

NEVADA CHAPTER 449 - MEDICAL AND OTHER RELATED FACILITIES

NAC 449.156 Definitions. ([NRS 449.037](#)) As used in [NAC 449.156](#) to [449.27706](#), inclusive, unless the context otherwise requires, the words and terms defined in [NAC 449.1565](#) to [449.178](#), inclusive, have the meanings ascribed to them in those sections.

(Supplied in codification; A by Bd. of Health, 3-6-86; R003-97, 10-30-97; R204-99, 2-10-2000; R071-04, 8-4-2004; R122-05, 11-17-2005; R097-06, 7-14-2006)

NAC 449.1565 “Administer” defined. ([NRS 449.037](#)) “Administer” means the direct application of a drug or medicine referred to in [NRS 454.181](#) to [454.371](#), inclusive, by injection, inhalation, ingestion or any other means, to the body of a resident of a residential facility.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.157 “Administrator” defined. ([NRS 449.037](#)) “Administrator” means a person:

1. Who is licensed by the Nevada State Board of Examiners for Administrators of Facilities for Long-Term Care pursuant to [chapter 654](#) of NRS;

2. Whose name appears on a license issued by the Bureau as administrator of record for a residential facility; and

3. Who is legally responsible for the care of residents and the daily operation of the facility.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.1575 “Board” defined. ([NRS 449.037](#)) “Board” means the State Board of Health.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.1585 “Caregiver” defined. ([NRS 449.037](#)) “Caregiver” means an employee of a residential facility who provides care, assistance or protective supervision to a resident of the facility.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.1591 “Category 1 resident” defined. ([NRS 449.037](#)) “Category 1 resident” means:

1. In a residential facility with not more than 10 residents, a resident who, without the assistance of any other person, is physically and mentally capable of moving himself from the room in which he sleeps to outside the facility in 4 minutes or less; or

2. In a residential facility with more than 10 residents, a resident who, without the assistance of any other person, is physically and mentally capable of moving himself from the room in which he sleeps to the other side of a smoke or fire barrier or outside the facility, whichever is nearest, in 4 minutes or less.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.1595 “Category 2 resident” defined. ([NRS 449.037](#)) “Category 2 resident” means:

1. In a residential facility with not more than 10 residents, a resident who, without the assistance of any other person, is not physically or mentally capable of moving himself from the room in which he sleeps to outside the facility in 4 minutes or less.

2. In a residential facility with more than 10 residents, a resident who, without the assistance of any other person, is not physically or mentally capable of moving himself from the room in which he sleeps to the other side of a smoke or fire barrier or outside the facility, whichever is nearest, in 4 minutes or less.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.1597 “Dietary supplement” defined. ([NRS 449.037](#)) “Dietary supplement” has the meaning ascribed to it in 21 U.S.C. 321(ff) as that section existed on August 17, 1999.

(Added to NAC by Bd. of Health by R204-99, eff. 2-10-2000)

NAC 449.1599 “Discharge” defined. ([NRS 449.037](#)) “Discharge” means the release of a resident from a residential facility which does not involve a transfer.

(Added to NAC by Bd. of Health by R071-04, eff. 8-4-2004)

NAC 449.160 “Division” defined. ([NRS 449.037](#)) “Division” means the Health Division of the Department of Health and Human Services.

(Added to NAC by Bd. of Health, eff. 3-6-86)

NAC 449.161 “Grade” defined. ([NRS 449.037](#)) “Grade” means a letter that is assigned to a residential facility by the Bureau based on the severity and scope scores of the facility as determined by the Bureau.

(Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005)

NAC 449.164 “Hospice care” defined. ([NRS 449.037](#)) “Hospice care” has the meaning ascribed to it in [NRS 449.0115](#).

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.169 “Medical professional” defined. ([NRS 449.037](#)) “Medical professional” means a physician or a physician assistant, nurse practitioner, registered nurse, physical therapist, occupational therapist, speech pathologist or practitioner of respiratory care who is trained and licensed to perform medical procedures and care prescribed by a physician.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.170 “Placard” defined. ([NRS 449.037](#)) “Placard” means a certificate issued to a residential facility by the Bureau that includes the grade assigned to the facility by the Bureau.

(Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005)

NAC 449.172 “Residential facility” defined. ([NRS 449.037](#)) “Residential facility” means a residential facility for groups as defined in [NRS 449.017](#).

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.173 “Residential facility which provides care to persons with Alzheimer’s disease” defined. ([NRS 449.037](#)) “Residential facility which provides care to persons with Alzheimer’s disease” means a residential facility that provides care and protective supervision for persons with Alzheimer’s disease or a related disease, including, without limitation, senile dementia, organic brain syndrome or other cognitive impairment.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.175 “Severity and scope score” defined. ([NRS 449.037](#)) “Severity and scope score” has the meaning ascribed to it in [NAC 449.99839](#).

(Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005)

NAC 449.176 “Staff of a facility” defined. ([NRS 449.037](#)) “Staff of a facility” means the administrator, caregivers and other employees of a residential facility.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.178 “Transfer” defined. ([NRS 449.037](#)) “Transfer” means the movement of a resident from a residential facility to another facility for inpatient or residential care.

(Added to NAC by Bd. of Health by R071-04, eff. 8-4-2004)

Licensing

NAC 449.179 Submission and approval of plan for new construction or remodeling; inspection; evidence of compliance. ([NRS 449.037](#))

1. Except for a residential facility with less than 11 beds, before a residential facility is constructed or an existing facility is remodeled, the facility must:

(a) Submit the plan for construction or remodeling to the entity designated to review such plans by the Health Division pursuant to the provisions of [NAC 449.0115](#);

(b) Notify the Bureau of a tentative date for the completion of the construction or remodeling; and

(c) Obtain approval of the plan from the Health Division.

2. The plan for construction or remodeling must include a description of the materials that will be used to complete the project.

3. Before issuing a license to operate a residential facility, the Bureau shall inspect the facility to ensure that it complies with:

(a) The provisions of [NAC 449.156](#) to [449.27706](#), inclusive; and

(b) The applicable zoning ordinances and regulations.

4. An applicant for a license to operate a residential facility must submit to the Bureau with his application evidence that the applicant and the facility are in compliance with the provisions of [NRS 449.001](#) to [449.240](#), inclusive, and [NAC 449.156](#) to [449.27706](#), inclusive.

5. The Bureau shall not perform the inspection required pursuant to subsection 3 until the applicant has submitted to the Bureau the application required pursuant to [NRS 449.040](#), the fee required pursuant to [NAC 449.016](#) and the evidence required pursuant to subsection 4.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R076-01, 10-18-2001; R071-04, 8-4-2004; R118-05, 11-17-2005)

NAC 449.180 Requirements for purchasing licensed facility. ([NRS 449.037](#)) If an applicant for a license to operate a residential facility desires to purchase a currently licensed facility, the facility must comply with all current state and local requirements relating to health and safety.

