

State of Nevada
Rules and Regulations for Facilities for Skilled Nursing

NAC 449.002 Definitions. ([NRS 449.037](#), [449.249](#)) As used in this chapter, unless the context otherwise requires, the words and terms defined in [NAC 449.0022](#) to [449.0072](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R131-99 & R132-99, 11-29-99; R051-02, 7-24-2002)

NAC 449.0022 “Administrator” defined. ([NRS 449.037](#)) “Administrator” means the person responsible for the day-to-day management of a facility.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0024 “Affiliated facility” defined. ([NRS 449.037](#)) “Affiliated facility” means a facility that owns, directly or indirectly, an equity interest of 5 percent or more in the capital, the stock, the profits or the assets of another facility or is, as a subcontractor, agent or otherwise, responsible for the management or control of that facility.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0026 “Agent” defined. ([NRS 449.037](#)) “Agent” means a person having actual or apparent authority to act on behalf of a licensee.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0028 “Bureau” defined. ([NRS 449.037](#)) “Bureau” means the Bureau of Licensure and Certification of the Health Division.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0029 “Centers for Medicare and Medicaid Services” defined. ([NRS 449.037](#)) “Centers for Medicare and Medicaid Services” means the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.

(Added to NAC by Bd. of Health by R051-02, eff. 7-24-2002)

NAC 449.003 “Deficiency” defined. ([NRS 449.037](#))

1. “Deficiency” means noncompliance with any federal or state statute or of the rules or regulations of the Health Division or the Centers for Medicare and Medicaid Services or conditions and standards of or requirements for participation in the Medicare or Medicaid program pertaining to a facility.

2. The term includes an incident concerning a facility where there are no extenuating circumstances or where the facility has made an inappropriate response to a complaint, including the failure to:

- (a) Prevent an incident from occurring, if the incident could have been avoided;
- (b) Identify an incident;
- (c) Take action to correct an incident before the identification of the incident by the Bureau;

or

(d) Implement a contingency plan if permanent action to correct an incident has not been undertaken.

3. In determining whether an incident is a deficiency, the right of the recipient to refuse treatment, where applicable, shall be deemed an extenuating circumstance.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R051-02, 7-24-2002)

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NAC 449.0031 “Division of Welfare and Supportive Services” defined. ([NRS 449.037](#)) “Division of Welfare and Supportive Services” means the Division of Welfare and Supportive Services of the Department of Health and Human Services.

(Added to NAC by Bd. of Health, eff. 8-1-91)—(Substituted in revision for NAC 449.0074)

NAC 449.0032 “Emergency” defined. ([NRS 449.037](#)) “Emergency” means a major deficiency that places one or more recipients in immediate jeopardy. The term includes, without limitation, any fire, flood, contagious infection, loss of utilities or inappropriate transfer of residents.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0034 “Facility” defined. ([NRS 449.037](#), [449.249](#)) “Facility” means a medical facility, facility for the dependent, home for individual residential care or referral agency.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R131-99 & R132-99, 11-29-99)

NAC 449.0038 “Health Division” defined. ([NRS 449.037](#)) “Health Division” means the Health Division of the Department of Health and Human Services.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R094-06 & R098-06, 7-14-2006)

NAC 449.0042 “Holiday” defined. ([NRS 449.037](#)) “Holiday” means a day on which the offices of State Government are closed.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0043 “Home for individual residential care” defined. ([NRS 449.249](#)) “Home for individual residential care” has the meaning ascribed to it in [NRS 449.0105](#).

(Added to NAC by Bd. of Health by R131-99, eff. 11-29-99)

NAC 449.0044 “Immediate and serious threat” and “immediate jeopardy” defined. ([NRS 449.037](#)) “Immediate and serious threat” or “immediate jeopardy” means a situation in which corrective action within 48 hours is necessary because the failure by a facility to comply with a requirement for licensure, certification or participation in Medicare or Medicaid has caused, or if uncorrected is likely to cause, serious injury or harm, or even death, to a recipient.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0046 “Incident” defined. ([NRS 449.037](#)) “Incident” means an action, practice or situation that appears to be inconsistent with a federal or state statute, rule or regulation of the Health Division or the Centers for Medicare and Medicaid Services or conditions and standards of or requirement for participation in Medicare or Medicaid.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R051-02, 7-24-2002)

NAC 449.0048 “License” defined. ([NRS 449.037](#)) “License” means all or part of any permit, certificate, approval, registration, charter or similar grant of permission to operate issued to a facility by the Health Division.

(Added to NAC by Bd. of Health, eff. 8-1-91)

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NAC 449.005 “Licensee” defined. ([NRS 449.037](#)) “Licensee” means any person, corporation, partnership, voluntary association or other public or private entity, including any governmental body, licensed to operate a facility.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0052 “Medicaid” defined. ([NRS 449.037](#)) “Medicaid” means the program established pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., to provide assistance for part or all of the cost of medical care rendered on behalf of indigent persons.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0054 “Medicare” defined. ([NRS 449.037](#)) “Medicare” means the program of health insurance for aged and disabled persons established pursuant to Title XVIII of the Social Security Act, 42 U.S.C. §§ 1395 et seq.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0056 “Party” defined. ([NRS 449.037](#)) “Party” means each person or agency as defined in [NRS 233B.035](#).

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0058 “Person” defined. ([NRS 449.037](#)) “Person” means a natural person, trust, estate, partnership, corporation, professional association, governmental body or any other entity, public or private.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.006 “Recipient” defined. ([NRS 449.037](#)) “Recipient” means a person receiving care, services or treatment from a facility.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0061 “Referral agency” defined. ([NRS 449.0305](#), [449.037](#)) “Referral agency” means a business that provides referrals to residential facilities for groups which is subject to regulation pursuant to [NRS 449.0305](#), including, without limitation, any business entity that engages in the process of referring clients for compensation to residential facilities for groups.

(Added to NAC by Bd. of Health by R132-99, eff. 11-29-99)

NAC 449.0062 “Resident” defined. ([NRS 449.037](#)) “Resident” means a person who resides in a residential facility.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0064 “Residential facility” defined. ([NRS 449.037](#)) “Residential facility” means a facility operated 24 hours per day in which one or more persons receiving care, treatment or services ordinarily remain for 24 hours a day.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.0066 “Sanction” defined. ([NRS 449.037](#)) “Sanction” means a corrective measure or penalty that is imposed by the Bureau upon a facility.

(Added to NAC by Bd. of Health, eff. 8-1-91)

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NAC 449.0068 “Services” defined. (NRS 449.037) “Services” means medical or personal care, including necessary preparation of food, laundry and housekeeping in the case of a residential facility and items such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, equipment, medical-social services and use of a facility.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.007 “Survey” defined. (NRS 449.037)

1. “Survey” means a regularly scheduled inspection of a facility conducted by employees of the Bureau to verify the facility’s compliance with the regulations of the Health Division, the Centers for Medicare and Medicaid Services, eligibility for participation in the Medicare or Medicaid programs and eligibility for licensure.

2. The term includes a follow-up inspection to recertify a facility or evaluate compliance with a plan of correction or an inspection made in response to a complaint.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R051-02, 7-24-2002)

NAC 449.0072 “Treatment” defined. (NRS 449.037) “Treatment” means any medication, drug, test or procedure conducted or administered to diagnose or remedy a physical or mental illness or condition.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.008 Computation of time. (NRS 449.037) For the purposes of any computation of time required by this chapter:

1. Any prescribed period of more than 5 days includes Saturdays, Sundays and holidays.
2. Any prescribed period of 5 days or less does not include Saturdays, Sundays or holidays.
3. If the date on which any action required to be performed falls on a Saturday, Sunday or holiday, the time is extended until the next day that is not a Saturday, Sunday or holiday.
4. The day of any act or event or on which notice is received is not included in the computation.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 449.010 Severability. (NRS 449.037) If any of the provisions of this chapter or any application thereof to any person, thing or circumstance is held invalid, it is intended that such invalidity not affect the remaining provisions, or their application, that can be given effect without the invalid provision or application.

