

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

LCB FILE NO. R089-24I

**The following document is the initial draft regulation proposed
by the agency submitted on 04/30/2024**

**PROPOSED REGULATIONS
STATE BOARD OF HEALTH
2024**

Explanation:

- *Italic blue* is new proposed language.
- ~~[Red bracketed strike through language]~~ is proposed language to be omitted from regulations.
- *Green italic* is effective language found in an LCB File.
- ~~[Red bracketed double strike through]~~ is language that has been removed from regulation pursuant to an effective LCB File.

Authority: SB 146 (1) (13) of 2023 legislative session; NRS 449.0302; NRS 449.1935; SB 298 of the 2023 legislative session

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set for as sections 2 to 53, inclusive, of this regulation.

Sec.2. Rural Clinics – Adoption of Appendix G-Guidance for Surveyors: Rural Health Clinics

1. The most current version of “Appendix G – Guidance for Surveyors: Rural Health Clinics” of the State Operations Manual, published by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, is hereby adopted by reference. The publication is available at no cost on the Internet at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf or, if that Internet website ceases to exist, from the Division.

2. Except as otherwise provided in subsection 4, a rural clinic, as defined in NRS 449.0175, shall comply with the provisions 42 CFR 405.2412, 491.4, 491.4 (a) and (b), 491.5, 491.5(a), 491.5(b), 491.5 (c), 491.5 (d), 491.5(a)(3), 491.6, 491.6 (a), 491.6 (b), 491.6(b)(2), 491.6(b)(3), 491.7, 491.7(a) (b), 491.2, 491.8, 491.8 (a) (b) (c), 491.8(c)(2), 491.9, 491.9 (a)(b)(c)(d), 491.10, 491.10(a)(b) (c), 491.11, 491.11 (a)(b)(c) (d) and the publication adopted by reference in subsection 1.

3. A rural clinic may provide visiting nurse services if the provisions of 42 CFR 405.2416 and 405.2417 are met.

4. Certification for participation in Medicare is optional for a rural clinic that is licensed pursuant to NRS and NAC Chapter 449.

5. A rural clinic licensed pursuant to NRS and NAC Chapter 449 must meet the statutory definition in NRS 449.0175 as it relates to an area that is designated as a shortage area for the purposes of 42 CFR 491.5(a) or 491.5(b). A rural clinic that is also certified for participation in Medicare pursuant to 42 CFR 491.3 must also meet the all the applicable federal requirements.

6. A rural clinic licensed pursuant to NRS and NAC Chapter 449 must meet the statutory definition in NRS 449.0175 as it relates to an area that is designated as a shortage area for the purposes of 42 CFR 491.5(a) or 491.5(b). A rural clinic that is also certified for participation in Medicare pursuant to 42 CFR 491.3 must also meet the all the applicable federal requirements.

7. A rural clinic licensed pursuant to NRS and NAC Chapter 449 must meet the statutory definition in NRS 449.0175 as it relates to an area that is designated as a shortage area for the purposes of 42 CFR 491.5(a) or 491.5(b). A rural clinic that is also certified for participation in Medicare pursuant to 42 CFR 491.3 must also meet the all the applicable federal requirements.

Sec.3. Surety bond for Initial Licensure and Renewal of License to Operate a Facility for Hospice Care or a Program of Hospice Care

1. Except as otherwise provided in subsections 6 and 7 and Section 4, each facility for hospice care or program of hospice care, shall, when applying for a license or renewing a license, file with the Administrator of the Division of Public and Behavioral Health a surety bond if:

(a) The facility for hospice care or program of hospice employs less than 7 employees, in the amount of \$5,000;

(b) The facility for hospice care or program of hospice employs at least 7 but not more than 25 employees, in the amount of \$25,000; or

(c) *The facility for hospice care or program of hospice employs more than 25 employees, in the amount of \$50,000.*

2. *A bond filed pursuant to this section must be executed by the facility for hospice care or program of hospice as principal and by a surety company as surety. The bond must be payable to the Aging and Disability Services Division of the Department of Health and Human Services and must be conditioned to provide indemnification to an older patient who the Attorney for the Rights of Older Persons and Persons with a Physical Disability, an Intellectual Disability or a Related Condition determines has suffered property damage as a result of any act or failure to act by the facility, agency, organization or home to protect the property of the older patient.*

3. *Except when a surety is released, the surety bond must cover the period of the initial license to operate or the period of the renewal, as appropriate.*

4. *A surety on any bond filed pursuant to this section may be released after the surety gives 30 days' written notice to the Administrator of the Division of Public and Behavioral Health, but the release does not discharge or otherwise affect any claim filed by an older patient for property damaged as a result of any act or failure to act by the facility for hospice care or program of hospice to protect the property of the older patient alleged to have occurred while the bond was in effect.*

5. *The Division may issue one or more of the available sanctions, pursuant to NAC 449.99863, when the facility for hospice care or program of hospice is no longer covered by a surety bond as required by this section or by a substitute for the surety bond pursuant to Section 4. The Administrator of the Division of Public and Behavioral Health or his or her designee shall give the facility for hospice care or program of hospice at least 20 days' written notice before the release of the surety or the substitute for the surety, to the effect that an available sanction, as described in NAC 449.99863, is issued until another surety bond or substitute for the surety bond is filed in the same manner and amount as the bond or substitute being terminated.*

6. *The requirement of filing a surety bond set forth in this section does not apply to a facility for hospice care or program of hospice that is operated and maintained by the State of Nevada or an agency thereof.*

7. *As used in this section, "older patient" means a patient who is 60 years of age or older.*

Sec. 4. Substitute for surety bond required to Operate a Facility for Hospice Care or a Program of Hospice Care

1. *As a substitute for the surety bond required pursuant to Section 3, a facility for hospice care or program of hospice may deposit with any bank or trust company authorized to do business in this State, upon approval from the Administrator of the Division of Public and Behavioral Health or his or her designee:*

(a) *An obligation of a bank, savings and loan association, savings bank, thrift company or credit union licensed to do business in this State;*

(b) *Bills, bonds, notes, debentures or other obligations of the United States or any agency or instrumentality thereof, or guaranteed by the United States; or*

(c) *Any obligation of this State or any city, county, town, township, school district or other instrumentality of this State, or guaranteed by this State, in an aggregate amount, based upon principal amount or market value, whichever is lower.*

2. *The obligations of a bank, savings and loan association, savings bank, thrift company or credit union must be held to secure the same obligation as would the surety bond required by Section 3. With the approval of the Administrator of the Division of Public and Behavioral Health or his or her designee, the depositor may substitute other suitable obligations for those deposited, which must be assigned to the Aging and Disability Services Division of the Department of Health and Human Services and are negotiable only upon approval by the Administrator of the Aging and Disability Services Division.*

3. *Any interest or dividends earned on the deposit accrue to the account of the depositor.*
4. *The deposit must be an amount at least equal to the surety bond required by Section 3 and must state that the amount may not be withdrawn except by direct and sole order of the Administrator of the Aging and Disability Services Division.*