[Bd. of Health, Group Care Facilities Appendix §§ 1, 1.1 & 2-2.7, eff. 10-13-77]—(NAC A 3-6-86; R003-97, 10-30-97)

NAC 449.190 License: Contents; validity; transferability; issuance of more than one type. ([NRS 449.037](#))

1. A license to operate a residential facility must include:

(a) The name of the administrator of the facility;

(b) The name and address of the facility;

(c) The type of facility;

(d) The maximum number of residents authorized to reside at the facility; and

(e) The category of residents who may reside at the facility.

2. The license becomes invalid if the facility is moved to a location other than the location stated on the license. The license may not be transferred to another owner.

3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the Bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

Administration and Personnel

NAC 449.194 Responsibilities of administrator. ([NRS 449.037](#)) The administrator of a residential facility shall:

1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of [NAC 449.156](#) to [449.27706](#), inclusive, and [chapter 449](#) of NRS.

2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have

access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge.

3. Maintain in the facility, and make available upon request, a copy of the provisions of [NAC 449.156 to 449.27706](#), inclusive, and the report of the latest investigation of the facility conducted by the Bureau pursuant to [NRS 449.150](#).

4. Ensure that the records of the facility are complete and accurate.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.196 Qualifications and training of caregivers. ([NRS 449.037](#))

1. A caregiver of a residential facility must:

(a) Be at least 18 years of age;

(b) Be responsible and mature and have the personal qualities which will enable him to understand the problems of the aged and disabled;

(c) Understand the provisions of [NAC 449.156 to 449.27706](#), inclusive, and sign a statement that he has read those provisions;

(d) Demonstrate the ability to read, write, speak and understand the English language;

(e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and

(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.

2. If a resident of a residential facility uses prosthetic devices or dental, vision or hearing aids, the caregivers employed by the facility must be knowledgeable of the use of those devices.

3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:

(a) Receive, in addition to the training required pursuant to [NRS 449.037](#), at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and

(b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004; R118-05, 11-17-2005)

NAC 449.197 Medical services may be provided only by medical professional. ([NRS 449.037](#)) A member of the staff of a residential facility shall not provide medical services to a resident of the facility unless the member of the staff is a medical professional.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.199 Staffing requirements; limitation on number of residents; written schedule for each shift; direct supervision of certain employees. ([NRS 449.037](#))

1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility.

2. Except as otherwise provided in [NAC 449.2756](#), the administrator of a residential facility which has more than 20 residents shall ensure that at least one employee is awake and on duty at the facility at all times. An additional employee must be available to provide care within 10 minutes after he is informed that his services are needed.

3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility.

4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.

5. An employee of a residential facility who is less than 18 years of age must be under the direct supervision of an employee who is 18 years of age or older.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.200 Personnel files. ([NRS 449.037](#))

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 employment at the residential facility;
- (c) Records relating to the training received by the employee;
- (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 449.176](#) to [449.185](#), 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 by the Bureau within 72 hours after the Bureau requests to review the files.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R204-99, 2-10-2000; R073-03, 1-22-2004)

NAC 449.202 Rights of staff members during investigation of facility; duties of investigator. ([NRS 449.037](#))

1. Upon the request of the administrator of a residential facility or any other member of the staff of the facility, a person who is conducting an investigation of the facility pursuant to [NRS 449.150](#) shall:

- (a) Identify himself and provide the name and telephone number of his supervisor; and
- (b) Inform the administrator or other member of the staff of the facility of the reason for the investigation.

2. The person who is conducting the investigation shall:

- (a) Treat the members of the staff of the facility in a professional and respectful manner;
- (b) Conduct an unbiased investigation; and

(c) Provide to the administrator of the facility an accurate report of the findings of the investigation, including a description of each deficiency found and a citation to the section of this chapter or [chapter 449](#) of NRS which has been violated.

3. After the investigation has been completed, the person conducting the investigation shall, upon the request of a member of the staff of the facility:

(a) Provide the member of the staff of the facility with the opportunity to:

(1) Ask questions concerning the findings of the investigation; and

(2) Review with the person who conducted the investigation the provisions of this chapter and [chapter 449](#) of NRS that the investigator believes were violated; and

(b) Provide to the member of the staff of the facility the details of any complaints received by the Division concerning the facility, other than details that may reveal the identity of the person who submitted the complaint.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

General Operational Requirements

NAC 449.204 System of financial accounting; insurance. ([NRS 449.037](#))

1. A residential facility shall:

(a) Maintain a recognized system of financial accounting; and

(b) Maintain a contract of insurance for protection against liability to third persons in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility.

2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force, and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the Bureau before the effective date of a cancellation or nonrenewal of the policy.

[Bd. of Health, Group Care Facilities §§ 5.1-5.4, eff. 12-18-75]—(NAC A 3-6-86; R003-97, 10-30-97; R073-03, 1-22-2004)

NAC 449.205 Advertising and promotional materials. ([NRS 449.037](#)) Advertising and promotional materials for a residential facility must be accurate and not misrepresent accommodations, services or programs offered by the facility.

(Added to NAC by Bd. of Health, eff. 3-6-86; A by R003-97, 10-30-97)

NAC 449.208 Restrictions on conducting other businesses or providing other services on premises. ([NRS 449.037](#)) No other business may be conducted or other services may be provided on the premises of a residential facility if the business or services would interfere with the operation of the facility or the care provided to the residents of the facility.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.209 Health and sanitation. ([NRS 449.037](#))

1. A residential facility must:

(a) Have a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage; and

(b) Comply with all local ordinances and state and federal laws and regulations relating to zoning, sanitation, accessibility to persons with disabilities and safety.

2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility.

3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.

4. To the extent practicable, the premises of the facility must be kept free from:

(a) Offensive odors;

(b) Hazards, including obstacles that impede the free movement of residents within and outside the facility;

(c) Insects and rodents; and

(d) Accumulations of dirt, garbage and other refuse.

5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.

6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.

7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility.

8. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit.

9. If the door of a bathroom opens into any room in which food or utensils for eating are handled or stored, the door must close automatically.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99)

NAC 449.211 Automatic sprinkler systems. ([NRS 449.037](#))

1. After January 14, 1997, the Division shall withhold the issuance of an initial license to operate a residential facility that does not have an automatic sprinkler system which complies with the provisions of [chapter 477](#) of NRS and any local ordinances relating to the installation of automatic sprinkler systems.

