client complies with those policies, procedures and rules;

4. The facility provides an environment that will facilitate the reintegration of the clients of the facility into the community; and

5. The operation of the facility is not compromised by a client who violates the policies, procedures or rules of the facility.

449.154915 Policies and procedures: Establishment; maintenance of manual. (NRS 449.0302)

1. An administrator shall establish written policies and procedures concerning:

(a) The manner in which records of clients will be maintained and protected against unauthorized use;

(b) The disclosure of confidential information about clients;

(c) The criteria the facility will use to determine whether to:

(1) Admit a client to the facility; and

(2) Discharge a client from the facility;

(d) The discharge of a client for a violation of the rules of the facility;

(e) The discharge of a client for the use of alcohol or drugs;

(f) The rights and responsibilities of a client; and

(g) The evacuation of clients in case of fire or other emergency as required by NAC 449.154945.

2. The administrator shall maintain a manual of policies, procedures and rules of the facility that includes the policies and procedures established pursuant to subsection 1. The manual must be available on the premises of the facility at all times.

449.154917 Limitation on admissions. (NRS 449.0302) An administrator shall ensure that the facility does not admit more clients to the facility than the number of beds for which it is licensed.

449.154919 Health and sanitation. (NRS 449.0302)

1. An administrator shall ensure that the facility:

(a) Has a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage; and

(b) Complies with all local ordinances and state and federal laws and regulations relating to zoning, sanitation, safety and accessibility to persons with disabilities.

2. A container used to store garbage outside of a facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the container. At least once each week, the container must be emptied and the contents of the container must be removed from the premises of the facility.

3. To the extent practicable, the premises of the facility must be kept free from:

(a) Offensive odors;

(b) Hazards, including obstacles that impede the free movement of clients within and outside the facility;

(c) Insects and rodents; and

(d) Accumulations of dirt, garbage and other refuse.

4. The administrator shall ensure that the premises of the facility are clean and that the interior, exterior and landscaping of the facility are well maintained.

5. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.

6. The administrator shall ensure that electrical lighting is maintained in the facility as necessary to ensure the comfort and safety of the clients of the facility.

7. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit.

449.154921 Laundry facilities. (NRS 449.0302)

1. An administrator shall ensure that laundry facilities are provided in the facility commensurate with the number of clients in the facility. At least one washer and at least one dryer must be provided in the facility.

2. The laundry area in a facility must be maintained in a sanitary manner. All the equipment in the laundry area must be maintained in good working condition. All dryers must be ventilated to the outside of the building.

449.154923 Kitchens; storage of food. (NRS 449.0302)

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.

449.154925 Bedrooms; bedding. (NRS 449.0302)

1. A bedroom in a facility that is used by more than one client must have at least 45 square feet of floor space for each client who resides in the bedroom. A bedroom that is occupied by only one client must have at least 80 square feet of floor space.

2. The arrangement of the beds and other furniture in the bedroom must accommodate the clients occupying the bedroom in comfort and safety.

3. A bed with a comfortable and clean mattress must be provided for each client. The bed must be made with two clean sheets, a blanket, a pillow and a bedspread. Linens must be changed at least once each week and more often if the linens become dirty.

449.154927 Use of certain areas as bedroom prohibited. (NRS 449.0302) A hall, stairway, unfinished attic, garage, storage area or shed or other similar area of a facility must not

be used as a bedroom. Any other room must not be used as a bedroom if it is used for any other purpose.

449.154929 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302)

1. All bathrooms and toilet facilities in the facility must be sufficiently lighted.

2. Each client must have his or her own towels and washcloths. Paper towels may be used for hand towels. The towels and washcloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser that provides liquid or granular soap may be used instead of individual bars of soap.

449.154931 Accommodations for residents with restricted mobility. (NRS 449.0302)

A facility that has a client who uses a wheelchair or a walker must:

1. Have hallways, doorways and exits wide enough to accommodate a wheelchair or walker; and

2. Have ramps at all primary exits.

449.154933 First aid. (NRS 449.0302)

1. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation:

(a) A germicide safe for use by humans;

(b) Sterile gauze pads;

(c) Adhesive bandages, rolls of gauze and adhesive tape;

(d) Disposable gloves;

(e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and

(f) A thermometer or other device that may be used to determine the bodily temperature of a person.

2. Except for first aid in an emergency, no treatment or medication may be administered to a client.

449.154935 Medication. (NRS 449.0302)

1. Except as otherwise provided in NAC 449.154933, an administrator or another client shall not administer or assist in the administration of medication to a client.

2. Medication for self-administration may be kept at the facility. That medication must:

(a) Be disposed of immediately when it expires or when a physician orders the medication to be discontinued;

(b) Be stored and controlled in a manner that protects the medication from unauthorized use; and

(c) Not be used by more than one of the clients.