Sec. 5. Facility for Dependent Visitation

1. *Residents of a facility for the dependent, as defined in NRS 449.0045, have a right to receive visitors of his or her choosing at the time of his or her choosing, at any time within reasonable clinical and safety restrictions, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.*
2. *The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time.*
3. *The facility must provide immediate access to a resident's power of attorney or legal guardian.*
4. *The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time.*
5. *The facility must provide reasonable access to a resident by any entity or person that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and*
6. *The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this section, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.*
7. *A facility must meet the following requirements:*
 - a. *Inform each resident or resident representative, where appropriate, of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of Section 8, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section.*
 - b. *Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, including a same-sex spouse, a domestic partner, including a same-sex domestic partner, another family member, or a friend, and his or her right to withdraw or deny such consent at any time.*
 - c. *Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.*
 - d. *Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.*
8. *As used in this section, "Reasonable clinical and safety restrictions" means a facility's policies, procedures or practices that protect the health and security of all residents and staff. These may include but are not limited to:*
 - a. *Restrictions placed to prevent community-associated infection or communicable disease transmission to one or more residents. A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors.*

- b. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication), or according to CDC guidelines, or local health department recommendations.*
- c. Keeping the facility locked or secured at night with a system in place for allowing visitors approved by the resident.*
- d. Denying access or providing limited and supervised access to a person if that person is suspected of abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident;*
- e. Denying access to persons who have been found to have been committing criminal acts such as theft;*
- f. Denying access to persons who are inebriated or disruptive; or*
- g. Denying access or providing supervised visitation to persons who have a history of bringing illegal substances into the facility which places the health and safety of residents and staff at risk.*

Sec. 6. Health Facility Complaints

- 1. Except as otherwise provided in this section and NRS 239.0115, an inspection conducted or a complaint submitted pursuant to any provision of NAC or NRS Chapter 449, all documents and information filed with the complaint and all documents and information compiled as a result of an inspection or complaint investigation are confidential.*
- 2. Except as otherwise provided in subsection 3 of this section, all documents and information considered by the Division of Public and Health in issuing a notice of deficiencies as a result of an inspection or complaint investigation conducted pursuant to subsection 1 of this section are public records once the plan of correction is no longer considered confidential pursuant to subsection 4 of Section 72 of LCB File No. R048-22 and the documents and information are not considered confidential pursuant to any federal or state statutes or regulations.*
- 3. A notice of deficiencies is public record once it is no longer confidential pursuant to subsection 4 of Section 71 of LCB File No. R048-22.*

Sec.7. Homes for Individual Residential Care & Use of Volunteers

- 1. Volunteers may be used to supplement the services and programs of a home for individual residential care but may not be used to replace members of the staff of the facility.*
- 2. Except as otherwise provided in subsection 3, a resident must be supervised by an employee of the facility at all times during the operating hours of the facility.*
- 3. A resident may be supervised by a volunteer on a temporary basis while an employee is away from the facility, so long as the volunteer is able to meet the needs of the resident during the time a supervising employee is away from the facility.*
- 4. A volunteer shall conform to the same standards and requirements as a paid employee who performs a similar function, except that a volunteer is only required to provide the results of a tuberculin test and not the results of a complete physical examination.*
- 5. A resident may volunteer to help the employees of the facility in a manner that does not create an unsafe condition for the resident, other residents or the members of the staff of the facility.*

6. *A resident must not be required to perform duties normally performed by the staff of the facility. If a resident volunteers to perform such duties, the director of the facility shall ensure that the resident's records include a statement that the resident has volunteered to perform those duties.*
7. *A resident who is performing duties pursuant to this section must not be allowed access to confidential files.*
8. *For the purposes of this section a "volunteer" means any person who, without promise, expectation or receipt of compensation is used to supplement the services and programs of a home for individual residential care.*
9. *For the purposes of this section "temporary basis" means no more than 4 hours in a day and no more than 12 hours in a week.*

Sec.8. Certified Nurse Midwives Authorized to Perform Physical Examinations in a Hospital

1. *A certified nurse-midwife is authorized 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.*
2. *For the purposes of this section, "Certified nurse-midwife" has the meaning ascribed to it in LCB File No. R062-21 (1) (14).*

Sec.9. Mental Health & Psychiatric Technician Training & Education Requirements

1. *For the purposes of this section, a mental health technician or psychiatric technician means an individual who, for compensation or personal profit, carries out procedures and techniques which involve cause and effect and which are used in the care, treatment and rehabilitation of persons with mental illness and persons who are emotionally disturbed, and who has direct responsibility for administering or carrying out specific therapeutic procedures, techniques or treatments, excluding medical interventions, or the application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of patients, for the accurate recording of such symptoms and reactions, and for carrying out treatments authorized by a patient's physician, physician assistant or advanced practice registered nurse.*
2. *Except as otherwise provided in subsection 8, a facility licensed pursuant to NRS Chapter 449 may not employ or otherwise allow a person to work as a mental health technician or a psychiatric technician unless the person has:*
 - a. *An Associate degree or higher degree in psychology from an accredited college or university;*
 - b. *Current certification by the American Association of Psychiatric Technicians, at a Level 2 or higher;*
 - c. *Current licensure or has been licensed as a psychiatric technician or mental health technician within the last five years in a State or US Territory that issues such licensure;*
 - d. *Evidence of successfully completing the vocational and educational program established pursuant to NRS 433.279;*

or

 - e. *A high school diploma or GED and:*
 - i. *Proof of having completed a 30-hour or greater number of hours course or combination of courses that total a minimum of 30 hours in Crisis Prevention and Intervention from a nationally recognized entity that provides such education, such as a government entity, college, university, the American Crisis Prevention and Management Association or other nationally recognized educational entity; and*

ii. Proof of having completed an 8-hour course or greater number of hours course or combination of courses that total a minimum of 8 hours in behavioral violence from a nationally recognized entity that provides such education, such as a governmental entity, college, university, the American Crisis Prevention and Management Association or other nationally recognized educational entity.

3. A mental health technician or psychiatric technician must be supervised by a registered nurse, advanced practice registered nurse, physician assistant or physician licensed pursuant to NRS Chapter 630 or NRS Chapter 633.

4. A mental health technician or psychiatric technician must, within 30 days of employment, be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross, American Heart Association, MEDIC First Aid, EMS Safety Services, Inc. or the American Safety and Health Institute or an equivalent certification will be accepted as proof of that training.

5. The cardiopulmonary resuscitation training required pursuant to subsection 4, may be completed one hundred percent in-person or in a blended learning training which combines lecture delivered online and an in-person hands on practical training component.

