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FIRST REPRINT

A.B. 326

ASSEMBLY BILL NO. 326—ASSEMBLYMEN BUCKLEY, CONKLIN, MCCLAIN, KOIVISTO, PARKS, ANDERSON, ARBERRY, ATKINSON, CLABORN, COLLINS, GEDDES, GIBBONS, GIUNCHIGLIANI, GRADY, HORNE, LESLIE, MABEY, MANENDO, OCEGUERA, PERKINS, PIERCE, SHERER AND WILLIAMS

MARCH 14, 2003

Referred to Committee on Health and Human Services

SUMMARY—Requires separate regulation of residential facilities for groups which claim to provide assisted living services. (BDR 40-954)

FISCAL NOTE: Effect on Local Government: Yes.
Effect on the State: Yes.

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

AN ACT relating to residential facilities for groups; requiring the State Board of Health to adopt separate regulations for the licensure and regulation of residential facilities for groups which provide assisted living services; limiting the circumstances under which a residential facility for groups may claim to offer assisted living services; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 **Section 1.** NRS 449.037 is hereby amended to read as follows:
- 2 449.037 1. The Board shall adopt:
- 3 (a) Licensing standards for each class of medical facility or
- 4 facility for the dependent covered by NRS 449.001 to 449.240,
- 5 inclusive, and for programs of hospice care.
- 6 (b) Regulations governing the licensing of such facilities and
- 7 programs.
- 8 (c) Regulations governing the procedure and standards for
- 9 granting an extension of the time for which a natural person may



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1 provide certain care in his home without being considered a
2 residential facility for groups pursuant to NRS 449.017. The
3 regulations must require that such grants are effective only if made
4 in writing.

5 (d) Regulations establishing a procedure for the indemnification
6 by the Health Division, from the amount of any surety bond or other
7 obligation filed or deposited by a facility for refractive laser surgery
8 pursuant to NRS 449.068 or 449.069, of a patient of the facility who
9 has sustained any damages as a result of the bankruptcy of or any
10 breach of contract by the facility.

11 (e) Any other regulations as it deems necessary or convenient to
12 carry out the provisions of NRS 449.001 to 449.240, inclusive.

13 2. The Board shall adopt separate regulations governing the
14 licensing and operation of:

15 (a) Facilities for the care of adults during the day; and

16 (b) Residential facilities for groups,
17 which provide care to persons with Alzheimer's disease.

18 3. The Board shall adopt separate regulations for:

19 (a) The licensure of rural hospitals which take into consideration
20 the unique problems of operating such a facility in a rural area.

21 (b) The licensure of facilities for refractive laser surgery which
22 take into consideration the unique factors of operating such a
23 facility.

24 (c) The licensure of mobile units which take into consideration
25 the unique factors of operating a facility that is not in a fixed
26 location.

27 4. The Board shall require that the practices and policies of
28 each medical facility or facility for the dependent provide
29 adequately for the protection of the health, safety and physical,
30 moral and mental well-being of each person accommodated in the
31 facility.

32 5. The Board shall establish minimum qualifications for
33 administrators and employees of residential facilities for groups. In
34 establishing the qualifications, the Board shall consider the related
35 standards set by nationally recognized organizations which accredit
36 such facilities.

37 6. The Board shall adopt separate regulations regarding the
38 assistance which may be given pursuant to NRS 453.375 and
39 454.213 to an ultimate user of controlled substances or dangerous
40 drugs by employees of residential facilities for groups. The
41 regulations must require at least the following conditions before
42 such assistance may be given:

43 (a) The ultimate user's physical and mental condition is stable
44 and is following a predictable course.



1 (b) The amount of the medication prescribed is at a maintenance
2 level and does not require a daily assessment.

3 (c) A written plan of care by a physician or registered nurse has
4 been established that:

5 (1) Addresses possession and assistance in the administration
6 of the medication; and

7 (2) Includes a plan, which has been prepared under the
8 supervision of a registered nurse or licensed pharmacist, for
9 emergency intervention if an adverse condition results.

10 (d) The prescribed medication is not administered by injection
11 or intravenously.

12 (e) The employee has successfully completed training and
13 examination approved by the Health Division regarding the
14 authorized manner of assistance.