3. The provisions of paragraph (a) of subsection 2 do not apply to over-the-counter medication.

449.154937 Telephones; listing of facility's telephone number. (NRS 449.0302) An administrator shall ensure that:

1. The facility has at least one telephone that is in good working condition in the facility; and

2. The telephone number of the facility is listed in the telephone directory.

449.154939 Notification to Bureau under certain circumstances. (NRS 449.0302) An administrator shall notify the Bureau within 24 hours after the occurrence of an incident that:

1. Involved significant harm to a client of the facility if the client of the facility required medical treatment as a result of the incident;

2. May cause imminent danger to the health or safety of a client of the facility; or

3. May jeopardize the integrity of the operation of the facility.

449.154941 Rights of clients. (NRS 449.0302) An administrator shall ensure that:

1. A client of the facility is not abused, neglected or exploited by another client of the facility or any person who is visiting the facility;

2. A client is not prohibited from speaking to any person who advocates for the rights of the clients of the facility;

3. Each client is treated with respect and dignity;

4. The facility provides a safe and comfortable environment;

5. A client is not prohibited from interacting socially in a manner that is consistent with the rules of the facility;

6. To the extent practicable and in a manner that is consistent with the rules of the facility, each client is allowed to make his or her own decisions; and

7. The telephone number of the local office of the Bureau and the name and telephone number of the administrator is conspicuously posted on the premises of the facility.

449.154943 Client files: Maintenance; contents; confidentiality. (NRS 449.0302)

1. An administrator shall ensure that the facility maintains a separate file for each client of the facility and retains the file for at least 5 years after the client permanently leaves the facility. The file must be kept locked in a location that is protected against unauthorized use. Each file must contain the information obtained by the facility that is related to the client, including, without limitation:

(a) The full name, address, date of birth and social security number of the client;

(b) The address and telephone number of the client's physician and any next of kin or guardian of the client;

(c) A statement of the allergies of the client, if any, and any special diet or medication he or she requires;

(d) Evidence of compliance with the provisions of NAC 441A.380;

(e) A list of the rules of the facility that is signed by the client; and

(f) The name and telephone number of the vendors and medical professionals that provide services for the client.

2. Except as otherwise provided in this subsection, the file of the client must be kept confidential. The file of a client must be made available upon request at any time to an employee of the Bureau who is acting in his or her capacity as an employee of the Bureau.

449.154945 Safety from fire. (NRS 449.0302)

1. An administrator shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and any local ordinances relating to safety from fire. The facility must be approved for occupancy by the State Fire Marshal.

2. The administrator shall ensure that the facility has a plan for the evacuation of clients in case of fire or other emergency. The plan must be:

(a) Understood by all clients;

(b) Posted in a common area of the facility; and

(c) Discussed with each client at the time of his or her admission.

3. At least one portable fire extinguisher must be available at the facility. Any portable fire extinguishers available at the facility must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshal to conduct such inspections.

4. The administrator shall ensure that a written policy on smoking is developed and carried out by the facility. The policy must be:

(a) Developed with the purpose of preventing a fire caused by smoking in the facility; and

(b) Posted in a common area of the facility.

5. Smoke detectors installed in a facility must be maintained in proper operating condition at all times and must be tested monthly. The results of the tests conducted pursuant to this subsection must be recorded and maintained at the facility.

6. If a fire sprinkler system is installed in a facility, the system must be maintained in proper operating condition at all times and must be inspected in accordance with the provisions of NAC 477.460.

449.2704 Disclosure of information concerning rates and payment for services. (NRS 449.0302)

1. The administrator of a residential facility shall, upon the request of any person, make the following information available in writing:

(a) The basic rate for the services provided by the facility;

(b) The schedule for payment;

(c) The services included in the basic rate;

(d) The charges for optional services which are not included in the basic rate; and

(d) The residential facility's policy on refunds of amounts paid but not used.

2. Upon admitting a resident to a residential facility, changing the services provided for in a person-centered service plan or changing the cost of those services or upon request, the administrator of a residential facility shall provide a written description of the services included in the person-centered service plan of a resident and the cost of those services to the person paying for those services or his or her representative.

449.271 Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition. (NRS 449.0302)

1. Except as otherwise provided in subsection 2 and NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he or she:

(a) Requires gastrostomy care;

(b) Suffers from a staphylococcus infection or other serious infection; or

(c) Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive.

2. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing.

449.411 "Psychiatric residential treatment facility" defined. (NRS 449.0302, 449.0303) "Psychiatric residential treatment facility" means a facility, other than a hospital, that provides a

range of psychiatric services to treat residents under the age of 21 years on an inpatient basis under the direction of a physician.

Errata - LCB File No. R089-24

Blue italic bold = Proposed new language found in LCB File No. R089-24
Green italic = New language proposed as Errata
[~~Red italic in brackets strike through bold~~] = New stricken language proposed as Errata

Sec. 4.