2. Except as otherwise provided in subsection 3, a residential facility with less than seven residents that is issued a license on or before January 14, 1997, shall install an automatic sprinkler system that complies with the provisions of [chapter 477](#) of NRS and any local ordinances relating to the installation of automatic sprinkler systems if:

(a) The ownership of the facility is transferred to a new owner;

(b) The number of beds in the facility is increased;

(c) The facility is currently authorized to admit or retain category 1 residents only and wishes to apply for authorization to admit or retain category 2 residents; or

(d) The facility is not currently authorized to admit or retain residents who suffer from Alzheimer's disease or other related dementia and the facility wishes to apply for authorization to admit or retain such residents.

3. A residential facility with less than seven residents that was issued its initial license on or before January 14, 1997, may not admit or retain a category 2 resident, unless an automatic sprinkler system that complies with the provisions of [chapter 477](#) of NRS and any local ordinances relating to the installation of automatic sprinkler systems is installed in the facility. Not more than one resident who is confined to a wheelchair or who is required to use a walker may be admitted to such a facility at any time unless such an automatic sprinkler system is installed in the facility.

4. An automatic sprinkler system that has been installed in a residential facility must be inspected:

(a) Not less than once each calendar quarter by a person who understands the manner in which the system operates and the manner in which it should be maintained; and

(b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of [chapter 477](#) of NAC.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.213 Laundry and linen services. ([NRS 449.037](#))

1. A residential facility shall:

(a) Provide laundry and linen services on the premises of the facility; or

(b) Contract with a commercial laundry for the provision of those services.

2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods.

3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure.

4. Clothes, bedding, linens and any other materials laundered pursuant to subsection 1 must be made clean by the laundering process. If a residential facility provides its own laundry and linen services, the residential facility shall:

(a) Make appropriate use of detergents, soaps, heat or chemicals; and

(b) Take precautions to ensure that no resident, member of the staff of the facility or other person in the facility is harmed by exposure to the detergents, soaps, heat or chemicals used in the laundering process.

[Bd. of Health, Group Care Facilities § 14.8, eff. 12-18-75; A 5-7-82; §§ 14.8.1-14.10.2, eff. 12-18-75]—
(NAC A 3-6-86; R003-97, 10-30-97; R204-99, 2-10-2000; R073-03, 1-22-2004)

NAC 449.216 Common areas; dining rooms. ([NRS 449.037](#))

1. A residential facility must have at least one centrally located common area in which residents may socialize and participate in recreational activities. A common area may include, without limitation, a living room, dining room, enclosed porch or solarium.

2. The common areas must be large enough to accommodate those to be served without overcrowding the areas. A minimum area of 15 square feet of total common area space per person must be provided.

3. All common areas must be furnished and equipped with comfortable furniture.

4. The dining room must be of sufficient size to accommodate all the residents comfortably. A minimum area of 10 square feet per person must be provided.

5. The dining room must be conveniently located near the kitchen to ensure the rapid and efficient serving of food.

[Bd. of Health, Group Care Facilities §§ 15.1-15.2.3, eff. 12-18-75]—(NAC A 3-6-86; R003-97, 10-30-97)

NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. ([NRS 449.037](#))

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

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

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

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

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

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

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

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

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

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. ([NRS 449.037](#))

1. A residential facility shall have adequate facilities and equipment for the preparation, service and storage of food.

2. Tables and chairs must be of proper height and of sufficient number to provide seating for the number of residents authorized for the facility. They must be sturdy and have easily washable surfaces. Chairs must be constructed so that they do not overturn easily.

3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.

4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modifications to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days.

5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal.

6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board, National Academy of Sciences, National Research Council.

7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.

8. A resident must be served meals in his bedroom for not more than 14 consecutive days if he is temporarily unable to eat in the dining room because of an injury or illness. The facility may serve meals to other residents in their rooms upon request. If a meal is served to a resident in his room because the resident is unable to eat in the dining room, the facility shall maintain a record of the times and reasons for serving meals to the resident in his room.

9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who:

(a) Is registered as a dietitian by the Commission on Dietetic Registration; or

(b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food.

10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include:

(a) The development and review of weekly menus;

(b) Training for the employees who work in the kitchen;

(c) Advice regarding compliance with the nutritional program of the facility; and

(d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.

[Bd. of Health, Group Care Facilities §§ 12.1-12.8.1, eff. 12-18-75]—(NAC A 3-6-86; R003-97, 10-30-97; R073-03, 1-22-2004)

NAC 449.218 Bedrooms: Floor space; windows and doors; privacy; storage space; bedding; personal furnishings; lighting. ([NRS 449.037](#))

1. A bedroom in a residential facility that is shared by two or three residents must have at least 60 square feet of floor space for each resident who resides in the bedroom. A resident may not share a bedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80 square feet of floor space.

2. Each bedroom in a residential facility must have one or more windows that can be opened from the inside without the use of tools or a door to the outside which is at least 36 inches wide and can be opened from the inside.

3. The combined size of the windows in a bedroom in a facility that was issued a license on or after January 14, 1997, must equal not less than 10 percent of the floor space in the room, and each bedroom window must:

(a) Be not less than:

(1) Twenty-four inches in height; and

(2) Twenty inches in width; and

(b) Have a sill that is not more than 44 inches above the floor.

4. The arrangement of the beds and other furniture in the bedroom must provide privacy for and promote the safety of the residents occupying the bedroom. Adjustable curtains, shades, blinds or similar devices must be provided for visual privacy.

5. Each resident must be provided:

(a) At least 10 square feet of space for storage in a bedroom for each bed in the bedroom; and

(b) At least 24 inches of space in a permanent or portable closet for hanging garments.

6. A separate bed with a comfortable and clean mattress must be made available for each resident. The bed must be at least 36 inches wide. Two clean sheets, a blanket, a pillow and a bedspread must be available for each bed. Linens must be changed at least once each week and more often if the linens become dirty. Additional bedding, including protective mattress covers, must be provided if necessary.

7. Upon the request of a resident, a residential facility may authorize the resident to use personal furniture and furnishings that comply with the requirements of subsection 6 if their use does not jeopardize the health and safety of any of the residents of the facility.

8. There must be a light outside the entrance to each bedroom to provide a resident with adequate lighting to reach safely a switch for turning on a light fixture inside the bedroom. Upon the request of a resident, bedside lighting must be provided.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.220 Bedroom doors. ([NRS 449.037](#))

1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge.