15 7. *The Board shall adopt separate regulations governing the*
16 *licensing and operation of residential facilities for groups which*
17 *provide assisted living services. The regulations must prohibit a*
18 *residential facility for groups from claiming that it provides*
19 *“assisted living services” unless:*

20 (a) *Before authorizing a person to move into the facility, the*
21 *facility makes a full written disclosure to the person regarding*
22 *what services of personalized care will be available to the person*
23 *and the amount that will be charged for those services throughout*
24 *the resident’s stay at the facility.*

25 (b) *The residents of the facility reside in their own living units*
26 *which:*

27 (1) *Contain toilet facilities and a separate sleeping area or*
28 *bedroom; and*

29 (2) *Are shared with another occupant only upon consent of*
30 *both occupants.*

31 (c) *Despite a decline in the physical or mental condition of its*
32 *residents, the facility allows its residents to continue to live in their*
33 *own living units and retain the right to assume risks inherent in*
34 *living in a separate living unit to the extent of the resident’s*
35 *individual ability to consciously assume the responsibility for that*
36 *risk.*

37 (d) *The facility provides personalized care to the residents of*
38 *the facility and the general approach to operating the facility*
39 *incorporates these core principles:*

40 (1) *The facility is designed to create a residential*
41 *environment that actively supports and promotes each resident’s*
42 *quality of life and right to privacy;*

43 (2) *The facility is committed to offering high-quality*
44 *supportive services that are developed by the facility in*



1 *collaboration with the resident to meet the resident's individual*
2 *needs;*

3 (3) *The facility provides a variety of creative and innovative*
4 *services that emphasize the particular needs of each individual*
5 *resident and his personal choice of lifestyle;*

6 (4) *The operation of the facility and its interaction with its*
7 *residents supports, to the maximum extent possible, each*
8 *resident's need for autonomy and the right to make decisions*
9 *regarding his own life;*

10 (5) *The operation of the facility is designed to foster a*
11 *social climate that allows the resident to develop and maintain*
12 *personal relationships with fellow residents and with persons in*
13 *the general community;*

14 (6) *The facility is designed for and is operated in a manner*
15 *which minimizes the need for its residents to move out of the*
16 *facility as their respective physical and mental conditions change*
17 *over time; and*

18 (7) *The facility is operated in such a manner as to foster a*
19 *culture that provides a high-quality environment for the residents,*
20 *their families, the staff, any volunteers and the community at*
21 *large.*

22 8. The Board shall, if it determines necessary, adopt
23 regulations and requirements to ensure that each residential facility
24 for groups and its staff are prepared to respond to an emergency,
25 including, without limitation:

26 (a) The adoption of plans to respond to a natural disaster and
27 other types of emergency situations, including, without limitation,
28 an emergency involving fire;

29 (b) The adoption of plans to provide for the evacuation of a
30 residential facility for groups in an emergency, including, without
31 limitation, plans to ensure that nonambulatory patients may be
32 evacuated;

33 (c) Educating the residents of residential facilities for groups
34 concerning the plans adopted pursuant to paragraphs (a) and (b); and

35 (d) Posting the plans or a summary of the plans adopted
36 pursuant to paragraphs (a) and (b) in a conspicuous place in each
37 residential facility for groups.

38 **Sec. 2.** NRS 449.230 is hereby amended to read as follows:

39 449.230 1. Any authorized member or employee of the
40 Health Division may enter and inspect any building or premises at
41 any time to secure compliance with or prevent a violation of any
42 provision of NRS 449.001 to 449.245, inclusive. For the purposes of
43 this subsection, "building or premises" does not include a mobile
44 unit that is operated by a medical facility which is accredited by the



1 Joint Commission on Accreditation of Healthcare Organizations or
2 the American Osteopathic Association.

3 2. The State Fire Marshal or his designee shall, upon receiving
4 a request from the Health Division or a written complaint
5 concerning compliance with the plans and requirements to
6 respond to an emergency adopted pursuant to subsection ~~7~~ 8 of
7 NRS 449.037:

8 (a) Enter and inspect a residential facility for groups; and

9 (b) Make recommendations regarding the adoption of plans and
10 requirements pursuant to subsection ~~7~~ 8 of NRS 449.037,
11 to ensure the safety of the residents of the facility in an emergency.

12 3. The State Health Officer or his designee shall enter and
13 inspect at least annually each building or the premises of a
14 residential facility for groups to ensure compliance with standards
15 for health and sanitation.

16 4. An authorized member or employee of the Health Division
17 shall enter and inspect any building or premises operated by a
18 residential facility for groups within 72 hours after the Health
19 Division is notified that a residential facility for groups is operating
20 without a license.