[Bd. of Health, Alcohol and Drug Abuse Treatment Facilities Art. 17, eff. 3-27-76]

NAC 449.0105 Adoption of certain publications by reference; revision of publication after adoption. (NRS 449.037)

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

(a) *NFPA 101: Life Safety Code*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the code may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <http://www.nfpa.org> or by telephone at (800) 344-3555, for the price of \$55.80 for members or \$62 for nonmembers, plus \$7.95 for shipping and handling.

(b) *NFPA 99: Standard for Health Care Facilities*, in the form most recently published by the National Fire Protection Association, unless the Board gives notice that the most recent revision

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is not suitable for this State pursuant to subsection 2. A copy of the standard may be obtained from the National Fire Protection Association at 11 Tracy Drive, Avon, Massachusetts 02322, at the Internet address <http://www.nfpa.org> or by telephone at (800) 344-3555, for the price of \$41.63 for members or \$46.25 for nonmembers, plus \$7.95 for shipping and handling.

(c) *Guidelines for Design and Construction of Hospital and Health Care Facilities*, in the form most recently published by the American Institute of Architects, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the American Institute of Architects at the AIA Store, 1735 New York Avenue, NW, Washington, D.C. 20006-5292, at the Internet address <http://www.aia.org> or by telephone at (800) 242-3837, for the price of \$52.50 for members or \$75 for nonmembers, plus \$9 for shipping and handling.

2. The State Board of Health will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to subsection 1.

(Added to NAC by Bd. of Health by R066-04, R067-04, R068-04, R069-04, R073-04, R076-04 & R077-04, eff. 8-4-2004)

GENERAL REQUIREMENTS FOR LICENSURE

NAC 449.011 Application for license. ([NRS 449.037](#), [449.040](#)) An application for a license that is filed with the Health Division pursuant to [NRS 449.040](#):

1. Must be complete and notarized.
2. In accordance with [NRS 449.050](#), must be accompanied by the appropriate application fee specified in this chapter.
3. In establishing that the applicant is of reputable and responsible character as required by [NRS 449.040](#), must include personal references and information concerning the applicant's financial status and business activities and associations in and out of this State during the immediately preceding 3-year period. If the applicant is a firm, association, organization, partnership, business trust, corporation or company, such references and information must be provided with respect to the members thereof and the person in charge of the facility or program for which application is made.

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

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

- (1) Each natural person who is an owner of the facility or program;
- (2) Each person who has a direct or indirect ownership interest in the facility or program of 10 percent or more and who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured in whole or in part by the facility or program or any of the property or assets of the facility or program;
- (3) If the applicant is a corporation, each officer and director; and

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- (4) If the applicant is a partnership, each partner.
 - (b) The address of the applicant's principal office.
 - (c) Evidence satisfactory to the Health Division that the facility or program meets all applicable federal, state and local laws and complies with all safety, health, building and fire codes. If there are any differences between the state and local codes, the more restrictive standards apply.
 - (d) If required by [NRS 439A.100](#), a copy of a letter of approval issued by the Director of the Department of Health and Human Services.
 - (e) A copy of the certificate of occupancy, a copy of the applicant's business license and a copy of any special use permits obtained in connection with the operation of the facility or program.
 - (f) A copy of any property lease or rental agreements concerning the facility or program.
 - (g) If the applicant is a corporation, a copy of its bylaws and articles of incorporation.
- (Added to NAC by Bd. of Health by R044-97, eff. 10-30-97)

NAC 449.0112 Investigation; preclosure survey; inspection for fire safety. ([NRS 449.037](#))

1. Upon receipt of a properly completed and notarized application and the appropriate fee, the Health Division shall conduct an investigation concerning the premises, facilities, qualifications of personnel, methods of operation and policies of the applicant and perform a preclosure survey of:

- (a) The applicant; and
- (b) The facility, program plan and management plan, as appropriate.

2. Before issuing a license, the Health Division must receive a satisfactory report of inspection of the facility from the State Fire Marshal or the local fire department.

(Added to NAC by Bd. of Health by R044-97, eff. 10-30-97)

NAC 449.0114 Display of license; compliance with law; transfer of real property; change in administrator, ownership, location or services. ([NRS 449.037](#), [449.050](#))

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

2. During the term of the license, the licensee shall continuously maintain the facility in conformance with the provisions of this chapter and [chapter 449](#) of NRS.

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

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

5. A licensee shall notify the Health Division immediately of any change in the ownership of, the location of, or the services provided at, the facility.

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(Added to NAC by Bd. of Health by R044-97, eff. 10-30-97; A by R122-05, 11-17-2005)

NAC 449.0115 Review of building plans for new construction or remodeling by certain applicants: Required documents; payment of fees and costs. ([NRS 439.150](#), [439.200](#), [449.037](#))

1. An applicant for a license or the renewal of a license to operate a medical facility or facility for the dependent who wishes or is required to have building plans for new construction or remodeling reviewed by the Health Division must:

(a) Submit to the Health Division or have on file a current application for a license or renewal of a license;

(b) Pay to the Health Division any fees required for the issuance or renewal of a license pursuant to [NAC 449.013](#) or [449.016](#); and

(c) Submit two complete sets of building plans for new construction or remodeling prepared by a registered architect, registered residential designer or licensed general contractor to the entity designated to review such plans by the Health Division.

2. All costs incurred for the review of building plans and any changes or revisions made to the plans must be borne by the applicant and paid directly to the designee of the Health Division conducting the review of the plans.

3. The costs required to be paid pursuant to subsection 2 are not refundable and are in addition to the fees charged for the issuance or renewal of the license pursuant to [NAC 449.013](#) or [449.016](#).

(Added to NAC by Bd. of Health, eff. 11-1-95; A by R035-97, 10-30-97; R129-99, 11-29-99, eff. 1-1-2000; R076-01, 10-18-2001; R067-04, R070-04 & R072-04, 8-4-2004; R076-04, 8-5-2004; R122-05, 11-17-2005; R051-06, 7-14-2006)

NAC 449.01153 Approval of building plans for construction or remodeling of certain facilities: Period of validity. ([NRS 449.037](#)) If the Health Division approves building plans for the construction or remodeling of a facility for modified medical detoxification, a facility for skilled nursing, a facility for the care of adults during the day, a facility for the treatment of abuse of alcohol or drugs, a hospital, a mobile unit, a residential facility for groups or a surgical center for ambulatory patients, the approval is valid for 42 months after it is issued, unless there has been:

1. A modification of the building plans;
2. A change in the ownership of the facility; or
3. A change in the intended use of the facility.

(Added to NAC by Bd. of Health by R065-04, eff. 8-4-2004)

NAC 449.01156 On-site advisory inspection of facility: Written request; action by Health Division; fee. ([NRS 439.150](#), [439.200](#), [449.037](#))

1. A licensee or an applicant for the issuance or renewal of a license whose building plans for the construction of a facility have been reviewed pursuant to [NAC 449.0115](#) may submit a written request to the Health Division for an on-site advisory inspection to be conducted by the Health Division after at least 80 percent of the construction of the facility is completed. The written request must include, without limitation, the anticipated date on which 80 percent of the construction of the facility will be completed.

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2. If the Health Division receives a request submitted pursuant to subsection 1, the Health Division shall determine its ability to grant the request and shall issue a notice of that determination to the licensee or applicant who submitted the request.