2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if:

(a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key; and

(b) The doors of the bedroom may be unlocked from outside the room and the keys are readily available at all times.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.221 Use of certain areas in facility as bedroom prohibited. ([NRS 449.037](#)) A hall, stairway, unfinished attic, garage, storage area or shed or other similar area of a residential facility must not be used as a bedroom. Any other room must not be used as a bedroom if it:

1. Can only be reached by passing through a bedroom occupied by another resident; or

2. Is used for any other purpose.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.222 Bathrooms and toilet facilities; toilet articles. ([NRS 449.037](#))

1. Each residential facility with less than seven residents that was issued an initial license before January 14, 1997, must have bathroom facilities in sufficient number to accommodate the residents, the members of the staff of the facility and other persons at the facility.

2. Each residential facility that is issued an initial license on or after January 14, 1997, must have:

(a) A flush toilet and lavatory for each four residents; and

(b) A tub or shower for each six residents.

3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers.

4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility.

5. Provision must be made for privacy in all bathrooms and toilet facilities in rooms intended for use by more than one person.

6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.

7. Each resident must have his own toilet articles and must be provided with toilet paper, individual towels and washcloths. Paper towels may be used for hand towels. The towels and washcloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap.

8. All bathrooms and toilet facilities must be sufficiently lighted, and night-lights must be provided in hallways that lead from the bedrooms to the bathrooms and toilet facilities.

[Bd. of Health, Group Care Facilities §§ 15.4-15.4.6 & 15.6, eff. 12-18-75; § 15.5, eff. 12-18-75; A 5-7-82]—(NAC A by R003-97, 10-30-97)

NAC 449.224 Housing for staff members. ([NRS 449.037](#))

1. Bedrooms must be provided for any members of the staff of a residential facility and their families who live at a residential facility. The bedrooms must comply with the provisions of subsections 2 to 8, inclusive, of [NAC 449.218](#) and the provisions of [NAC 449.220](#) and [449.221](#).

2. Members of the staff of the facility and their families who live at the facility shall be deemed residents of the facility for the purposes of determining the number of toilets, lavatories and tubs or showers the facility is required to have pursuant to [NAC 449.222](#). All toilets, lavatories and tubs or showers used by the members of the staff of the facility or their families must comply with the provisions of [NAC 449.222](#).

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. ([NRS 449.037](#))

1. A resident of a residential facility who uses a wheelchair or a walker must not be required to use a bedroom on a floor other than the first floor of the facility that is entirely above the level of the ground, unless the facility is designed and equipped in such a manner that the resident can move between floors without assistance.

2. Stairways, inclines, ramps, open porches and other areas that are potentially hazardous for residents who have poor eyesight must be adequately lighted.

3. If a residential facility with a resident who is mentally or physically disabled has a fishpond, pool, hot tub, jacuzzi or other body of water on the premises of the facility, the body of water must be fenced, covered or blocked in some other manner at all times when it is not being used by a resident.

4. In a residential facility with more than 10 residents:

(a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility.

(b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower.

(c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility.

5. Residential facilities must be easily accessible by vehicle in the case of an emergency.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99)

NAC 449.227 Accommodations for residents with restricted mobility. ([NRS 449.037](#)) A residential facility with a resident who uses a wheelchair or a walker shall:

1. Have hallways, doorways and exits wide enough to accommodate a wheelchair or walker;

2. Have ramps to accommodate access to areas used by residents; and

3. Provide assistance to such a resident at all steps located inside the facility on the first floor that is entirely above grade.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.229 Requirements and precautions regarding safety from fire. ([NRS 449.037](#))

1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to [chapter 477](#) of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.

2. A residential facility shall have a plan for the evacuation of residents in case of fire or other emergency. The plan must be:

(a) Understood by all employees;

(b) Posted in a common area of the facility; and

(c) Discussed with each resident at the time of his admission.

3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.

4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshal to conduct such inspections.

5. A portable heater or space heater must not be used in a residential facility unless the heater:

- (a) Is located 2 feet or more from any combustible material;
- (b) Is plugged directly into a wall socket;
- (c) Turns off automatically if tipped over; and
- (d) Has no exposed heating elements.

6. A fireplace must be equipped with glass doors or a metal screen to prevent ashes or burning wood from falling outside the fireplace.

7. The administrator shall ensure that a written policy on smoking is developed and carried out by the facility. The policy must be:

- (a) Developed with the purpose of preventing a fire caused by smoking in the facility; and
- (b) Posted in a common area of the facility.

8. The windows and doors of a residential facility must not be covered with security bars.

9. Smoke detectors must be maintained in proper operating condition at all times and must be tested monthly. The results of the tests conducted pursuant to this subsection must be recorded and maintained at the facility.

10. An exit door in a residential facility must not be equipped with a lock that requires a key to open it from the inside unless approved by the State Fire Marshal or his designee.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004)

NAC 449.231 First aid and cardiopulmonary resuscitation. ([NRS 449.037](#))

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 or an equivalent certification will be accepted as proof of that training.

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.

[Bd. of Health, Group Care Facilities §§ 16.9-16.12.3, eff. 12-18-75; § 16.13, eff. 5-7-82]—(NAC A 3-6-86; R003-97, 10-30-97)

NAC 449.232 Telephone; list of telephone numbers. ([NRS 449.037](#))

1. Each residential facility shall have a telephone that the residents may use to make local calls.

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

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

(Added to NAC by Bd. of Health, eff. 3-6-86; A by R003-97, 10-30-97; R073-03, 1-22-2004)

NAC 449.241 Limitations on use of volunteers; requirements concerning residents who volunteer to assist staff or perform other duties. ([NRS 449.037](#))

1. Volunteers may be used to supplement the services and programs of a residential facility, but may not be used to replace members of the staff of the facility.

2. 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.

3. 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 administrator of the facility shall ensure that the resident's records include a statement that the resident has volunteered to perform those duties.

4. A resident who is performing duties pursuant to this section must not be allowed access to confidential files.

(Added to NAC by Bd. of Health, eff. 3-6-86; A by R003-97, 10-30-97)

NAC 449.258 Written policies for facility; policy on visiting hours; residents' mail; compliance with policies. (NRS 449.037)

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 representative. Permission obtained from the resident or his 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 his 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.

[Bd. of Health, Group Care Facilities §§ 11.1-11.7.1, eff. 12-18-75]—(NAC A by R003-97, 10-30-97; R073-03, 1-22-2004)

NAC 449.259 Supervision and treatment of residents generally. (NRS 449.037)

1. A residential facility shall:

(a) Provide each resident with protective supervision as necessary;

(b) Inform all caregivers of the required supervision;

(c) Provide each resident with the opportunity to attend the religious service of his choice and participate in personal and private pastoral counseling;

(d) Permit a resident to rest in his room at any time;

(e) Permit a resident to enter or leave the facility at any time if the resident:

(1) Is physically and mentally capable of leaving the facility; and

(2) The resident complies with the rules established by the administrator of the facility for leaving the facility;

(f) Provide laundry services for each resident unless a resident elects in writing to make other arrangements;

(g) Ensure that each resident's clothes are clean, comfortable and presentable; and

(h) Inform each resident or his representative of the actions that the resident should take to protect his valuables.