(a) The cardiopulmonary resuscitation training required pursuant to subsection 4, may be taken 100% virtually if the training includes a virtual hands-on skills session with an instructor who is a person in real time. A certificate in first aid and cardiopulmonary resuscitation, completed 100% virtually with a virtual hands-on skills session which allows for remote skills verification by the instructor who is a person in real time, issued to the attendant by the American Heart Association or by an HIS approved training center, shall be deemed adequate proof that the attendant has received the training required by this section.

6. If education or training pursuant to subsection 2 was obtained outside of the United States or its territories, the credential must be evaluated by a member of the National Association of Credential Evaluation Services.

7. A mental health technician or psychiatric technician working in a facility licensed pursuant to NRS Chapter 449 or NAC Chapter 449 prior to these regulations becoming effective, shall have one year to meet the requirements of subsection 2 from the passage of these regulations.

8. The provisions of this section do not apply to a mental health technician defined in subsection 4 of NRS 433.279.

Sec.10. Home Health & Hospice in a Residential Facility

1. If a resident of a residential facility is receiving hospice care as defined in NRS 449.0115 or services from an agency to provide nursing in the home, as defined in NRS 449.0015, the care or services being provided by the hospice or home health agency must be incorporated into the person-centered service plan developed for a resident, pursuant to Section 4 of LCB File No. R043-22.

2. Care and services provided to a resident pursuant to subsection 1, do not replace the services provided by the residential facility staff. The residential facility is responsible for ensuring care and services are provided to a resident in accordance with all applicable statutes and regulations. This does not prohibit a residential facility from taking into account the care and services being provided pursuant to subsection 1 when developing the person-centered service plan. For example, if the person-centered service plan notes a resident is to receive a bath five days a week and hospice services provides a bath two days a week, the residential facility would be required to provide a bath the remaining three days a week.

Sec.11. Residential Facilities for Groups - Peripherally Inserted Central Catheter

1. 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 the peripherally inserted central catheter is removed within 30 days of the catheter's insertion and:

(a) The resident is receiving intravenous injections through the peripherally inserted central catheter in the residential facility by an agency to provide nursing in the home, as defined in NRS 449.0015, or a program of hospice care described in NRS 449.196, or the resident leaves the facility to receive such services in a health care setting authorized to provide such services.

(b) All care of the peripherally inserted central catheter, including but not limited to dressing changes and flushing the peripherally inserted central catheter, must be performed by the agency to provide nursing in the home, the program of hospice or the health care setting authorized to provide such services noted in subsection 1.

2. The resident, if capable, and the caregivers employed by the residential facility, must receive training from the agency to provide nursing in the home, program of hospice care, or the health care setting authorized to provide such services noted in subsection 1:

(a) To keep the dressing or bandage clean, dry, and secured to the skin.

(b) To cover the dressing with a waterproof cover when the resident bathes.

(c) When to notify the health care provider of concerns with the peripherally inserted central catheter, for example, signs or symptoms of infection, if the catheter becomes dislodged, if the dressing becomes soiled or comes off, or any other related concerns and what to do if any of these concerns are identified; and

(e) Reviews, understands and follows the concepts outlined in the Association for Professionals in Infection Control and Epidemiology's "Caring for your PICC line at home" guidelines which can be found for free at:

https://apic.org/Resource_/TinyMceFileManager/for_consumers/IPandYou_Bulletin_PICC_line.pdf. This shall not be construed to allow caregivers of a residential facility to provide services that they are not authorized to perform by statutes or regulations.

3. A resident must not have a peripherally inserted central catheter inserted in the residential facility. This does not prohibit a resident from leaving the facility to have such a catheter inserted in a health care setting capable of inserting such a catheter in accordance with all applicable state statutes and regulations.

Sec.12. Residential Facilities for Groups – Peritoneal Catheter

1. A resident who has a peritoneal 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 has determined the resident is appropriate to be placed or remain in a residential facility.

(b) All peritoneal catheter care of a newly placed catheter is provided by a program of hospice or agency to provide nursing in the home until the exit site is completely healed;

(c) The peritoneal catheter exit site is completely healed or it has been more than 14 days after its insertion and:

i. The resident is capable of providing his or her own peritoneal catheter care as instructed by the program of hospice registered nurse, home health agency registered nurse, the resident's provider of dialysis or the resident's physician, physician assistant or advanced practice registered nurse; or

ii. A program of hospice or agency to provide nursing in the home maintains the care of the peritoneal catheter.

(d) Caregivers are instructed by one of the individuals noted in subsection 1 (c)(i) on when to notify the resident's physician, physician's assistant, or advanced practice registered nurse and the resident's provider of dialysis including, but not limited to, signs and symptoms of infection and dislodgement of the catheter.

(e) Caregivers are instructed on, and demonstrate understanding of, how to protect the peritoneal catheter and prevent its dislodgement during bathing and all other activities of the resident. This includes what to do if the catheter becomes dislodged.

Sec.13. Inter-facility infection control transfer form

1. *A medical facility, as defined in NRS 449.0151, and a facility for the dependent as defined in NRS 449.0045, must use an inter-facility infection control transfer form if the medical facility or facility for the dependent is aware of or suspects a patient, resident, or client currently has an infection, colonization or a history of positive culture of a multidrug-resistant organism or other potentially transmissible infectious organism, including but not limited, to signs or symptoms of an infectious disease, when transferring a patient, resident or client from a medical facility or facility for the dependent to another medical facility or facility for the dependent, as applicable.*
2. *Except as otherwise provided in subsection 4, a medical facility or facility for the dependent must use the most current version of the Centers for Disease Control and Prevention's "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives" or a form that, at a minimum, includes all of the information on the Centers for Disease Control and Prevention's most current version of the "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives". This section does not prohibit a medical facility or facility for the dependent from providing additional information it feels necessary to ensure a safe transfer of a patient, client or resident.*
3. *If culture reports with susceptibilities are available, when sending the transfer form pursuant to subsection 2, a copy of the latest culture reports with susceptibilities must be included.*
4. *A medical facility or facility for the dependent that does not have all of the persons listed in the "Sending Facility Contacts" section of the Centers for Disease Control and Prevention's "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives" on staff or on contract, may modify that section to include the sending facility contacts with the greatest knowledge of the patient's, resident's or clients' condition.*
5. *The transferring medical facility or facility for the dependent must include the "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives" pursuant to 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. This may be accomplished by:*
 - a. *Calling the receiving medical facility or facility for the dependent and notifying them that the transfer packet includes the "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives" and where it will be located within the packet;*
 - b. *Including the "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives" within the first 5 pages of the packet so it can be found easily and quickly; or*
 - c. *If records are being transferred electronically, send a hard copy of the "Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives" along with the patient, resident or client to the receiving facility.*

Sec. 14. General Requirements for Licensure

NAC 449.011 is hereby amended to read as follows:

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.

3. In establishing that the applicant is of reputable and responsible character as required by [NRS 449.040](#), must include *at least one* personal reference~~[s]~~ 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](#), 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 license~~ *the business identification number assigned by the Secretary of State unless exempt by state statutes or regulations from having 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.