3. If the Health Division grants a request submitted pursuant to subsection 1, the licensee or applicant who submitted the request shall, before the Health Division conducts the on-site inspection, submit to the Health Division a fee of:

- (a) Five hundred dollars, if the project is valued at not more than \$500,000;
 - (b) One thousand dollars, if the project is valued at more than \$500,000 but not more than \$1,000,000; or
 - (c) Two thousand dollars, if the project is valued at more than \$1,000,000.
- (Added to NAC by Bd. of Health by R065-04, eff. 8-4-2004)

NAC 449.0116 Renewal of license: Application; validity of existing license pending decision on application; inspection of facility; untimely filing or failure to file application. ([NRS 439.150](#), [439.200](#), [449.037](#), [449.050](#), [449.060](#))

1. Except as otherwise provided in subsection 2, a licensee who wishes to renew his license must submit a complete application for renewal to the Health Division on or before November 15 of the calendar year in which the license expires. The existing license shall be deemed valid until the submitted application for renewal is evaluated and a final determination is made by the Health Division concerning whether to renew the license. The Health Division may require an inspection of the facility to ensure that it meets the requirements of this chapter before deciding whether to renew a license.

2. A licensee who, without good cause, files an application for the renewal of his license after the date set forth in subsection 1 but on or before December 31 of the calendar year in which the license expires and who wishes to renew his license must pay:

- (a) The fee required for the renewal of the license pursuant to [NAC 449.013](#) or [449.016](#), as appropriate; and
- (b) An additional charge equal to one-half the amount of the fee required for the renewal of the license pursuant to [NAC 449.013](#) or [449.016](#), as appropriate.

3. A licensee who fails to file an application for the renewal of his license before the license expires is not eligible to renew the license and, if he wishes to be licensed, must submit an application for a new license.

(Added to NAC by Bd. of Health by R044-97, eff. 10-30-97; A by R065-04, 8-4-2004)

NAC 449.0118 Denial, suspension or revocation of license: Grounds. ([NRS 449.037](#)) In addition to the grounds set forth in [NRS 449.160](#) and any other grounds specifically applicable to a particular license, the Health Division may deny an application for a license or may suspend or revoke a license upon any of the following grounds:

- 1. The failure or refusal of an applicant or licensee to comply with any of the provisions of [chapter 449](#) of NRS or the regulations adopted by the State Board of Health.
- 2. The failure or refusal of an applicant or licensee to comply with a reasonable order from the Health Division to remove a resident from a facility or program.
- 3. Operating a facility or program without a license, if a license is required before operating.
- 4. Accepting for care, at any given time, more residents than the number specified in the license.

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5. The failure or refusal of a licensee to return an adequate plan of correction to the Health Division within 10 days after the receipt by the licensee of a statement of deficiencies.
6. The failure or refusal to cooperate fully with an investigation or inspection by the Bureau.
7. Misappropriation of the property of a resident of a facility.
8. Abuse, neglect or exploitation of an infirm, mentally retarded or disabled person, or of a person who is 60 years of age or older.

(Added to NAC by Bd. of Health by R044-97, eff. 10-30-97)

NAC 449.0119 Denial, suspension or revocation of license: Appeals. ([NRS 449.037](#), [449.170](#)) An applicant or licensee who is aggrieved by an action of the Health Division relating to the denial, suspension or revocation of a license may appeal pursuant to the procedures set forth in [NAC 439.300](#) to [439.395](#), inclusive.

(Added to NAC by Bd. of Health by R044-97, eff. 10-30-97)

FEES

NAC 449.012 Definitions. ([NRS 449.037](#), [449.038](#)) As used in [NAC 449.012](#) to [449.0168](#), inclusive, unless the context otherwise requires, the words and terms defined in [NAC 449.0121](#) to [449.0127](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97; A by R229-97, 4-15-98; R052-02 & R063-02, 7-24-2002; R065-04, 8-4-2004; R051-06 & R095-06, 7-14-2006)

NAC 449.0121 “Ambulatory surgical center” defined. ([NRS 449.037](#)) “Ambulatory surgical center” has the meaning ascribed to it in [NAC 449.972](#).

(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.01215 “Branch office” defined. ([NRS 449.037](#)) “Branch office” has the meaning ascribed to it in [NAC 449.749](#).

(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.01219 “Community triage center” defined. ([NRS 449.037](#)) “Community triage center” has the meaning ascribed to it in [NRS 449.0031](#).

(Added to NAC by Bd. of Health by R051-06, eff. 7-14-2006)

NAC 449.01225 “Facility for hospice care” defined. ([NRS 449.037](#)) “Facility for hospice care” has the meaning ascribed to it in [NAC 449.0172](#).

(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97; A by R123-99, 11-29-99)

NAC 449.01227 “Facility for refractive surgery” defined. ([NRS 449.037](#)) “Facility for refractive surgery” has the meaning ascribed to it in [NRS 449.00387](#).

(Added to NAC by Bd. of Health by R052-02, eff. 7-24-2002; A by R042-06, 7-14-2006)

NAC 449.01228 “Facility for transitional living for released offenders” defined. ([NRS 449.037](#)) “Facility for transitional living for released offenders” has the meaning ascribed to it in [NRS 449.0055](#).

(Added to NAC by Bd. of Health by R095-06, eff. 7-14-2006)

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NAC 449.01229 “Facility for treatment with narcotics” defined. ([NRS 449.037](#), [449.038](#)) “Facility for treatment with narcotics” has the meaning ascribed to it in [NAC 449.1542](#).
(Added to NAC by Bd. of Health by R229-97, eff. 4-15-98)—(Substituted in revision for NAC 449.0122)

NAC 449.0123 “Home health agency” defined. ([NRS 449.037](#)) “Home health agency” has the meaning ascribed to it in [NAC 449.749](#).
(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.01235 “Home office” defined. ([NRS 449.037](#)) “Home office” has the meaning ascribed to it in [NAC 449.749](#).
(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.0124 “Hospice care” defined. ([NRS 449.037](#)) “Hospice care” has the meaning ascribed to it in [NAC 449.0175](#).
(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.01245 “Intermediate care facility for the mentally retarded or persons with developmental disabilities” defined. ([NRS 449.037](#)) “Intermediate care facility for the mentally retarded or persons with developmental disabilities” has the meaning ascribed to it in [NAC 449.632](#).
(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.0125 “Medication unit” defined. ([NRS 449.037](#), [449.038](#)) “Medication unit” has the meaning ascribed to it in [NAC 449.15435](#).
(Added to NAC by Bd. of Health by R229-97, eff. 4-15-98)

NAC 449.01252 “Mobile unit” defined. ([NRS 449.037](#)) “Mobile unit” has the meaning ascribed to it in [NRS 449.01515](#).
(Added to NAC by Bd. of Health by R063-02, eff. 7-24-2002)

NAC 449.01255 “Nursing pool” defined. ([NRS 449.037](#)) “Nursing pool” has the meaning ascribed to it in [NRS 449.0153](#).
(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.0126 “Rural clinic” defined. ([NRS 449.037](#)) “Rural clinic” has the meaning ascribed to it in [NRS 449.0175](#).
(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.01265 “Rural hospital” defined. ([NRS 449.037](#)) “Rural hospital” has the meaning ascribed to it in [NRS 449.0177](#).
(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

NAC 449.0127 “Subunit agency” defined. ([NRS 449.037](#)) “Subunit agency” has the meaning ascribed to it in [NAC 449.749](#).
(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97)

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NAC 449.013 License and renewal fees to operate ambulatory surgical center, facility for treatment of irreversible renal disease, home office, subunit agency or branch office of home health agency, rural clinic, obstetric center, program of hospice care, independent center for emergency medical care, nursing pool, facility for treatment with narcotics, medication unit, referral agency, halfway house for recovering alcohol and drug abusers, facility for refractive surgery, mobile unit and facility for transitional living for released offenders; expiration of application for license; refund of certain fees. ([NRS 439.150](#), [439.200](#), [449.0305](#), [449.037](#), [449.038](#), [449.050](#))

1. Except as otherwise provided in subsection 4 and [NAC 449.0168](#), an applicant for a license to operate any of the following facilities, programs of hospice care or agencies must pay to the Health Division the following nonrefundable fees:

(a) An ambulatory surgical center.....	\$3,570
(b) A facility for the treatment of irreversible renal disease.....	2,748
(c) A home office or subunit agency of a home health agency.....	3,034
(d) A branch office of a home health agency.....	2,000
(e) A rural clinic.....	2,160
(f) An obstetric center.....	1,564
(g) A program of hospice care.....	2,106
(h) An independent center for emergency medical care.....	2,950
(i) A nursing pool.....	4,272
(j) A facility for treatment with narcotics.....	2,482
(k) A medication unit.....	1,200
(l) A referral agency.....	2,000
(m) A halfway house for recovering alcohol and drug abusers.....	2,020
(n) A facility for refractive surgery.....	7,556
(o) A mobile unit.....	2,090
(p) A facility for transitional living for released offenders.....	2,020

2. Except as otherwise provided in subsection 4, an applicant for the renewal of such a license must pay to the Health Division the following nonrefundable fees:

(a) An ambulatory surgical center.....
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	\$1,785
(b) A facility for the treatment of irreversible renal disease.....	1,374
(c) A home office or subunit agency of a home health agency.....	1,517
(d) A branch office of a home health agency.....	1,000
(e) A rural clinic.....	1,080
(f) An obstetric center.....	782
(g) A program of hospice care.....	1,053
(h) An independent center for emergency medical care.....	1,475
(i) A nursing pool.....	2,136
(j) A facility for treatment with narcotics.....	1,241
(k) A medication unit.....	600
(l) A referral agency.....	1,000
(m) A halfway house for recovering alcohol and drug abusers.....	1,010
(n) A facility for refractive surgery.....	3,912
(o) A mobile unit.....	1,045
(p) A facility for transitional living for released offenders.....	1,010

3. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by [chapter 449](#) of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he submits his application, he must submit a new application and pay the required fee to be considered for licensure.

4. Pursuant to [NRS 449.050](#), if an application for a license to operate a facility for transitional living for released offenders or the renewal of such a license is denied, any amount of a fee paid pursuant to paragraph (p) of subsection 1 or paragraph (p) of subsection 2 that exceeds the expenses and costs incurred by the Health Division must be refunded to the applicant.

[Bd. of Health, Health Facility Fees Art. 1, eff. 1-20-77]—(NAC A 7-22-87; 1-31-90; 9-1-93; 11-1-95; 10-3-96; R035-97 & R044-97, 10-30-97; R229-97, 4-15-98; R105-98, 9-23-98; R132-99, 11-29-99; R123-01, 12-17-2001, eff. 1-1-2002; R052-02 & R063-02, 7-24-2002; R050-02, 10-22-2002; R074-03, 10-22-2003; R065-04, 8-4-2004; R042-06 & R095-06, 7-14-2006)

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NAC 449.016 License and renewal fees to operate skilled nursing facility, hospital, rural hospital, intermediate care facilities, residential facility for groups, facility for treatment of abuse of alcohol or drugs, facility for hospice care, home for individual residential care, facility for modified medical detoxification and community triage center; expiration of application for license. ([NRS 439.150](#), [439.200](#), [449.037](#), [449.050](#), [449.249](#))

1. Except as otherwise provided in [NAC 449.0168](#), an applicant for a license to operate any of the following facilities must pay to the Health Division the following nonrefundable fees:

	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility.....	\$2,200	\$60
(b) A hospital, other than a rural hospital.....	10,000	60
(c) A rural hospital.....	1,500	60
(d) An intermediate care facility for the mentally retarded or persons with developmental disabilities.....	1,564	184
(e) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities.....	1,200	90
(f) Except as otherwise provided in subsection 3, a residential facility for groups.....	2,400	184
(g) A facility for the treatment of abuse of alcohol or drugs.....	782	184
(h) A facility for hospice care.....	1,564	184
(i) A home for individual residential care.....	1,764	184
(j) A facility for modified medical detoxification.....	782	184
(k) A community triage center.....	782	184

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

Fee per facility	Fee per bed in the facility
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	Fee per facility	Fee per bed in the facility
(a) A skilled nursing facility.....	\$1,100	\$30
(b) A hospital, other than a rural hospital.....	5,000	30
(c) A rural hospital.....	750	30
(d) An intermediate care facility for the mentally retarded or persons with developmental disabilities.....	782	92
(e) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities.....	600	40
(f) Except as otherwise provided in subsection 4, a residential facility for groups which has 11 beds or more.....	1,182	92
(g) Except as otherwise provided in subsection 5, a residential facility for groups which has less than 11 beds.....	1,085	92
(h) A facility for the treatment of abuse of alcohol or drugs.....	391	92
(i) A facility for hospice care.....	782	92
(j) A home for individual residential care.....	500	92
(k) A facility for modified medical detoxification.....	391	92
(l) A community triage center.....	391	92

3. An applicant for a license for a residential facility for groups shall pay a fee of \$100 for each bed in the facility which is paid entirely with money from:

- (a) The Supplemental Security Income Program as defined in [NRS 422.053](#);
- (b) The home and community-based services program pursuant to 42 U.S.C. § 1396n; or
- (c) A program for group care of adults established by a county.

4. An applicant for the renewal of a license for a residential facility for groups shall pay a fee of \$35 for each bed in the facility which is paid entirely with money from:

- (a) The Supplemental Security Income Program as defined in [NRS 422.053](#);
- (b) The home and community-based services program pursuant to 42 U.S.C. § 1396n; or
- (c) A program for group care of adults established by a county.

5. An applicant for the renewal of a license for a residential facility for groups which has less than 11 beds who attests that, during the following licensure period, at least 75 percent of those beds will be paid for entirely with money from the sources described in subsection 4 shall pay a fee of \$500 plus:

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(a) For each bed that will be paid for entirely with money from the sources described in subsection 4, a fee of \$35 in accordance with that subsection; and

(b) For each remaining bed, a fee of \$92.

6. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by [chapter 449](#) of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he submits his application, he must submit a new application and pay the required fee to be considered for licensure.

[Bd. of Health, Health Facility Fees Art. 2, eff. 1-20-77]—(NAC A 7-22-87; 8-31-89; 9-1-93; 11-1-95; R035-97 & R044-97, 10-30-97; R105-98, 9-23-98; R123-99 & R131-99, 11-29-99; R129-99, 11-29-99, eff. 1-1-2000; R110-01, 11-21-2001; R050-02, 10-22-2002; R074-03, 10-22-2003; R065-04, 8-4-2004; R051-06, 7-14-2006)

NAC 449.0164 Fees for renewal of licenses for certain facilities: Payment in two equal installments. ([NRS 439.150](#), [439.200](#), [449.037](#), [449.050](#), [449.249](#)) An applicant for the renewal of a license for a residential facility for groups, a halfway house for recovering alcohol and drug abusers, a home for individual residential care or a facility for transitional living for released offenders may pay the fee required for the renewal of his license in two equal installments if:

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

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

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

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

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

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

(Added to NAC by Bd. of Health by R065-04, eff. 8-4-2004; A by R095-06, 7-14-2006)

NAC 449.0168 Fees for modification of certain licenses. ([NRS 449.0305](#), [449.037](#), [449.050](#))

1. Except as otherwise provided in subsection 2, a holder of a license to operate a medical facility, facility for the dependent, program of hospice care or referral agency who wishes or is required pursuant to [NAC 449.190](#), [449.307](#), [449.7473](#) or [449.758](#) to modify his license to reflect:

(a) A change in the name of the facility, program or agency;

(b) A change of the administrator of the facility, program or agency;

(c) A change in the number of beds in the facility;

(d) A change in the type of facility licensed or the addition of another type of facility to be licensed;

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

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

(g) A change in any of the services provided by an agency to provide nursing in the home, must submit an application for a new license to the Health Division and pay to the Health Division a fee of \$250.