2. The administrator of a residential facility may require a resident who leaves the facility to inform a member of the staff of the facility upon his departure and return.

3. The employees of a residential facility shall:

(a) Treat each resident in a kind and considerate manner; and

(b) Respect each resident's independence and ability to make decisions on his own, whenever possible.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.260 Activities for residents. (NRS 449.037)

1. The caregivers employed by a residential facility shall:

(a) Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents;

(b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests;

(c) Plan recreational opportunities that are suited to the interests and capacities of the residents;

(d) Provide each resident with a written program of activities;

(e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities;

(f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e); and

(g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be:

(1) Prepared at least 1 month in advance; and

(2) Kept on file at the facility for not less than 6 months after it expires.

2. The administrator of a residential facility with at least 20 residents shall appoint a member of the staff of the facility who will be responsible for the organization, conduct and evaluation of activities for the residents. The person so appointed shall ensure that the activities are suited to the interests and capacities of the residents.

3. The administrator of a residential facility with 50 or more residents shall, in addition to appointing a member of the staff of the facility pursuant to subsection 2, appoint such other members of the staff as the administrator deems necessary to assist the person who is responsible for conducting the activities.

4. A residential facility shall have areas of sufficient size to conduct indoor and outdoor activities, including, without limitation:

(a) A common area that complies with the provisions of [NAC 449.216](#); and

(b) An outdoor activity area that is easily accessible for the residents and is safe from vehicular traffic.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. ([NRS 449.037](#))

1. The administrator of a residential facility shall ensure that residents are provided with or are assisted in obtaining dental and optical care, treatment for hearing and hearing impairment and social services. The employees of the facility shall maintain a record of the services or assistance provided pursuant to this subsection.

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

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

(a) Use restraints on any resident;

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

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

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.267 Money and property of residents. ([NRS 449.037](#))

1. An employee of a residential facility shall not handle a resident's money without first being requested to do so in writing by the resident or his representative.

2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include:

(a) A separate accounting of the money held by the facility on behalf of the resident;

(b) Receipts for expenditures made by the facility on behalf of the resident; and

(c) A written acknowledgment by the resident for each withdrawal of his money.

3. Unless a resident otherwise requests in writing, all money in excess of \$400 held by the facility on behalf of the resident must be maintained in a financial institution in an account separate from the facility's operating accounts and must be clearly designated as such.

4. Each resident must have access to his money held at the facility on his behalf during normal business hours on each business day.

5. If a member of the staff of a residential facility receives from a resident a request to make a withdrawal of money in such an amount that the member of the staff has reason to believe that the resident is being or has been exploited, the member of the staff shall report the transaction to:

(a) If the resident is 60 years of age or older:

(1) The local office of the Aging Services Division of the Department of Health and Human Services;

(2) The local law enforcement agency;

(3) The office for protective services for the county in which the facility is located if that county has such an office; or

(4) The toll-free telephone service designated by the Aging Services Division pursuant to [NRS 200.5093](#).

(b) If the resident is less than 60 years of age:

(1) The office for protective services for the county in which the facility is located if that county has such an office; or

(2) The local law enforcement agency if the county in which the facility is located does not have an office for protective services.

6. Except as otherwise provided in subsection 7, an operator or employee of a residential facility shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as an attorney in fact for any resident.

7. If a resident whose only source of income is in the form of monthly checks is legally determined to be unable to manage his money and documentary evidence can be produced showing that efforts to obtain a legal guardian have failed, the facility may be the substitute payee on the checks. Records of all checks received, deposited or dispersed by the facility must be maintained in the resident's file.

8. Money that is held by a residential facility on behalf of a resident must be returned to the resident or his representative within 30 days after the resident is discharged from the facility.

9. An employee of a residential facility shall not borrow money from a resident.

[Bd. of Health, Group Care Facilities §§ 11.15-11.19.1, eff. 12-18-75]—(NAC A 3-6-86; R003-97, 10-30-97; R073-03, 1-22-2004)

NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. ([NRS 449.037](#))

1. The administrator of a residential facility shall ensure that:

(a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility;

(b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility;

(c) The residents are treated with respect and dignity;

(d) The facility is a safe and comfortable environment;

(e) Residents are not prohibited from interacting socially;

(f) Residents are allowed to make their own decisions whenever possible;

(g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such a complaint receives a response in a timely manner;

(h) A resident is informed as soon as practicable that he is being moved to a new room or that he is receiving a new roommate; and

(i) Residents are afforded the opportunity to initiate an advance directive or power of attorney for health care and that the employees of the facility comply with the wishes contained in such a document.

2. The administrator of a residential facility shall provide a procedure to respond immediately to grievances, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken.

3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2.
(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.269 Discrimination prohibited. ([NRS 449.037](#))

1. A resident of a residential facility shall not be segregated or restricted in the enjoyment of any advantage or privilege enjoyed by other residents, or provided with any assistance, service or other benefit which is different or provided in a different manner from that provided to other residents, on the ground of race, color, religion, national origin or disability.

2. The facility's policy regarding nondiscrimination must be posted in a public area of the facility.
(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

Admitting, Transferring and Discharging Residents

NAC 449.2702 Written policy on admissions; eligibility for residency. ([NRS 449.037](#))

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 he requires may reside in the facility if he 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](#), 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.

5. 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. As used in this section:

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

- (1) Incapable of changing his 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 his normal access to his 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 his normal access to his body.

[Bd. of Health, Group Care Facilities § 7.1, eff. 12-18-75; §§ 7.2-7.4.2, eff. 12-18-75; A 5-7-82; §§ 7.5-7.6.4, eff. 12-18-75]—(NAC A 3-6-86; 8-1-91; R003-97, 10-30-97; R073-03, 1-22-2004; R118-05, 11-17-2005)

NAC 449.2704 Disclosure of information concerning rates and payment for services. ([NRS 449.037](#))

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 449.2706 Transfer of resident whose condition deteriorates. ([NRS 449.037](#))

1. If a resident's condition deteriorates to such an extent that:
 - (a) The residential facility is unable to provide the services necessary to treat the resident properly; or
 - (b) The resident no longer complies with the requirements for admission to the facility,↳ the facility shall plan for the transfer of the resident pursuant to [NRS 449.700](#) and [449.705](#) to another facility that is able to provide the services necessary to treat the resident properly.
2. A resident, his next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he permanently leaves the facility.