Sec.15. Change of administrator: Increase number of days from 10 days to 30 days before assessing the late fee

NAC 449.0114 is hereby amended to read as follows:

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 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 ~~[1]~~30 days. The notification must 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 ~~[1]~~30 days after the change, the licensee shall pay to the Division *the application fee pursuant to NAC 449.0168 and an additional fee* in an amount equal to ~~[1]~~50 percent of the fee required for a new application 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. 16. Psychiatric Residential Treatment Facilities

NAC 449.01257 is hereby amended to read as follows:

“Psychiatric residential treatment facility” has the meaning ascribed to it in ~~[NAC 449.411]~~NRS 449.1195.

Sec. 17. Employment Agencies that Provide Non-Medical Services – Fees

NAC 449.0168 is hereby amended to read as follows:

1. Except as otherwise provided in subsection 2, a holder of a license to operate a medical facility, facility for the dependent, program of hospice care, *an employment agency to provide nonmedical services, an outpatient facility defined pursuant to NAC 449.999417, a recovery center defined pursuant to NAC 449.99702, a psychiatric residential treatment facility as defined in NRS 449.1195 or a referral agency who wishes or is required pursuant to NAC 449.190, 449.307, 449.7473 or 449.758* 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 the type of facility licensed or the addition of another type of facility to be licensed]~~ *to an endorsement in a residential facility’s license pursuant to NAC 449.2751, NAC 449.2754, NAC 449.2762, NAC 449.2764, NAC 449.2766, a change in the designation of an ambulatory surgical center pursuant to Section 11 of LCB File No. R048-22, in addition to the location listed on a license pursuant to NRS 449.085, an additional location added to a license;*

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

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

(g) A change in any of the services provided by an agency to provide nursing in the home, must submit an application for a new license to the 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
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(5) If the facility is a home for individual residential care	266
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(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 developmental disability	92
(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

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

- (a) Submit an application for a new license to the 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 or program of hospice care.
- (b) "Independent facility" has the meaning ascribed to it in [NAC 449.9701](#).
- (c) "Staging area" has the meaning ascribed to it in [NAC 449.97018](#).

Sec.18. Facilities for the Treatment of Alcohol or Other Substance Use Disorders – Obtaining Copy of Standards set forth in 42 CFR, Part 2

NAC 449.091 is hereby amended to read as follows:

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.]~~
3. *A copy of the standards may be obtained free of charge by going to the Code of Federal Regulations webpage at: <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2>.*

Sec. 19. Facilities for the Treatment of Alcohol or Other Substance Use Disorders & Laundry- GR

NAC 449.126 is hereby amended to read as follows:

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. 20. Facilities for Modified Medical Detoxification- Update of Bureau's Name

NAC 449.15337 is hereby amended to read as follows:

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]~~ *Bureau of Health Care Quality and Compliance*.
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. 21. Facilities for Modified Medical Detoxification & CPR Requirements

NAC 449.15345 is hereby amended to read as follows:

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, *American Heart Association*, *MEDIC First Aid*, *EMS Safety Services, Inc.* or *the American Safety and Health Institute* or another similar nationally recognized agency to administer cardiopulmonary resuscitation.

- (i) *The cardiopulmonary resuscitation training required pursuant to subsection 8, may be completed one hundred percent in-person or in a blended learning training which combines lecture delivered online and an in-person hands on practical training component.*
- (ii) *The cardiopulmonary resuscitation training required pursuant to subsection 8, may be taken 100% virtually if the training includes a virtual hands-on skills session with an instructor who is a person in real time. A certificate in first aid and cardiopulmonary resuscitation, completed 100% virtually with a virtual hands-on skills session which allows for remote skills verification by the instructor who is a person in real time, issued to the attendant by the American Heart Association or by an HIS approved training center, shall be deemed adequate proof that the attendant has received the training required by this section.*

9. ~~[Each client of a facility shall, within 5 days after admission, undergo a Mantoux tuberculin skin test. If 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 the 12 months preceding admission to the facility, the client~~

~~shall undergo a two-step Mantoux tuberculin skin test.]~~ *Each client in a facility must have documentation showing that they are in compliance with NAC 441A.380 concerning tuberculosis.*

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

Sec.22. Facilities for Modified Medical Detoxification & Laundry-GR

NAC 449.15357 is hereby amended to read as follows:

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. 23. Facilities for Transitional Living for Released Offenders & Telephone Number-GR

NAC 449.154991 is hereby amended to read as follows:

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.24. Residential Facilities for Groups & Personnel Files

NAC 449.200, as modified by LCB File No. R043-22, is hereby amended to read as follows:

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 ~~and~~ *including, without limitation 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 this regulation, 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; 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 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 upon request by the Bureau ~~[within 72 hours after the Bureau requests to review the files].~~

Sec.25. Residential Facilities for Groups & CPR

NAC 449.231, as modified by LCB File No. R043-22, is hereby amended to read as follows:

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 in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross, American Heart Association, *MEDIC First Aid, EMS Safety Services, Inc. or the American Safety and Health Institute* or an equivalent certification will be accepted as proof of that training.

(i) *The cardiopulmonary resuscitation training required pursuant to subsection 1, may be completed one hundred percent in-person or in a blended learning training which combines lecture delivered online and an in-person hands on practical training component.*

(ii) *The cardiopulmonary resuscitation training required pursuant to subsection 1, may be taken 100% virtually if the training includes a virtual hands-on skills session with an instructor who is a person in real time. A certificate in first aid and cardiopulmonary resuscitation, completed 100% virtually with a virtual hands-on skills session which allows for remote skills verification by the instructor who is a person in real time, issued to the attendant by the American Heart Association or by an HIS approved training center, shall be deemed adequate proof that the attendant has received the training required by this section.*

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 ~~or~~, *physician assistant or advanced practice registered nurse.*

Sec. 26. Residential Facilities for Groups & Telephone Number-GR

NAC 449.232 is hereby amended to read as follows:

1. Each residential facility shall have a telephone, *which may be a cellphone*, 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. 27. Residential Facilities for Groups & Policy on Visiting Hours

NAC 449.258 is hereby amended to read as follows:

1. Written policies for a residential facility that comply with the provisions of [NAC 449.156](#) to [449.27706](#), inclusive, 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. The employees of the facility shall comply with the policies developed pursuant to this section.

Sec.28. Residents not allowed to be admitted into a Residential Facility for Groups

NAC 449.2702 (as modified by Section 25 of LCB File No. R043-22) is hereby amended to read as follows:

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 NAC 449.275, ~~[and 449.2754]~~ and *subsections 10, 11 and 12* 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; or

(g) Requires in-house dialysis, however nothing herein prohibits a resident from leaving the facility to obtain dialysis.