2. An applicant who applies for a license pursuant to paragraph (c) of subsection 1 because of an increase in the number of beds in the facility must pay to the Health Division:

(a) A fee of \$250; and

(b) A fee for each additional bed as follows:

(1) If the facility is an intermediate care facility for the mentally retarded or persons with developmental disabilities.....	\$184
(2) Except as otherwise provided in subparagraph (3), if the facility is a residential facility for groups.....	184
(3) If the facility is a residential facility for groups and the fee for each bed in the facility is paid entirely with money from sources described in subsection 3 of NAC 449.016	100
(4) If the facility is a facility for the treatment of abuse of alcohol or drugs.....	184
(5) If the facility is a facility for hospice care.....	184
(6) If the facility is a home for individual residential care.....	184
(7) If the facility is a facility for modified medical detoxification.....	184
(8) If the facility is a hospital.....	80
(9) If the facility is a rural hospital.....	80
(10) If the facility is a skilled nursing facility.....	60
(11) If the facility is an intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities.....	90

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

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

(b) Pay to the Health Division a fee of \$250.

4. A fee paid pursuant to this section is nonrefundable.

5. As used in this section:

(a) “Administrator” means the person who is responsible for the daily management of a medical facility, facility for the dependent or program of hospice care.

(b) “Independent facility” has the meaning ascribed to it in [NAC 449.9701](#).

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(c) “Staging area” has the meaning ascribed to it in [NAC 449.97018](#).

(Added to NAC by Bd. of Health by R035-97, eff. 10-30-97; A by R053-99, 9-27-99; R132-99, 11-29-99; R110-01, 11-21-2001; R063-02, 7-24-2002; R050-02, 10-22-2002; R074-03, 10-22-2003; R123-05, 11-17-2005)

General Provisions

NAC 449.744 “Facility for skilled nursing” defined. ([NRS 449.037](#)) As used in [NAC 449.744](#) to [449.74549](#), inclusive, unless the context otherwise requires, “facility for skilled nursing” has the meaning ascribed to it in [NRS 449.0039](#).

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99; A by R067-04, 8-4-2004)

Licensing and Administration of Facility

NAC 449.74411 Applicability of license; limitation on number of patients; coverage against certain liabilities. ([NRS 449.037](#))

1. A facility for skilled nursing must be operated and conducted in the name designated on the license for the facility, with the name of the person responsible for its operation also appearing on the face of the license. The license is not transferable.

2. A facility for skilled nursing shall not admit more patients to the facility than the number of beds for which it is licensed, except in emergencies. A facility that admits more patients to the facility than the number of beds for which it is licensed shall immediately notify the Bureau of the additional admissions.

3. A facility for skilled nursing shall retain proof that it is adequately covered against liabilities resulting from claims incurred in the course of its operation.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99; A by R119-05, 11-17-2005)

NAC 449.74413 Change in ownership, use or construction of facility. ([NRS 449.037](#))

1. The owner of a facility for skilled nursing shall, at least 30 days before there is a change of ownership, change of use or change in the construction of the facility, notify the Bureau of that change. If the facility is not in compliance with the *Guidelines for Design and Construction of Hospital and Health Care Facilities* adopted by reference pursuant to [NAC 449.0105](#), the notice must identify those provisions of the guidelines with which the facility has failed to comply.

2. Upon a change in use or change in the construction of a facility, the facility must comply with the *Guidelines for Design and Construction of Hospital and Health Care Facilities* before admitting patients to the area that is being changed or is under construction.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99; A by R067-04, 8-4-2004)

NAC 449.74415 Responsibilities of governing body. ([NRS 449.037](#)) A facility for skilled nursing must have a governing body that is legally responsible for establishing and carrying out policies regarding the management and operation of the facility.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74417 Administrator of facility. ([NRS 449.037](#))

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1. The governing body of a facility for skilled nursing shall appoint a qualified administrator for the facility.

2. The administrator:

(a) Must be licensed under the provisions of [chapter 654](#) of NRS; and

(b) Is responsible for the management of the facility.

3. A facility for skilled nursing must be administered in a manner that enables it to use its resources effectively and efficiently in order to attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74419 Committee for quality assurance. ([NRS 449.037](#))

1. A facility for skilled nursing shall establish a committee for quality assurance.

2. The committee must be composed of:

(a) The chief administrative nurse;

(b) A member of the staff who is a physician and appointed by the administrator; and

(c) At least three other members of the staff who are appointed by the administrator.

3. The committee shall:

(a) Meet at least quarterly to identify problems and concerns related to the care provided to patients for which corrective actions are necessary; and

(b) Adopt and carry out appropriate plans of action to correct the problems and concerns that are identified.

4. The Bureau may not require the disclosure of the records of the committee unless such disclosure is required to ensure compliance with the provisions of this section.

5. Good faith efforts made by a committee to identify problems and concerns related to the care provided to patients and to correct the problems and concerns that are identified may not be used as grounds for imposing administrative sanctions against a facility for skilled nursing.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74421 Procedures for emergency or disaster. ([NRS 449.037](#))

1. A facility for skilled nursing shall adopt written procedures to be followed by the members of the staff and patients in the case of an emergency or disaster, including, without limitation, fires, severe weather and locating missing patients.

2. The facility shall provide training to an employee regarding these procedures upon his employment by the facility and periodically review the procedures with members of the staff.

3. The facility shall periodically conduct unannounced drills to practice carrying out the procedures adopted pursuant to subsection 1.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

Admission, Transfer and Discharge of Patient

NAC 449.74423 Certain conditions for admission prohibited. ([NRS 449.037](#)) A facility for skilled nursing shall not, as a condition of admitting or providing for the expedited admission of a patient to, or allowing a patient to remain in, the facility:

1. Require a patient to waive his rights to benefits under any state or federal program that is available to assist patients in the payment of services provided by the facility, including, without limitation, Medicaid and Medicare.

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2. Require a patient to provide a written or oral confirmation that he is not eligible for or will not apply for benefits under such a program.

3. Charge, solicit, accept or receive any gift, money, contribution or other consideration on behalf of a patient who is eligible for benefits under such a program in addition to any amount otherwise required to be paid to the facility under the program. The provisions of this subsection do not prohibit a facility from:

(a) Charging such a patient for an item or service not covered under the program if:

(1) The item or service is requested by the patient;

(2) The facility does not require the patient to request the item or service as a condition of admission to or remaining in the facility; and

(3) The facility informs the patient that there will be a charge for the item or service and the amount of the charge.

(b) Soliciting, accepting or receiving a charitable, religious or philanthropic contribution from an organization or a person who is unrelated to the patient, but only to the extent that the contribution is not a condition of admitting or providing for the expedited admission of the patient to, or allowing the patient to remain in, the facility.

4. Require a third person to guarantee the payment of fees charged by the facility for services provided to the patient. The provisions of this subsection do not prohibit the facility from requiring a person who has legal control over the income or other resources of the patient to enter into a contract, without incurring personal liability, for the payment of fees charged by the facility for services provided to the patient.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74425 Admission of patient with mental illness or mental retardation. ([NRS 449.037](#))

1. On or after September 27, 1999, a facility for skilled nursing shall not admit a patient with a mental illness or with mental retardation unless the Division of Mental Health and Developmental Services of the Department of Health and Human Services has determined, based on an independent evaluation of the physical and mental health of the patient, that he requires:

(a) The level of services provided by a facility for skilled nursing; and

(b) Specialized services that the facility is able to provide.

2. The independent evaluation required by subsection 1 must be performed by a person or organization other than the Division of Mental Health and Developmental Services.

3. As used in this section:

(a) "Mental illness" has the meaning ascribed to it in [NRS 433.164](#).

(b) "Mental retardation" has the meaning ascribed to it in [NRS 433.174](#).