[Bd. of Health, Group Care Facilities §§ 10.1-10.3, eff. 12-18-75]—(NAC A 3-6-86; R003-97, 10-30-97; R073-03, 1-22-2004)

NAC 449.2707 Transfer of resident: Effective date. ([NRS 449.037](#)) The transfer of a resident from a residential facility occurs:

1. Except as otherwise provided in subsection 2, on the date that the resident is admitted to the facility to which he is moved; or
2. If the resident is moved to a unit or department of a hospital, other than the emergency department of the hospital, on the date that the resident is accepted at the hospital for care or observation.

(Added to NAC by Bd. of Health by R071-04, eff. 8-4-2004)

NAC 449.2708 Discharge of resident; notice of discharge; issuance of notice to quit to resident for improper or harmful behavior. ([NRS 449.037](#))

1. A resident may be discharged from a residential facility without his approval if:
 - (a) He fails to pay his bill within 5 days after it is due;
 - (b) He 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 approval pursuant to this section, the facility must provide the resident, his 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 449.700](#) and [449.705](#) 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 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 visitors do not comply with the notice to quit, the resident may be discharged from the facility without his approval pursuant to subsection 2.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004)

Restrictions on Admitting or Retaining Residents With Certain Medical Needs or Conditions

NAC 449.271 Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition. ([NRS 449.037](#)) 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:

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.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.2712 Residents requiring use of oxygen. ([NRS 449.037](#))

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

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

(b) Is capable of:

- (1) Determining his need for oxygen; and
- (2) Administering the oxygen to himself 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 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.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.2714 Residents requiring use of intermittent positive pressure breathing equipment. ([NRS 449.037](#))

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

(a) The resident is 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 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.
(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.2716 Residents having colostomy or ileostomy. ([NRS 449.037](#))

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

(a) The resident is mentally and physically capable of properly caring for his 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.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.2718 Residents requiring manual removal of fecal impactions or use of enemas or suppositories. ([NRS 449.037](#))

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

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

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R204-99, 2-10-2000)

NAC 449.272 Residents requiring use of indwelling catheter. ([NRS 449.037](#))

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

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

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

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

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

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

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

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

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

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

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

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.2722 Residents having unmanageable condition of bowel or bladder incontinence; residents having manageable condition of bowel or bladder incontinence. ([NRS 449.037](#))

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

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

- (a) The resident without the assistance of any other person;
- (b) Requiring the resident to participate in a structured bowel or bladder retraining program to assist the resident in restoring a normal pattern of continence;
- (c) A program which includes scheduled toileting at regular intervals; or
- (d) Requiring the resident to use products that keep him clean and dry at all times.

3. 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 is assisted or reminded to go to the bathroom at regular intervals;
- (b) The resident is checked during those periods when he 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. 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.
- (Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.2724 Residents having contractures. ([NRS 449.037](#))

1. A person who has contractures must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless 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.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.2726 Residents having diabetes. ([NRS 449.037](#))

1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

- (a) The resident's glucose testing is performed by:
 - (1) The resident himself without assistance; or
 - (2) A medical laboratory licensed pursuant to [chapter 652](#) of NRS; and
- (b) The resident's medication is administered:
 - (1) By the resident himself without assistance;
 - (2) By a medical professional, or licensed practical nurse, who is:
 - (I) Not employed by the residential facility;
 - (II) Acting within his authorized scope of practice and in accordance with all applicable statutes and regulations; and
 - (III) 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 diabetes if:

(a) 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 diabetes is at a maintenance level and does not require a daily assessment.

(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 diabetes is not administered by injection or intravenously.

(e) The caregiver has successfully completed training and examination approved by the Health Division 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 employed by 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 Lists For Meal Planning*, published by the American Diabetes Association, Incorporated, and the American Dietetic Association, 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 a cost of \$2.50.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2728 Residents requiring regular intramuscular, subcutaneous or intradermal injections. ([NRS 449.037](#))

1. A person who requires regular intramuscular, subcutaneous or intradermal injections must not be admitted to a residential facility or be permitted to remain as a resident of the facility unless the injections are administered by:

(a) The resident; or

(b) A medical professional, or licensed practical nurse, acting within his 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.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2732 Residents requiring protective supervision. ([NRS 449.037](#))

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

- (a) The resident is able to follow instructions;
- (b) The resident is able to make his needs known to the caregivers employed by the facility;
- (c) The resident can be protected from harming himself and other persons; and
- (d) The caregivers employed by the facility can meet the needs of the resident.

2. If a person who requires protective supervision is unable to follow instructions or has difficulty making his 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 protective supervision for that resident.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97)

NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by medical professional; residents having pressure or stasis ulcers. ([NRS 449.037](#))

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

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

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

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

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

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

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

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

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

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R204-99, 2-10-2000; R073-03, 1-22-2004)

NAC 449.2736 Procedure to exempt certain residents from restrictions. ([NRS 449.037](#))

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

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

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

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

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

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

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

(a) Before the administrator admits a resident; or

(b) At the onset of a medical condition set forth in [NAC 449.271](#) to [449.2734](#), inclusive.

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](#), inclusive.

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](#), inclusive, for 10 days after the facility submits to the Division the written request required pursuant to subsection 1.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R204-99, 2-10-2000)

NAC 449.2738 Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. ([NRS 449.037](#))

1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau:

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

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

2. If the Bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to [NAC 449.271](#) to [449.2734](#), inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility must be notified of that determination. Upon receipt of such a notification, the administrator shall, within a period prescribed by the Bureau, submit a plan to the Bureau for the safe and appropriate relocation of the resident pursuant to [NRS 449.700](#) to a place where the proper care will be provided.

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

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

Medical Services, Medical Records and Other Records Concerning Residents

NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. ([NRS 449.037](#))

1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall:

(a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and

(b) Request emergency services when such services are necessary.

2. A resident who is suffering from an illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he is unavailable, by another licensed physician.

3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include:

(a) The date and time of the accident or injury or the date and time that the illness was discovered;

(b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; and

(c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident.

↪ This record must accompany the resident if he is transferred to another facility.

4. The facility shall ensure that appropriate medical care is provided to the resident by:

- (a) A caregiver who is trained to provide that care;
- (b) An independent contractor who is trained to provide that care; or
- (c) A medical professional.

5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.

6. The members of the staff of the facility shall:

(a) Ensure that the resident receives the personal care that he requires.

(b) Monitor the ability of the resident to care for his own health conditions and document in writing any significant change in his ability to care for those conditions.

7. This section does not prohibit a resident from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection.

8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident.

