## EXEMPT (Reprinted with amendments adopted on May 23, 2003) SECOND 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:

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 facility for the dependent covered by NRS 449.001 to 449.240, 4 5 inclusive, and for programs of hospice care.

6 (b) Regulations governing the licensing of such facilities and 7 programs.

(c) Regulations governing the procedure and standards for 8 granting an extension of the time for which a natural person may 9



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:

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

(b) Residential facilities for groups,

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17 which provide care to persons with Alzheimer's disease.

3. The Board shall adopt separate regulations for:

(a) The licensure of rural hospitals which take into considerationthe unique problems of operating such a facility in a rural area.

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

(c) The licensure of mobile units which take into considerationthe unique factors of operating a facility that is not in a fixedlocation.

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

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

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

43 (a) The ultimate user's physical and mental condition is stable44 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:

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

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

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

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

(c) The facility provides personalized care to the residents of
 the facility and the general approach to operating the facility
 incorporates these core principles:

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

37 (2) The facility is committed to offering high-quality 38 supportive services that are developed by the facility in 39 collaboration with the resident to meet the resident's individual 40 needs;

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

44 (4) The operation of the facility and its interaction with its 45 residents supports, to the maximum extent possible, each



resident's need for autonomy and the right to make decisions
 regarding his own life;

3 (5) The operation of the facility is designed to foster a 4 social climate that allows the resident to develop and maintain 5 personal relationships with fellow residents and with persons in 6 the general community;

7 (6) The facility is designed for and is operated in a manner 8 which minimizes the need for its residents to move out of the 9 facility as their respective physical and mental conditions change 10 over time; and

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

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

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

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

26 (c) Educating the residents of residential facilities for groups 27 concerning the plans adopted pursuant to paragraphs (a) and (b); and

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

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

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32 449.230 1. Any authorized member or employee of the 33 Health Division may enter and inspect any building or premises at any time to secure compliance with or prevent a violation of any 34 provision of NRS 449.001 to 449.245, inclusive. For the purposes of 35 this subsection, "building or premises" does not include a mobile 36 37 unit that is operated by a medical facility which is accredited by the 38 Joint Commission on Accreditation of Healthcare Organizations or 39 the American Osteopathic Association.

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

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



(b) Make recommendations regarding the adoption of plans and requirements pursuant to subsection [7] 8 of NRS 449.037, to ensure the safety of the residents of the facility in an emergency.
3. The State Health Officer or his designee shall enter and inspect at least annually each building or the premises of a residential facility for groups to ensure compliance with standards for health optimized. for health and sanitation. 

4. An authorized member or employee of the Health Division shall enter and inspect any building or premises operated by a residential facility for groups within 72 hours after the Health Division is notified that a residential facility for groups is operating 

without a license. 