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74427 Agreement with hospital for transfer of patients. ([NRS 449.037](#))

1. A facility for skilled nursing shall have in effect an agreement with at least one licensed hospital that provides for the transfer of patients from the facility to the hospital. The agreement must provide that:

(a) A patient transferred from the facility will be admitted to the hospital in a timely manner if the transfer is medically appropriate as determined by the patient's attending physician; and

(b) Medical and other information required for the care and treatment of the patient is transferred with the patient. Such information may include information for determining whether

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the patient may be cared for adequately in a setting that is less expensive than the facility or the hospital.

2. A facility for skilled nursing that does not have such an agreement in effect but has attempted in good faith to enter into such an agreement with a hospital sufficiently close to the facility to make transfers feasible shall be deemed to have such an agreement.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74429 Transfer or discharge of patient. (NRS 449.037)

1. A facility for skilled nursing may transfer or discharge a patient from the facility only if:

(a) The facility can no longer provide for the needs of the patient and the transfer or discharge is necessary for the patient's welfare;

(b) The health of the patient has improved sufficiently so that the patient no longer requires the services provided by the facility;

(c) The health or safety of other persons in the facility is endangered if the patient remains in the facility;

(d) The charges for services provided to the patient by the facility have not been paid after the facility has given notice of those charges; or

(e) The facility ceases to operate.

2. Before a facility for skilled nursing may transfer or discharge a patient from the facility, the facility shall:

(a) Record the reasons for the transfer or discharge in the medical records of the patient. If a patient is transferred or discharged under the circumstances described in:

(1) Paragraph (a) or (b) of subsection 1, the reasons for the transfer or discharge must be recorded by the patient's physician.

(2) Paragraph (c) of subsection 1, the reasons for the transfer or discharge must be recorded by any physician.

(b) Give notice of the transfer or discharge to the patient and, if known, to the legal representative of the patient or a member of the patient's family. The notice must:

(1) Be in writing;

(2) Be in a language that is understood by the patient and his legal representative or a member of his family;

(3) Except as otherwise provided in subsection 3, be given at least 30 days before the effective date of the transfer or discharge;

(4) Include the reasons for the transfer or discharge;

(5) Include the effective date of the transfer or discharge;

(6) Specify the location to which the patient will be transferred or discharged;

(7) Include a statement that the patient has a right to appeal the transfer or discharge;

(8) Include the name, address and telephone number of the advocates for residents of facilities for long-term care appointed pursuant to [chapter 427A](#) of NRS; and

(9) If the patient is developmentally disabled or mentally ill, include the name, address and telephone number of persons who advocate for and are responsible for the protection of such persons.

3. The notice required by paragraph (b) of subsection 2 may be given less than 30 days before the effective date of the transfer or discharge if:

(a) The health or safety of other persons in the facility is endangered if the patient remains in the facility;

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(b) The health of the patient has improved sufficiently to allow a more immediate transfer or discharge of the patient;

(c) The medical needs of the patient require a more immediate transfer or discharge; or

(d) The patient has not resided in the facility for at least 30 days.

4. Upon admission of a patient to a facility for skilled nursing and at the time the facility transfers the patient for hospitalization or therapeutic leave, the facility shall provide to the patient and to the legal representative of the patient or to a member of the patient's family, in writing:

(a) The time within which the patient may resume his residency in the facility without waiting for readmission; and

(b) The policy of the facility for readmitting a patient whose hospitalization or therapeutic leave exceeds the time within which he may resume his residency in the facility without waiting for readmission upon the first availability of a bed in a semiprivate room.

5. A facility for skilled nursing shall prepare a patient for his transfer or discharge in such a manner as to ensure the safe and orderly transfer or discharge of the patient from the facility.

6. As used in this section, "transfer" or "discharge" means the movement of a patient to a location outside of a facility for skilled nursing, whether or not that location is within the same physical area of the facility. The term does not include the movement of a patient to a bed located within the facility for skilled nursing.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74431 Summary of discharge. ([NRS 449.037](#))

1. A facility for skilled nursing shall prepare a summary of discharge for each patient discharged from the facility.

2. A summary of discharge must include:

(a) A summary of the pertinent information relating to the patient's stay at the facility;

(b) A final summary of the patient's physical, mental and psychosocial health at the time of discharge, including, without limitation, the information required to be included in a comprehensive assessment of the patient pursuant to subsection 2 of [NAC 449.74433](#); and

(c) A plan of care for the patient after his discharge that assists the patient in adjusting to his new living environment. The plan of care must be developed with the participation of the patient and members of his family.

3. A facility for skilled nursing may release a summary of discharge to persons and under the circumstances approved by the patient who is the subject of the summary or his legal representative.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

Assessment of Patients and Plan of Care

NAC 449.74433 Comprehensive assessment of needs of patient. ([NRS 449.037](#))

1. A facility for skilled nursing shall conduct a comprehensive assessment of the needs of each patient in the facility using the assessment instrument specified by the Bureau.

2. A comprehensive assessment must include, without limitation:

(a) Demographic and other pertinent information required to identify the patient;

(b) The customary routine of the patient;

(c) The cognitive patterns of the patient;

(d) An analysis of the communication skills of the patient;

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- (e) An analysis of the vision of the patient;
- (f) The mood and behavior patterns of the patient;
- (g) An analysis of the psychosocial well-being of the patient;
- (h) Any problems related to the functional or structural physical condition of the patient;
- (i) The patient's pattern of continence;
- (j) The physical condition of the patient, including the diagnosis of any diseases which the patient may have;

- (k) An analysis of the nutritional needs of the patient;
- (l) The dental condition of the patient;
- (m) The condition of the patient's skin;
- (n) Activities in which the patient is interested;
- (o) Medications required to be taken by the patient;
- (p) Any special treatments and procedures required by the patient;
- (q) The probability of discharging the patient from the facility and any other information related to the discharge of the patient from the facility;
- (r) Documentation of summary information relating to any additional assessment performed in accordance with the patient's assessment protocols; and
- (s) Documentation of the patient's participation in the assessment.

3. The information to be included in a comprehensive assessment must be obtained from the direct observation of and communication with the patient and from communications with the members of the staff who care for the patient.

4. A comprehensive assessment must be conducted:

(a) Within 14 days after the patient's admission to the facility. The provisions of this paragraph do not require a comprehensive assessment of a patient who is readmitted to the facility following a temporary absence from the facility for hospitalization or therapeutic leave if there is not a significant change in the physical or mental condition of the patient.

(b) Within 14 days after there has been a significant decline or improvement in the physical or mental condition of the patient that:

- (1) Requires intervention by a member of the facility's staff or further medical treatment;
- (2) Has affected more than one aspect of the patient's health; and
- (3) Requires review by an interdisciplinary team or a revision of the patient's plan of care, or both.

(c) At least once every 12 months, but in no event later than 365 days after the completion of the most recent comprehensive assessment.

5. A comprehensive assessment must accurately reflect the physical, mental and psychosocial health of the patient.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74435 Quarterly assessment of patient. ([NRS 449.037](#))

1. A facility for skilled nursing shall, not less than every 3 months, conduct an assessment of each patient in the facility using the quarterly assessment instrument approved by the Bureau.