[Bd. of Health, Group Care Facilities §§ 8.1-8.4, eff. 12-18-75]—(NAC A 3-6-86; R003-97, 10-30-97; R073-03, 1-22-2004)

NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employee of facility. ([NRS 449.037](#))

1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:

(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:

(1) Reviews for accuracy and appropriateness, at least once every 6 months, the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and

(2) Provides a written report of that review to the administrator of the facility;

(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to [NAC 449.2749](#) for the resident who is the subject of the report; and

(c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).

2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.

3. Before assisting a resident in the administration of any medication, including, without limitation, any over-the-counter medication or dietary supplement, a caregiver must obtain written information describing the side effects, possible adverse reactions, contraindications and toxicity of the medication.

4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of [NRS 449.037](#) are met.

5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications

and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of [NAC 449.2744](#).

6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:

(a) The caregiver responsible for assisting in the administration of the medication shall:

(1) Comply with the order;

(2) Indicate on the container of the medication that a change has occurred; and

(3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of [NAC 449.2744](#);

(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of [NAC 449.2744](#); and

(c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of [NAC 449.2744](#).

7. If a resident refuses, or otherwise misses, an administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.

8. An employee of a residential facility shall not draw medication into a syringe or administer an injection unless authorized by law to do so.

9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to [NAC 449.2744](#). Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R204-99, 2-10-2000; R073-03, 1-22-2004)

[NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. \(NRS 449.037\)](#)

1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain:

(a) A log for each medication received by the facility for use by a resident of the facility. The log must include:

(1) The type and quantity of medication received by the facility;

(2) The date of its delivery;

(3) The name of the person who accepted the delivery;

(4) The name of the resident for whom the medication is prescribed; and

(5) The date on which any unused medication is removed from the facility or destroyed.

(b) A record of the medication administered to each resident. The record must include:

(1) The type of medication administered;

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

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

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

2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004)

NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. ([NRS 449.037](#))

1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless:

- (a) The resident is able to determine his need for the medication;
- (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or
- (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.

2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:

- (a) The reason for the administration;
- (b) The date and time of the administration;
- (c) The dose administered;
- (d) The results of the administration of the medication;
- (e) The initials of the caregiver; and
- (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004)

NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. ([NRS 449.037](#))

1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.

2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.

3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:

- (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and
- (b) Kept in its original container until it is administered.

4. Except as otherwise provided in subsection 5, when a resident is discharged or transferred from a residential facility, all medications prescribed for the resident must be provided to the resident or to the facility to which he is transferred.

5. If a resident is transferred to a hospital or skilled nursing facility, the residential facility shall hold the resident's medications until the resident returns or for 30 days after the transfer, whichever is less, unless the hospital or skilled nursing facility requests the residential facility to provide the hospital or skilled nursing facility with the medications. If the resident does not return within 30 days after the transfer, the residential facility shall promptly dispose of any remaining medications. Upon the return of the resident from the hospital or skilled nursing facility, the residential facility shall, if there has been any change in the resident's medication regimen:

- (a) Contact a physician, within 24 hours after the resident returns, to clarify the change; and
- (b) Document the physician contact in the record maintained pursuant to paragraph (b) of subsection 1 of

[NAC 449.2744](#).

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R204-99, 2-10-2000; R073-03, 1-22-2004)

NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.037)

1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation:

- (a) The full name, address, date of birth and social security number of the resident.
- (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him.
- (c) A statement of the resident's allergies, if any, and any special diet or medication he requires.
- (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:
 - (1) A description of any medical conditions which require the performance of medical services;
 - (2) The method in which those services must be performed; and
 - (3) A statement of whether the resident is capable of performing the required medical services.
- (e) Evidence of compliance with the provisions of [chapter 441A](#) of NRS and the regulations adopted pursuant thereto.
- (f) The types and amounts of protective supervision and personal services needed by the resident.
- (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:
 - (1) Upon the admission of the resident;
 - (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and
 - (3) In any event, not less than once each year.
- (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.
- (i) The name and telephone number of the vendors and medical professionals that provide services for the resident.
- (j) A document signed by the administrator of the facility when the resident permanently leaves the facility.

2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.

3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the Bureau who is acting in his capacity as an employee of the Bureau.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004)

NAC 449.275 Residents receiving hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.037)

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.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004)

NAC 449.2751 Provision of assisted living services: Prerequisites and requirements. (NRS 449.037)

1. Each residential facility that wishes to provide assisted living services must apply to the Health Division to obtain an endorsement on its license authorizing the residential facility to provide assisted living services.

2. The Health Division may deny an application for an endorsement that is made pursuant to subsection 1 or revoke an existing endorsement granted pursuant to subsection 1 if the residential facility for which the applicant is applying or the residential facility which has an endorsement does not satisfy the requirements set forth in this section or subsections 7 and 8 of [NRS 449.037](#).

3. If a residential facility provides assisted living services, the written policies that the residential facility is required to develop pursuant to [NAC 449.258](#) must include, without limitation, procedures to be followed:

(a) To ensure that the residential facility complies with the requirements set forth in subsections 7 and 8 of [NRS 449.037](#);

(b) By the administrator to ensure that residents of the residential facility whose physical or mental condition is significantly changing over time are identified;

(c) To obtain a medical professional to assess and monitor, as necessary, but not less than once every quarter in each calendar year, each resident of the residential facility whose physical or mental condition is declining over time; and

(d) To provide services to residents of the residential facility pursuant to the assessment and monitoring performed pursuant to paragraph (c).

4. The administrator of a residential facility that provides assisted living services shall ensure that:

(a) A medical professional is notified whenever there has been a significant change in the physical or mental condition of a resident of the residential facility whose physical or mental condition is declining over time; and

(b) The residential facility maintains a list of resources for financial assistance and other social services that may decrease the need for a resident of the residential facility whose physical or mental condition is declining over time to move out of the residential facility.

5. The services provided by a residential facility that provides assisted living services must include, without limitation, services that will enable the residential facility to retain residents who have the medical needs or conditions described in [NAC 449.2712](#) to [449.2734](#), inclusive, and [449.275](#).

(Added to NAC by Bd. of Health by R097-06, eff. 7-14-2006)

Special Types of Facilities

NAC 449.2754 Residential facility which provides care to persons with Alzheimer's disease: General requirements. (NRS 449.037)

1. A residential facility which offers or provides care for a resident with Alzheimer's disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer's disease.

2. If a residential facility is authorized to operate as a residential facility which provides care to persons with Alzheimer's disease and as another type of facility, the entire facility must comply with the requirements of this section or the residents who suffer from Alzheimer's disease or other related dementia must be located in a separate portion of the facility that complies with the provisions of this section.

3. A residential facility which provides care to persons with Alzheimer's disease may admit or retain a resident who requires confinement in locked quarters.