5. Except as otherwise provided in subsection 7, suffers from a staphylococcus infection or other serious infection; or

6. Except as otherwise provided in this Section and Section 41, suffers from any other serious medical condition or requires care not described in subsections 10, 11 or 12 ~~[NAC 449.2712 to 449.2734]~~ or in Sections 30 to 40, inclusive. A written request for permission to admit or retain a resident with a serious medical condition or who requires care not described in Sections 30 to 40, must be submitted pursuant to NAC 449.2736.

7. A residential facility may permit a resident suffering from a serious infection to remain a resident pursuant to Section 26 of LCB File No. R048-22.

~~5~~ 8. 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.

~~6-9~~ 9. 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" means:

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

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

(3) 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.

10. A residential facility which provides care to persons with Alzheimer's disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 may admit or retain a resident who requires confinement in locked quarters. A written request for permission to admit or retain a resident, pursuant to NAC 449.2736 is not required.

11. A resident who receives hospice care pursuant to NAC 449.275 or is receiving services from an agency to provide nursing in the home, as defined in NRS 449.0015, may receive skilled nursing or other medical supervision on a 24-hour basis so long as the care and services are provided by an agency to provide nursing in the home or program of hospice care. A written request for permission to admit or retain a resident, pursuant to NAC 449.2736 is not required.

12. A resident who is bedfast, as defined in subsection 9 (a) of this section, may be admitted or retained at a residential facility if the administrator of a residential facility submits to the Division a written request for permission to admit or retain a resident and receives approval pursuant to NAC 449.2736 and submits a plan for ensuring that the resident's medical needs can be met by the facility pursuant to NAC 449.2736 subsection 2 (b) which includes:

1) A plan of care that has been developed to address the needs of a resident who is bedfast within 48 hours of admission to the residential facility or when the resident becomes bedfast.

2) The plan of care must contain, at a minimum, the following components:

a. Measures to reduce the risk of blood clots and muscle atrophy;

b. Measures to decrease the development of respiratory complications, such as pneumonia;

c. Measures to decrease problems with bowel function, such as constipation;

d. Measures to meet the resident's psychosocial needs, including but not limited to, planning activities that the resident can participate in, such as listening to music, visitation, and having someone read to them;

e. Measures to reduce injury, including but not limited to, pressure ulcers, foot drop, contractures and other related injuries;

f. Measures to ensure the nutritional needs of the resident are met and are provided in a safe manner, for example, to avoid aspiration; and

g. The safe administration of medications.

Sec.29. Residential Facilities for Groups – Involuntary Discharges (SB 298 of the 2023 legislative session)

NAC 449.2708 is hereby amended to read as follows:

1. A resident may be discharged from a residential facility without his or her approval if:
~~[(a)]~~ *the facility meets the provisions of SB 298 of the 2023 legislative session. ~~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 admitted to another facility for a higher level of care. Written notice pursuant to subsection 2 that the resident will be discharged is not required if the condition of the resident necessitates immediate transfer to receive emergency care.

4. If the 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 and [SB 298 of the 2023 legislative session](#).

Sec.30. Residents with Certain Conditions may be Admitted/Allowed to Remain as a Resident so long as Certain Criteria are Met (Sections 30 to 40)

NAC 449.2712 is hereby amended to read as follows:

1. A person who requires the use of oxygen ~~[must not]~~ may be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless]~~ if 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 caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen.

4. The administrator of a residential facility shall ensure all caregivers be trained and knowledgeable regarding hazards and precautions to take when oxygen is in use.

Sec.31. NAC 449.2714 is hereby amended to read as follows:

1. A person who requires the use of intermittent positive pressure breathing equipment ~~[must not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless]~~ *if*:

(a) The resident is mentally and physically capable of operating and disinfecting the equipment and is capable of determining when its use is required; or

(b) The equipment is operated by a medical professional who has been trained to operate the equipment.

2. The caregivers employed by a residential facility with a resident who requires the use of intermittent positive pressure breathing equipment 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 the equipment;

(2) The equipment is operated by a medical professional trained in the operation of the equipment if the resident requires assistance;

(3) The equipment is in good working condition; and

(4) The equipment is removed from the facility when it is no longer needed by the resident.

Sec.32. NAC 449.2716 is hereby amended to read as follows:

1. A person who has a colostomy or ileostomy ~~[must not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless]~~ *if*:

(a) The resident is mentally and physically capable of properly caring for his or her colostomy or ileostomy, with or without assistance, and the resident's physician has stated in writing that the colostomy or ileostomy is completely healed; or

(b) The care for the colostomy or ileostomy is provided by a medical professional who is trained to provide that care.

2. The caregivers employed by a residential facility with a resident who has a colostomy or ileostomy shall ensure that:

(a) All bags used by the resident are discarded appropriately; and

(b) Privacy is afforded to the resident when care for the colostomy or ileostomy is being provided.

Sec.33. NAC 449.2718 is hereby amended to read as follows:

1. A person who requires the manual removal of fecal impactions or the use of enemas or suppositories ~~[must not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless]~~ *if*:

(a) The resident is able to provide the care for himself or herself; or

(b) The care is administered according to the written instructions of a physician by a medical professional who has been trained to provide that care.

2. The caregivers employed by a residential facility with a resident who requires the manual removal of fecal impactions or the use of enemas or suppositories shall ensure that privacy is afforded to the resident when that care is being provided.

Sec.34. NAC 449.272 is hereby amended to read as follows:

1. A person who requires the use of an indwelling catheter ~~[must not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless]~~ *if*:

(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) The administrator, his or her designee or the caregiver must immediately notify the resident's primary health care provider of any signs or symptoms of a urinary tract infection or dehydration.

Sec.35. NAC 449.2722 is hereby amended to read as follows:

~~[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.]~~ 1. A person who has a ~~[manageable]~~ condition of bowel or bladder incontinence ~~[must not]~~ *may* be admitted to a residential facility or permitted to remain as a resident of a residential facility ~~[unless]~~ *if* 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.36. NAC 449.2724 is hereby amended to read as follows:

1. A person who has contractures ~~[must not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless]~~ *if* the contractures do not adversely affect the ability of the resident to perform normal bodily functions and:

- (a) The resident is able to care for the contractures without assistance; or
- (b) Supervision in caring for the contractures is provided by a medical professional who is trained to provide such supervision.

2. The caregivers employed by a residential facility with a resident who has contractures shall ensure that the performance by the resident of any exercises to improve the resident's range of motion or any other exercises prescribed by a physician is supervised by a medical professional who has been trained to provide such supervision.

Sec.37. NAC 449.2726, as modified by LCB File No. R043-22, is hereby amended to read as follows:

1. A person who has diabetes ~~[must not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless]~~ *if*:

- (a) The resident's glucose testing is performed by:
 - (1) The resident himself or herself without assistance; or
 - (2) With the consent of the resident, a caregiver who meets the requirements of [NAC 449.196](#); and
- (b) The resident's medication is administered:
 - (1) By the resident himself or herself without assistance;
 - (2) By a medical professional, or licensed practical nurse, who is:
 - (I) Acting within his or her authorized scope of practice and in accordance with all applicable statutes and regulations; and
 - (II) Trained to administer the medication; or
 - (3) If the conditions set forth in subsection 2 are satisfied, with the assistance of a caregiver employed by the residential facility.