2. Each quarterly assessment must accurately reflect the physical, mental and psychosocial health of the patient.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74437 Conduct of assessments. ([NRS 449.037](#))

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1. The assessments required by [NAC 449.74433](#) and [449.74435](#) must be conducted by a registered nurse or coordinated by a registered nurse with the participation of other appropriate health care professionals. Each person who completes a portion of the assessment shall certify the accuracy of that portion. The registered nurse shall certify that the assessment is completed.
2. A facility for skilled nursing shall coordinate the assessments required by [NAC 449.74433](#) and [449.74435](#) with other screening programs required to be conducted upon the patient's admission to the facility to the extent practicable to avoid the duplication of efforts.
3. Each assessment required by [NAC 449.74433](#) and [449.74435](#) must be:
 - (a) Maintained in the medical record of the patient for at least 15 months after the assessment is conducted.
 - (b) Used to develop, review and revise the patient's plan of care.
(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74439 Comprehensive plan of care. ([NRS 449.037](#))

1. A facility for skilled nursing shall develop for each patient in the facility a comprehensive plan of care.
2. A comprehensive plan of care must include:
 - (a) Measurable objectives and timetables to meet the physical, mental and psychosocial needs of the patient that are identified in the comprehensive assessment required by [NAC 449.74433](#);
 - (b) A description of the services that will be provided to the patient to attain or maintain his highest practicable physical, mental and psychosocial well-being; and
 - (c) A description of the services that would otherwise be provided to the patient, but will not be provided because of the patient's refusal to accept those services.
3. A comprehensive plan of care must be:
 - (a) Developed within 7 days after the completion of the initial comprehensive assessment required by [NAC 449.74433](#) and periodically reviewed and revised after each subsequent assessment; and
 - (b) Prepared by an interdisciplinary team that includes the patient's attending physician, a registered nurse who is responsible for the care of the patient and such other members of the staff of the facility as are appropriate to provide services in accordance with the needs of the patient. To the extent practicable, the patient, his legal representative and members of his family must be allowed to participate in the development of the plan of care.
4. Services provided to a patient in a facility for skilled nursing must:
 - (a) Comply with the professional standards of quality applicable to those services; and
 - (b) Be provided by qualified persons in accordance with the patient's plan of care.
(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

Medical Records

NAC 449.74441 Maintenance. ([NRS 449.037](#))

1. A facility for skilled nursing shall maintain medical records for each patient in the facility in accordance with accepted professional principles.
2. A medical record must be:
 - (a) Complete;
 - (b) Accurate;
 - (c) Organized; and
 - (d) Readily accessible to those persons who are authorized to review the records.

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3. A medical record must include:
 - (a) Sufficient information to identify the patient;
 - (b) A record of the assessments of the patient conducted pursuant to [NAC 449.74433](#) and [449.74435](#);
 - (c) The patient's plan of care and the services provided to the patient;
 - (d) The results of any assessment of the patient conducted by a state agency before his admission to the facility; and
 - (e) Periodic progress notes prepared by appropriate members of the staff.
4. A facility for skilled nursing shall maintain the medical records of a patient:
 - (a) For at least 5 years after the discharge of the patient, unless state law requires otherwise; and
 - (b) For at least 3 years after the patient reaches 18 years of age if the patient is a minor.
5. A facility for skilled nursing shall ensure that:
 - (a) Information contained in a medical record is not lost, destroyed or used in an unauthorized manner.
 - (b) No person willfully and knowingly falsifies or causes another person to falsify information contained in a medical record.
6. Information contained in a medical record is confidential and must not be released without the written consent of the patient except:
 - (a) As required by law;
 - (b) Under a contract involving a third-party payor; or
 - (c) As required upon the transfer of the patient to another medical facility.(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74443 Inspection. ([NRS 449.037](#))

1. A patient in a facility for skilled nursing or his legal representative may submit an oral or written request to the facility to inspect all records relating to the patient maintained by the facility. The facility shall, within 24 hours after the receipt of such a request, excluding weekends and holidays, allow the patient or his legal representative to inspect the patient's records.

2. Upon request, the facility shall furnish to the patient or his legal representative a copy of the records or any portion thereof at the cost of obtaining records from a provider of health care set forth in [NRS 629.061](#). The copy must be furnished within 48 hours after the receipt of the request, excluding weekends and holidays.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

Rights of Patients

NAC 449.74445 Generally. ([NRS 449.037](#))

1. A facility for skilled nursing shall protect and promote the rights of each patient in the facility.

2. In addition to the rights set forth in [NRS 449.710](#) and [449.720](#), a patient in a skilled nursing facility has the right to:

- (a) Receive care in a manner and environment that maintains and enhances each patient's dignity with respect to each patient's individuality.
- (b) Exercise his rights without the threat of interference, coercion, discrimination or reprisal.
- (c) Choose his attending physician.

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(d) Be fully informed, in a language that the patient understands, of his total health status, including, without limitation, his medical condition.

(e) Participate in decisions relating to his health care, unless he is unable to do so because he is incompetent or incapacitated.

(f) Receive services with reasonable accommodation for his individual needs and preferences, unless the health or safety of the patient or other patients would be endangered.

(g) Privacy in relation to his accommodations, personal care, written and oral communications and meetings with other persons. The provisions of this paragraph do not require a facility for skilled nursing to provide a private room to each patient.

(h) File grievances with the facility without the threat of discrimination or reprisal and to the prompt resolution of those grievances. Such grievances include, without limitation, complaints relating to treatment that has been furnished or not furnished and the behavior of other patients.

(i) Use a telephone where calls can be made without being overheard.

(j) Retain and use personal possessions as space allows, including, without limitation, furniture and clothing, unless to do so would infringe upon the rights or threaten the health and safety of other patients.

(k) Share a room with his or her spouse if both spouses reside in the facility and consent to the arrangement.

(l) Manage his financial affairs.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74447 Communications with other persons; examination of records by advocate. ([NRS 449.037](#))

1. A facility for skilled nursing shall not prohibit a patient in the facility from contacting, receiving information from or speaking to:

(a) A representative of the Bureau.

(b) The patient's physician.

(c) Any person who advocates for the rights of the patients of the facility, including, without limitation:

(1) Advocates for residents of facilities for long-term care appointed pursuant to [chapter 427A](#) of NRS; and

(2) Persons who advocate for and are responsible for the protection of persons with developmental disabilities or who are mentally ill.

(d) Any person who provides health care, social, legal or other services to the patient.

(e) The relatives of the patient.

(f) Any other persons with whom the patient wishes to visit.

2. The provisions of this section do not prohibit a facility for skilled nursing from adopting reasonable restrictions relating to the visitation of patients.

3. A facility for skilled nursing shall not prohibit an advocate for residents of facilities for long-term care appointed pursuant to [chapter 427A](#) of NRS from examining the medical records of a patient of the facility in accordance with state law and with the permission of the patient or the patient's legal representative.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74449 Notice to patients of rights, services and charges. ([NRS 449.037](#))

1. A facility for skilled nursing shall give notice to each patient admitted to the facility of:

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(a) His rights as a patient and of the policies of the facility relating to the conduct and responsibilities of patients in the facility; and

(b) The services available at the facility and the charges for those services, including, without limitation, charges for services that are not covered by the facility's per diem rate.

2. The notice required by subsection 1 must be given:

(a) Orally and in writing;

(b) In a language that the patient understands; and

(c) Before or upon admission of the patient to the facility and periodically during the patient's stay at the facility.

3. The written notice of the patient's rights must include, without limitation:

(a) A summary of the provisions of [NAC 449.74461](#) and [449.74463](#);

(b) The names, addresses and telephone numbers of:

(1) The Bureau;

(2) Advocates for residents of facilities for long-term care appointed pursuant to [chapter 427A](#) of NRS;

(3) The Medicaid Fraud Control Unit within the Office of the Attorney General; and

(4) Any other persons who advocate for the rights of patients in the facility; and

(c) A statement that the patient may file a complaint with the Bureau concerning the abuse or neglect of any patient or the misappropriation of any patient's money.

4. The patient must acknowledge in writing the receipt of each notice provided.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74451 Charges to be consistent with notice of charges. ([NRS 449.037](#)) Any amount charged for services provided by a facility for skilled nursing must be consistent with the notice of charges provided by the facility pursuant to [NAC 449.74449](#).