1. [~~A facility licensed pursuant to the provisions of this chapter and chapter 449 of NRS shall not employ or otherwise allow a person to provide services as a mental health technician or psychiatric technician except in accordance with the requirements of subsections 2, 3 and 4.~~]

Within 12 months after a mental health technician or psychiatric technician is employed or otherwise begins providing services at a facility, the mental health technician or psychiatric technician must be in compliance with the provisions of subsection 2.

2. A mental health technician or psychiatric technician described in subsection 1 must:
(a) Have an associate degree or higher degree in psychology from a college or university that was, at the time the degree was awarded:
(1) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant such degrees; or
(2) A foreign college or university deemed to be equivalent to subparagraph (1) by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services, or its successor organization;
(b) Hold current certification from the American Association of Psychiatric Technicians, or its successor organization, at Level 2 or higher;
(c) Hold a current license as a mental health technician or psychiatric technician issued by the District of Columbia or any state, territory or possession of the United States;
(d) Have held a license as a mental health technician or psychiatric technician issued by the District of Columbia or any state, territory or possession of the United States that was valid within the 5 years immediately preceding the date of employment or engagement in the provision of services at a facility in this State;
(e) Have completed the vocational and educational program described in NRS 433.279; or
(f) Have a high school diploma or general equivalency diploma and have completed a course or combination of courses that includes, without limitation:
(1) At least 30 hours of instruction in crisis prevention and crisis intervention from the American Crisis Prevention and Management Association or another similar nationally recognized agency, governmental entity or educational institution that provides such instruction; and
(2) At least 8 hours of instruction in behavioral violence from the American Crisis Prevention and Management Association or another similar nationally recognized agency, governmental entity or educational institution that provides such instruction.

3. A mental health technician or psychiatric technician described in subsection 1 must be supervised by a physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or a registered nurse.

4. Within 30 days after a mental health technician or psychiatric technician described in subsection 1 is employed or otherwise begins providing services at a facility, the mental health technician or psychiatric technician must be certified in first aid and cardiopulmonary resuscitation in accordance with the requirements of section 2 of this regulation.

5. As used in this section, "mental health technician or psychiatric technician":
(a) Means a person who, for compensation:
(1) Administers or performs specific therapeutic procedures, techniques or treatments, excluding medical interventions, for persons with a mental illness or emotional disturbance; or
(2) Applies interpersonal and technical skills:
(I) In the observation and recognition of symptoms of patients with mental illnesses or emotional disturbances and the reactions of such patients;
(II) For the accurate recording of such symptoms and reactions; and
(III) For carrying out treatments authorized by the physician, physician assistant or advanced practice registered nurse of a patient with a mental illness or emotional disturbance.
(b) Does not include a person described in subsection 4 of NRS 433.279.

Sec. 88. This regulation is hereby amended by adding thereto the following transitory language which has the force and effect of law but which will not be codified in the Nevada Administrative Code:

~~*[1. Notwithstanding the provisions of section 4 of this regulation, a facility licensed pursuant to the provisions of chapter 449 of NAC and chapter 449 of NRS may employ or otherwise allow a person to provide services as a mental health technician or psychiatric technician who, on the effective date of this regulation, is not in compliance with the requirements set forth in section 4 of this regulation if the person meets the requirements of: (a) Subsection 2 of section 4 of this regulation within 12 months after the effective date of this regulation; and*~~

~~*(b) Subsection 4 of section 4 of this regulation within 180 days after the effective date of this regulation.]*~~

~~*[2.]*~~ *1. Notwithstanding the provisions of sections 2 and 4 of this regulation and the amendatory provisions of sections 24, 26, 30, 32, 33, 49, 51, 52, 54, 59, 60, 63, 65, 68, 71, 77, 78 and 82 of this regulation, any person who is required by the provisions of this regulation and chapter 449 of NAC to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation and who, on the effective date of this regulation, is not certified in accordance with the requirements of section 2 of this regulation shall be deemed to be in compliance with those requirements if the person obtains certification in accordance with the requirements of section 2 of this regulation within 180 days after the effective date of this regulation.*

~~*[3.]*~~ *2. As used in this section: (a) "Facility" has the meaning ascribed to it in NAC 449.0034.*
(b) "Mental health technician or psychiatric technician" has the meaning ascribed to it in section 4 of this regulation.

Rationale

The Nevada Health Authority, Health Care Purchasing and Compliance Division, received feedback from the Department of Health and Human Services, Division of Child and Family Services, requesting that the education and training required to be employed as a mental health technician or psychiatric technician in a licensed health care facility be allowed to be completed while the person is working in such a capacity and that it not be a requirement that such education and training must be completed prior to being employed as a mental health technician or psychiatric technician in a licensed health care facility.

The proposed modifications include modifying Section 1 to allow the training/education to be completed within 12 months of hire and omitting the language in Section 88 that only allowed for the 12 months to complete such training/education for a temporary period within 12 months after the effective date of the regulations.