2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his or her diabetes if:

- (a) A physician, physician assistant or advanced practice registered nurse has determined that the resident's physical and mental condition is stable and is following a predictable course.
- (b) The amount of the medication prescribed to the resident for his or her diabetes is at a maintenance level and does not require a daily assessment, including, without limitation, the use of a sliding scale.
- (c) A written plan of care by a physician or registered nurse has been established that:
 - (1) Addresses possession and assistance in the administration of the medication for the resident's diabetes; and
 - (2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.
- (d) The medication prescribed to the resident for his or her diabetes is not administered by injection or intravenously or is administered using an auto-injection device in accordance with the requirements of [NRS 449.0304](#) and [NAC 449.1985](#).
- (e) The caregiver has successfully completed training and examination approved by the Division *pursuant to section 12 of this regulation (LCB File No. R043-22)* regarding the administration of such medication.

3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that:

(a) Sufficient amounts of medicines, equipment to perform tests, syringes, needles and other supplies are maintained and stored in a secure place in the facility;

(b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place; and

(c) The caregivers responsible for the resident have received instruction in the recognition of the symptoms of hypoglycemia and hyperglycemia by a medical professional who has been trained in the recognition of those symptoms.

4. The caregivers of a residential facility with a resident who has diabetes and requires a special diet shall provide variations in the types of meals served and make available food substitutions in order to allow the resident to consume meals as prescribed by the resident's physician. The substitutions must conform with the recommendations for food exchanges contained in the ~~[Exchange]~~ *Choose Your Foods: Food Lists For ~~[Meal Planning,]~~ Diabetes*, published by the American Diabetes Association, Incorporated, and the ~~[American Dietetic Association,]~~ *Academy of Nutrition and Dietetics*, which is hereby adopted by reference. A copy of the publication may be obtained ~~{from the American Diabetes Association, Incorporated, Order Fulfillment Department, P.O. Box 930850, Atlanta, Georgia 31193-0850,}~~ *at the Internet address <https://www.eatrightstore.org/product-type/booklets-and-handouts/choose-your-foodsfood-lists-for-diabetes-englishsingles--2019>* at a cost of ~~[\$2.50,]~~ *\$2.99 for members and \$3.89 for nonmembers.*

5. The Board will review each revision of the publication adopted by reference in subsection 4 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 in subsection 4.

Sec.38. NAC 449.2728 is hereby amended to read as follows:

1. Except as otherwise provided by [NAC 449.2726](#), a person who requires regular intramuscular, subcutaneous or intradermal injections ~~[must not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of the facility ~~[unless]~~ *if* the injections are administered by:

(a) The resident; or

(b) A medical professional, or licensed practical nurse, acting within his or her authorized scope of practice and in accordance with all applicable statutes and regulations, who has been trained to administer those injections.

2. The caregivers employed by a residential facility with a resident who requires regular intramuscular, subcutaneous or intradermal injections shall ensure that:

(a) Sufficient amounts of medicines, equipment to perform tests, syringes, needles and other supplies are maintained and stored in a secure place in the facility; and

(b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place.

Sec.39. NAC 449.2732, as modified by LCB File No. R043-22, is hereby amended to read as follows:

1. Except as otherwise provided in subsection 2, a person who requires protective supervision ~~[not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless]~~ *if*:

(a) The resident is able to follow instructions;

(b) The resident is able to make his or her needs known to the caregivers employed by the facility;

(c) The resident can be protected from harming himself or herself and other persons; and

(d) The caregivers employed by the facility can meet the needs of the resident~~(=)~~, *as documented in the person-centered service plan established for the resident.*

2. If a person who requires protective supervision is unable to follow instructions or has difficulty making his or her needs known to the employees of the facility, the person may be admitted to the facility or be permitted to remain as a resident of the facility if the facility complies with the provisions of [NAC 449.2754](#) and [449.2756](#).

3. The administrator of a residential facility with a resident who requires protective services shall ensure that:

(a) The caregivers employed by the facility are capable of providing the supervision for that resident without neglecting the needs of the other residents of the facility; and

(b) ~~[There is a written plan for providing]~~ *The person-centered service plan developed for that resident provides for* protective supervision for that resident.

Sec.40. NAC 449.2734 is hereby amended to read as follows:

1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional ~~[must not]~~ *may* be admitted to a residential facility or be permitted to remain as a resident of a residential facility ~~[unless] if:~~

(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.41. Residential Care Facilities & Written Requests to Admit or Retain Residents

NAC 449.2736 is hereby amended to read as follows:

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]~~ *subsection 4(a) or subsection 6 of Section 28*, inclusive.

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]~~ *subsection 4(a) or subsection 6 of Section 28*, inclusive.
4. 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]~~ *subsection 4(a) or subsection 6 of Section 28*, inclusive. *If a resident is a patient of a program of hospice when being admitted to the facility, prior approval pursuant to this section is not required, and a residential facility may retain a resident pursuant to subsection 5.*
5. 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]~~ *subsection 4(a) or subsection 6 of Section 28*, inclusive, for 10 days after the facility submits to the Division the written request required pursuant to subsection 1.
 6. *The administrator of a residential facility may not submit a written request for permission to admit or retain a resident who:*
 - (a) *Requires a restraint;*
 - (b) *Requires gastrostomy care;*
 - (c) *Requires Vacuum-Assisted Wound Closure;*
 - (d) *Requires in-house dialysis;*
 - (e) *Requires confinement in locked quarters except a residential facility described in subsection 10 of Section 28 may retain a resident that requires confinement in locked quarters without submitting a written request for permission pursuant to subsection 1; or*
 - (f) *Requires skilled nursing or other medical supervision on a 24-hour basis except a resident who receives services pursuant to subsection 11 of Section 28 may receive skilled nursing or other medical supervision without a written request for permission pursuant to subsection 1.*

Sec.42. Residential Facilities for Groups - Restrictions on Admitting or Retaining Residents with Certain Medical Needs or Conditions

NAC 449.275 is hereby amended to read as follows:

1. 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.43. Intermediary Service Organizations & Telephone Number-GR

NAC 449.39516 is hereby amended to read as follows:

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)]~~ (b) 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.44. Personal Care Agencies and Qualifications and Duties of Administrator

NAC 449.3973 is hereby amended to read as follows:

- 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 chapter 449 of NRS; 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 arranging for their training;

(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 of a client are reported in the manner prescribed in NRS 200.5093 and 632.472.

Sec.45. Personal Care Agencies and CPR Requirements

NAC 449.3976 is hereby amended to read as follows:

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](#) 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 in first aid and cardiopulmonary resuscitation issued by the American National Red Cross, *American Heart Association*, *MEDIC First Aid*, *EMS Safety Services, Inc.* or the *American Safety and Health Institute* or an equivalent certificate approved by the Division.