4. A residential facility which provides care to persons with Alzheimer's disease must be administered by a person who:

(a) Has not less than 3 years of experience in caring for residents with Alzheimer's disease or related dementia in a licensed facility; or

(b) Has a combination of education and training that the Bureau determines is equivalent to the experience required pursuant to paragraph (a).

5. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes:

(a) The facility's policies and procedures for providing care to its residents;

(b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake;

(c) A description of:

(1) The basic services provided for the needs of residents who suffer from dementia;

(2) The activities developed for the residents by the members of the staff of the facility;

(3) The manner in which the behavioral problems will be managed;

(4) The manner in which the medication for residents will be managed;

(5) The activities that will be developed by the members of the staff of the facility to encourage the involvement of family members in the lives of the residents; and

(6) The steps the members of the staff of the facility will take to:

(I) Prevent residents from wandering from the facility; and

(II) Respond when a resident wanders from the facility; and

(d) The criteria for admission to and discharge and transfer from the facility.

6. The written statement required pursuant to subsection 5 must be available for review by members of the staff of the facility, visitors to the facility and the Bureau.

7. The administrator shall ensure that the facility complies with the provisions of the statement required pursuant to subsection 5.

8. The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the residents. The following activities must be conducted at least weekly:

(a) Activities to enhance the gross motor skills of the residents;

(b) Social activities;

(c) Activities to enhance the sensory abilities of the residents; and

(d) Outdoor activities.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. ([NRS 449.037](#))

1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:

(a) Swimming pools and other bodies of water are fenced or protected by other acceptable means.

(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.

(c) At least one member of the staff is awake and on duty at the facility at all times.

(d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to [NAC 449.2768](#).

(e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.

(f) The facility has an area outside the facility or a yard adjacent to the facility that:

(1) May be used by the residents for outdoor activities;

(2) Has at least 40 square feet of space for each resident in the facility;

(3) Is fenced; and

(4) Is maintained in a manner that does not jeopardize the safety of the residents.

↪ All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.

(g) All toxic substances are not accessible to the residents of the facility.

2. The training required pursuant to [NAC 449.2768](#) may be used to satisfy the requirement of paragraph (f) of subsection 1 of [NAC 449.196](#) for the year in which the training is received.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004; R071-04, 8-4-2004)

NAC 449.2758 Residential facility for elderly or disabled persons: Training for caregivers. ([NRS 449.037](#))

1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.

2. As used in this section, “residential facility for elderly or disabled persons” means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2762 Residential facility for mentally retarded adults: Training for caregivers; program to modify behavior of resident. ([NRS 449.037](#))

1. Within 60 days after being employed by a residential facility for mentally retarded adults, a caregiver must receive not less than 4 hours of training related to the care of mentally retarded persons.

2. If a resident who is mentally retarded is referred to the facility by a referring agency, the members of the staff of the facility may conduct a program to modify the behavior of the resident if that program is developed by the agency that referred the resident to the facility.

3. As used in this section, “residential facility for mentally retarded adults” means a residential facility that provides care and protective supervision for persons with mental retardation or related disorders, including, without limitation, birth trauma, anoxia, brain trauma or other genetic or developmental disorders.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2764 Residential facility for persons with mental illnesses: Training for employees. ([NRS 449.037](#))

1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.

2. As used in this section, “residential facility for persons with mental illnesses” means a residential facility that provides care and protective supervision for persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R052-99, 9-27-99; R073-03, 1-22-2004)

NAC 449.2766 Residential facility for persons with chronic illnesses: Training for employees. ([NRS 449.037](#))

1. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections.

2. Evidence of training received pursuant to subsection 1 must be included in the employee’s personnel file.

3. As used in this section, “residential facility for persons with chronic illnesses” means a residential facility that provides care and protective supervision for persons with chronic illnesses or progressively debilitating diseases, including, without limitation, acquired immunodeficiency syndrome and cancer.

(Added to NAC by Bd. of Health by R003-97, eff. 10-30-97; A by R073-03, 1-22-2004)

NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. ([NRS 449.0357](#), [449.037](#))

1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:

(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer’s disease, successfully completes:

(1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer’s disease, and providing support for the members of the resident’s family.

(2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.

(3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board.

(4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2).

(b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education.

2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he has completed that training within the previous 12 months.

(Added to NAC by Bd. of Health by R071-04, eff. 8-4-2004)

REVISER'S NOTE.

The regulation of the Board of Health filed with the Secretary of State on August 4, 2004 (LCB File No. R071-04), the source of this section (section 5 of the regulation), contains the following provisions not included in NAC:

"1. Each person who on August 4, 2004, is employed by a residential facility for groups which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, and who is required to complete the hours of training and continuing education related to dementia required pursuant to section 5 of this regulation [[NAC 449.2768](#)] shall complete at least 8 hours of training and continuing education related to dementia within 12 months after August 4, 2004, unless the person has completed the training or continuing education within the 12 months before August 4, 2004.

2. Evidence that such a person has completed the training or continuing education required pursuant to subsection 1 must be included in his personnel file and must be kept at the facility."

Deficiencies

NAC 449.27702 Determination of severity and scope of deficiency; assignment of grade. ([NRS 449.037](#))

1. The Bureau shall determine:

(a) The severity of a deficiency of a residential facility in accordance with the provisions of [NAC 449.99861](#); and

(b) The scope of a deficiency of a residential facility in accordance with the provisions of [NAC 449.9986](#).

2. After the Bureau conducts a survey of a residential facility, the Bureau shall add the severity and scope scores for all deficiencies of the facility indicated in the survey and assign a grade to the facility as follows:

Sum of Severity and Scope Scores	Grade
0 to 15 points	A
At least 16 points but not more than 24 points, or any deficiency with a severity level of 3 and a scope level of 3	B
At least 25 points but not more than 34 points, or any deficiency with a severity level of 4 and a scope level of 1	C
At least 35 points, or any deficiency with a severity level of 4 and a scope level of at least 2	D

(Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005)

NAC 449.27704 Placard: Issuance and display; failure to comply. ([NRS 449.037](#))

1. After the Bureau assigns a grade to a residential facility pursuant to [NAC 449.27702](#), the Bureau shall issue a placard to the residential facility.

2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility.

3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau.

(Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005)

NAC 449.27706 Resurvey: Application and fee; failure to comply. ([NRS 439.150](#), [439.200](#), [449.037](#))

1. If the Bureau issues a placard to a residential facility that includes a grade of “B,” the administrator may submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is \$300 and must accompany the application.

2. If the Bureau issues a placard to a residential facility that includes a grade of “C” or “D,” the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is \$500 and must accompany the application.

3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection.

4. As used in this section, “resurvey” has the meaning ascribed to it in [NAC 449.99838](#).

(Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005)