- (i) *The cardiopulmonary resuscitation training required pursuant to subsection 1 (f), may be completed one hundred percent in-person or in a blended learning training which combines lecture delivered online and an in-person hands on practical training component.*
- (ii) *The cardiopulmonary resuscitation training required pursuant to subsection 1 (f), may be taken 100% virtually if the training includes a virtual hands-on skills session with an instructor who is a person in real time. A certificate in first aid and cardiopulmonary resuscitation, completed 100% virtually with a virtual hands-on skills session which allows for remote skills verification by the instructor who is a person in real time, issued to the attendant by the American Heart Association or by an HIS approved training center, shall be deemed adequate proof that the attendant has received the training required by this section.*

(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.46. Personal Care Agencies and CPR Requirements

NAC 449.3977 is hereby amended to read as follows:

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 in first aid and cardiopulmonary resuscitation issued by the American National Red Cross, *American Heart Association*, *MEDIC First Aid*, *EMS Safety Services, Inc.* or the *American Safety and Health Institute* or an equivalent certificate will be accepted as proof of that training.

(i) *The cardiopulmonary resuscitation training required pursuant to subsection 1 (5), may be completed one hundred percent in-person or in a blended learning training which combines lecture delivered online and an in-person hands on practical training component.*

(ii) *The cardiopulmonary resuscitation training required pursuant to subsection 1 (5), may be taken 100% virtually if the training includes a virtual hands-on skills session with an instructor who is a person in real time. A certificate in first aid and cardiopulmonary resuscitation, completed 100% virtually with a virtual hands-on skills session which allows for remote skills verification by the instructor who is a person in real time, issued to the attendant by the American Heart Association or by an HIS approved training center, shall be deemed adequate proof that the attendant has received the training required by this section.*

(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.47. Personal Care Agency – Attendant’s Scope of Service

NAC 449.3978 is hereby amended to read as follows:

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)] (e) Performing physical assessments;~~

~~[(g)] (f) Using specialized feeding techniques;~~

~~[(h)] (g) Performing a digital rectal examination;~~

~~[(i)] Trimming or cutting toenails;]~~

~~[(j)] (i) 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)] (j) 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.~~

3. An attendant whom an ultimate user has authorized in writing to assist in the administration of a client’s medication, pursuant to NRS 453.141, may possess at the client’s residence and administer controlled substances to a client who has been legally prescribed a medication. In addition, such an attendant may assist in the administration of over-the-counter medications and supplements that have been ordered by the client’s health care provider. The medications and supplements must be administered in accordance with the client’s health care provider’s written instructions.

4. Except as otherwise provided in [NAC 449.39775](#), an attendant may not administer any medication via injection, including intravenous injections, subcutaneous injections, intramuscular injections or any other injection by any route.

5. If an administrator allows attendants to administer medications pursuant to this section, the administrator shall develop and maintain a training program for attendants of the agency who administer medication to clients.

6. The administrator shall maintain proof that each attendant who administers medications has completed the medication administration training and has passed the exam pursuant to subsection 7.

7. An attendant who administers medications pursuant to this section:

(a) Shall, prior to administering any medications or supplements, take a program approved by the Bureau, 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 and obtain a certificate acknowledging completion of such training;

(b) After receiving the initial training required by paragraph (a), receive annually at least 8 hours of training in the management of medication approved by the Bureau and provide the administrator with satisfactory evidence of the content of the training and his or her attendance at the training; and

(c) Annually pass an examination related to the management of medication approved by the Bureau.

8. The administrator of an agency that provides assistance to clients in the administration of medications shall maintain a record of the medication administered to each client. The record must include:

(1) The type of medication administered;

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

(3) The date and time the 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 provider of health care.

9. An attendant may trim or cut fingernails or toenails unless the client's provider of health care has indicated that that the client's toenails must be trimmed by a podiatrist licensed by the Nevada State Board of Podiatry or by a nail technologist licensed by the Nevada State Board of Cosmetology. If a client has been diagnosed by a provider of health care with diabetes the client's provider of health care must be consulted prior to trimming toenails.

10. An attendant may assist a resident with exercises, including but not limited to, strength training exercises, and exercises that help with balance, flexibility, endurance and range of motion unless the client's provider of health care has indicated that a client should not participate in such exercises.

11. An attendant may accompany a client to the office of a physician or other health care provider to provide information, including medical information, to the physician or other health care provider concerning the client or to receive information, including medical information, from the physician or health care provider concerning the client. The attendant may share the information with the client, a client's legal guardian or a client's power of attorney.

12. An attendant may assist a client with scheduling medical and non-medical appointments and helping to ensure they get to their appointments in a timely manner.

13. For the purposes of this section and NAC 449.3965, subsections 3 to 12 of this section are to be considered nonmedical services.

Sec.48. Community Triage Centers & Laundry-GR

NAC 449.74357 is hereby amended to read as follows:

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.49. Facilities for Skilled Nursing & Administrator-GR

NAC 449.74417 is hereby amended to read as follows:

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)]~~ *He* 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] resident*.

Sec.50. Skilled Nursing Facilities – Adoption of Federal Visitation Guidelines

NAC 449.74447 is hereby amended to read as follows:

1. A facility for skilled nursing shall not prohibit a *[patient] resident* in the facility from contacting, receiving information from or speaking to:
 - (a) A representative of the Bureau.
 - (b) The patient's physician *or other health care provider*.
 - (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] resident*.
 - (e) The relatives of the *[patient] resident*.
 - (f) Any other persons with whom the patient wishes to visit.
2. ~~[The provisions of this section do not prohibit a facility for skilled nursing from adopting reasonable restrictions relating to the visitation of patients.]~~ *A facility for skilled nursing shall be in compliance with Code of Federal Regulations §483.10(f)(4) and §483.10(f)(4)(vi) as outlined in the most current version of "Appendix PP – Guidance to Surveyors for Long Term Care Facilities" of the State Operations Manual published by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services which can be accessed for free at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf*
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] resident* of the facility in accordance with state law and with the permission of the *[patient] resident* or the *[patient's] resident's* legal representative.

Sec.51. Employment Agencies to Provide Nonmedical Services -Elder Abuse Training & CPR

NAC 449.880 is hereby amended to read as follows:

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 [chapter 449](#) of NRS;
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;

(m) Recognizing and preventing abuse of older persons pursuant to NRS 449.093;

and

~~(m)~~ (n) First aid and cardiopulmonary resuscitation. A certificate in first aid and cardiopulmonary resuscitation issued to the attendant by the American Red Cross its successor organization, *American Heart Association, MEDIC First Aid, EMS Safety Services, Inc. or the American Safety and Health Institute*, 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.

(i) The cardiopulmonary resuscitation training required pursuant to subsection 7(n), may be completed one hundred percent in-person or in a blended learning training which combines lecture delivered online and an in-person hands on practical training component; or

(ii) The cardiopulmonary resuscitation training required pursuant to subsection 7(n), may be taken 100% virtually if the training includes a virtual hands-on skills session with an instructor who is a person in real time. A certificate in first aid and cardiopulmonary resuscitation, completed 100% virtually with a virtual hands-on skills session which allows for remote skills verification by the instructor who is a person in real time, issued to the attendant by the American Heart Association or by an HIS approved training center, shall be deemed adequate proof that the attendant has received the training required by this section.

Sec.52. Community-Based Living Arrangement Services & CPR

NAC 449.818 is hereby amended to read as follows:

An application for a provisional certificate must be submitted to the Division on a form furnished by the Division accompanied by a nonrefundable fee of \$100 and must include:

1. For an applicant who is a natural person:

(a) ~~Three~~ *One* or more letters of professional reference *that include valid contact information of the professional providing the reference;*

(b) A certification, signed by the applicant, that the applicant will maintain the confidentiality of information relating to any person who receives services;

(c) Proof that the applicant has successfully completed a course in cardiopulmonary resuscitation according to the guidelines of the American Red Cross or American Heart Association *or MEDIC First Aid, EMS Safety Services, Inc. or the American Safety and Health Institute.*

(i) *The cardiopulmonary resuscitation training required pursuant to subsection 1 (c), may be completed one hundred percent in-person or in a blended learning training which combines lecture delivered online and an in-person hands on practical training component.*

(ii) *The cardiopulmonary resuscitation training required pursuant to subsection 1 (c), may be taken 100% virtually if the training includes a virtual hands-on skills session with an instructor who is a person in real time. A certificate in first aid and cardiopulmonary resuscitation, completed 100% virtually with a virtual hands-on skills session which allows for remote skills verification by the instructor who is a person in real time, issued to the attendant by the American Heart Association or by an HIS approved training center, shall be deemed adequate proof that the attendant has received the training required by this section.*

(d) 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;

(e) 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;

(f) A copy of the social security card of the applicant;

(g) A copy of a form of government-issued identification, which may include, without limitation, a passport, identification card or driver's license;

(h) 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;

(i) If applicable, ~~[a copy of the applicant's state business license]~~ *the business identification number assigned by the Secretary of State, unless exempt by state statutes or regulations from having 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

(j) Any other information required by the Division.

2. For an applicant other than a natural person:

(a) If applicable, ~~[a copy of the state business license of the organization]~~ *the business identification number assigned by the Secretary of State, unless exempt by state statutes or regulations from having 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;

- (b) The federal tax identification number of the organization;
 - ~~[(c) 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;]~~
 - (d) A list of the members of the governing body of the applicant;
 - (e) If the applicant is an association or a corporation:
 - (1) The name, title and principal business address of each officer and member of its governing body;
 - (2) The signature of the chief executive officer or an authorized representative; and
 - (3) If the applicant is a corporation, the name and address of each person holding more than 10 percent of its stock;
 - (f) For each member of the governing body:
 - (1) ~~[Three]~~ *One* or more letters of professional reference *that include valid contact information of the professional providing the reference;* and
 - (2) 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;
 - (g) 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;
 - (h) Copies of any policies and procedures of the applicant relating to the provision of services; and
 - (i) Such other information as may be required by the Division.
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.53. LCB File R048-22 – Home Health Agencies

Sec. 55.

NAC 449.793 is hereby amended to read as follows:

- 449.793 1. The governing body ~~[of an]~~ *or other entity responsible for the operation of a home health agency* ~~is responsible for providing for an evaluation of the agency once a year. The purpose of the evaluation is to audit, review policies and procedures, recommend additions or changes and ensure that the policies and regulations are being met.~~
- ~~2. A committee shall review all contracts and charters held by the agency to ascertain that: (a) Existing contracts are legal and up to date. (b) The existing contracts meet the needs of all parties involved.~~
- ~~3. A committee shall review the management and office procedures of the agency to ascertain that: (a) The agency is being operated in the most effective and economical means while still giving quality service. (b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current. (c) Equipment is in good repair and adequately meets operational needs.~~
- ~~4. The committee shall submit a report to the governing body with any recommendations for changes and pertinent observations as it deems necessary.~~

~~5. A committee shall review the medical and personnel policies to ensure that the policies are being fulfilled and necessary changes or additions are effected.~~

~~6. The governing body~~ 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 administrative representative; a physician, physician assistant or advanced practice registered nurse; a registered nurse and 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 determine:

(a) Determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service ~~[-The committee shall record]; and~~

(b) Record any deficiencies and make necessary recommendations to the administrator.

4. If ~~the branch offices of a home health agency are small~~ a home health agency has branch offices, two or more offices may establish one committee to review cases from each area. ~~[Each subunit agency must establish a committee to review cases within its area. Minutes]~~

5. The committee shall ensure that minutes of the committee's meetings ~~[must be]~~ are documented and make the minutes available to personnel of the Division for review ~~[.]~~ upon request.

LCB DRAFTING NOTES

Pursuant to AB 403 of the 2023 legislative session halfway houses are no longer required to be licensed. Please omit the section titled, Halfway Houses for Persons Recovering from Alcohol or Other Substance Use Disorders, NAC 449.1549 through NAC 449.154945 and any other references to halfway houses in Nevada Administrative Code.

Pursuant to SB 69 of the 2021 legislative session peer support recovery organizations are no longer required to be licensed. Please omit the section titled, Peer Support Recovery Organizations, NAC 449.15488 through NAC 449.154894 and any other references to peer support recovery organizations in Nevada Administrative Code.

TEXT OF REPEALED SECTIONS

~~[NAC 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.~~

~~[Bd. of Health, Alcohol and Drug Abuse Treatment Facilities Art. 2 §§ 2-7-2.12, eff. 3-27-76; A and renumbered as §§ 2-7-2.11, 12-27-77]—(NAC A by R035-97 & R044-97, 10-30-97; R077-01, 10-18-2001)]~~

~~[NAC 449.2704 Disclosure of information concerning rates and payment for services. (NRS 449.0302)]—The administrator of a residential facility shall, upon request, make the following information available in writing:~~

- ~~—1. The basic rate for the services provided by the facility;~~
 - ~~—2. The schedule for payment;~~
 - ~~—3. The services included in the basic rate;~~
 - ~~—4. The charges for optional services which are not included in the basic rate; and~~
 - ~~—5. The residential facility's policy on refunds of amounts paid but not used.~~
- ~~—(Added to NAC by Bd. of Health, eff. 3-6-86; A by R003-97, 10-30-97; R052-99, 9-27-99)}~~

~~[NAC 449.271—Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition. (NRS 449.0302)—Except as otherwise provided in 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:~~

- ~~—1. Requires gastrostomy care;~~
- ~~—2. Suffers from a staphylococcus infection or other serious infection; or~~
- ~~—3. Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive.]~~

~~[NAC 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.]~~