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74453 Notice to patients of programs available for assistance in payment of services. ([NRS 449.037](#)) A facility for skilled nursing shall:

1. Provide to applicants for admission to the facility and to the patients in the facility oral and written information concerning state and federal programs that are available to assist patients in the payment of services provided by the facility, including, without limitation, Medicaid and Medicare; and

2. Display in a prominent place within the facility the written information provided pursuant to subsection 1.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74455 Discrimination prohibited. ([NRS 449.037](#))

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

2. A facility for skilled nursing shall adopt and maintain policies and procedures for the transfer and discharge of, and the provision of services to, patients in the facility which do not discriminate against a patient based on the source of payment for the services provided.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

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NAC 449.74457 Policies and procedures for advance directives by patient; information to be furnished regarding physicians. ([NRS 449.037](#))

1. A facility for skilled nursing shall adopt written policies and procedures authorizing the patients in the facility to establish advance directives for their treatment.

2. The policies and procedures must require that written information be given to adult patients concerning their right to accept or refuse treatment and to establish advance directives for their treatment.

3. A facility for skilled nursing shall inform each patient in the facility of the name and specialty of the physician responsible for his care and the manner in which the physician may be contacted.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74459 Examination by patient of survey of facility and plan of correction. ([NRS 449.037](#))

1. A patient of a facility for skilled nursing may examine the results of the most recent survey of the facility conducted by the Bureau or a federal regulatory agency and any plan of correction required to be carried out by the facility as a result of the survey.

2. A facility for skilled nursing shall:

(a) Make such surveys and plans of correction available for examination at a place that is readily accessible to the patients of the facility; and

(b) Post in a prominent location within the facility a notice of the places where the surveys and plans of correction are available for examination.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74461 Finances of patient: System for maintenance and accounting. ([NRS 449.037](#))

1. A facility for skilled nursing:

(a) Shall not require a patient to deposit any amount of money with the facility to be held by the facility on behalf of the patient.

(b) Shall hold, safeguard, manage and account for money deposited with the facility on behalf of a patient if requested to do so in writing by the patient, in accordance with the provisions of this section and [NAC 449.74463](#).

2. If money held by a facility for skilled nursing on behalf of a patient is greater than \$50, the money must be maintained in a financial institution in an account that:

(a) Bears interest;

(b) Is separate from the facility's operating accounts; and

(c) Credits all interest earned on the money in the account to the account.

3. If money held by a facility for skilled nursing on behalf of a patient is not more than \$50, the money must be maintained in:

(a) A financial institution in an account that bears interest;

(b) A financial institution in an account that does not bear interest; or

(c) A petty cash fund.

4. A facility for skilled nursing shall establish and maintain a system that provides a complete and separate accounting of the money held by the facility on behalf of a patient that is prepared according to generally accepted principles of accounting. The system must prohibit the commingling of the patient's money with the facility's money or the money of any person other

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than another patient. An accounting must be made available to the patient on a quarterly basis and upon the request of the patient or his legal representative.

5. A facility for skilled nursing shall obtain a surety bond or provide to the Bureau other assurances that are satisfactory to the Bureau to ensure the security of all money held by the facility on behalf of its patients.

6. A facility for skilled nursing shall, within 30 days after the death of a patient who has deposited money with the facility to hold on his behalf, deliver the money and a final accounting to the proper court or person administering the patient's estate.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74463 Finances of patient: Authorization to withhold money. ([NRS 449.037](#))

1. A facility for skilled nursing shall not withhold from money held by the facility on behalf of a patient any amount for:

(a) Services related to the maintenance of the patient's room or bed;

(b) Supplies and services for routine personal hygiene that are required by the patient, including, without limitation:

(1) Shampoo, a comb and a brush;

(2) Bath soap, disinfecting soap or specialized cleansing agents required to treat the medical condition of the patient or to treat infection;

(3) A razor and shaving cream;

(4) A toothbrush, toothpaste, denture adhesive, dental cleaner and dental floss;

(5) Moisturizing lotion;

(6) Tissues, cotton balls and cotton swabs;

(7) Deodorant;

(8) Supplies and services for incontinence;

(9) Sanitary napkins and related supplies;

(10) Towels and washcloths;

(11) Hospital gowns;

(12) Nonprescription drugs;

(13) Supplies and services for the patient's nails; and

(14) Supplies and services for the patient's laundry; and

(c) Medically-related social services required by [NAC 449.74523](#).

2. Except as otherwise provided in subsection 3, a facility for skilled nursing may withhold from money held by the facility on behalf of a patient amounts for the following items and services:

(a) A telephone;

(b) A television and radio for the patient's personal use;

(c) Personal comfort items, including, without limitation, smoking materials, notions, novelties and confections;

(d) Cosmetic and grooming items and services that are not required for routine personal hygiene;

(e) Clothing;

(f) Reading material;

(g) Gifts purchased on behalf of the patient;

(h) Flowers and plants;

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(i) Items for social events and entertainment that are in addition to the program of activities required by [NAC 449.74495](#);

(j) Special services required for the care of the patient, including, without limitation, the services of a private nurse or aide;

(k) A private room, unless a private room is required because of the medical condition of the patient; and

(l) Food that is specially prepared for the patient or requested in lieu of food that is regularly prepared by the facility as required by [NAC 449.74525](#).

3. A facility for skilled nursing shall not:

(a) Charge a patient any amount for an item or service that has not been requested by the patient.

(b) Require a patient or his representative to request an item or service as a condition of the patient being admitted to or remaining in the facility.

4. If an item or service is requested by a patient or his representative for which there will be a charge, a facility for skilled nursing shall inform the patient or representative of the amount of the charge.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74465 Sending and receiving mail. ([NRS 449.037](#)) A facility for skilled nursing shall not prohibit a patient in the facility from:

1. Sending and promptly receiving mail. A patient's mail must not be opened by the facility.

2. Obtaining stationery, postage and writing instruments at the patient's expense.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74467 Performance of services for facility by patient. ([NRS 449.037](#))

1. A facility for skilled nursing shall not require a patient in the facility to perform services for the facility.

2. A patient may perform services for the facility only if:

(a) The facility has included in the patient's plan of care his need or desire to perform services for the facility;

(b) The plan of care describes the nature of the services to be performed and the compensation, if any, to be paid for those services;

(c) The compensation to be paid for the services is at or above the prevailing wage; and

(d) The patient agrees to perform the services described in the plan of care.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

Quality of Care

NAC 449.74469 Standards of care. ([NRS 449.037](#)) A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to [NAC 449.74433](#) and the plan of care developed pursuant to [NAC 449.74439](#).

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74471 Administration of drugs. ([NRS 449.037](#))

1. A facility for skilled nursing shall not administer a drug to a patient in the facility:

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- (a) In excessive doses, including duplicate drug therapy;
- (b) For an excessive duration;
- (c) Without monitoring the patient properly;
- (d) Without adequate indications for the use of the drug; or
- (e) If there are any adverse reactions which indicate that the dosage should be reduced or discontinued.

2. Based on the comprehensive assessment of a patient conducted pursuant to [NAC 449.74433](#), a facility for skilled nursing shall ensure that a patient who:

(a) Has not used an antipsychotic drug is not given such a drug unless it is required to treat a condition of the patient that has been diagnosed and documented in the medical record of the patient.

(b) Uses an antipsychotic drug receives gradual reductions in the dosage, in conjunction with behavioral intervention, in an attempt to discontinue the use of the drug, unless the medical condition of the patient requires otherwise.

3. A facility for skilled nursing shall ensure that patients are not subjected to significant errors in their medication and that the rate of error in the administration of medication is less than 5 percent.

4. A facility for skilled nursing shall not prohibit a patient from administering medication to himself if the interdisciplinary team responsible for the care of the patient determines that this practice is safe.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74473 Program for control of infections. ([NRS 449.037](#))

1. A facility for skilled nursing shall establish and maintain a program for the control of infections within the facility.

2. The program must:

(a) Be designed to provide a safe, sanitary and comfortable environment and to prevent the development and transmission of disease and infection.

(b) Include procedures for the investigation, control and prevention of infections in the facility.

(c) Establish the procedures that will be followed if a patient becomes infectious, including, without limitation, the circumstances under which a patient may be isolated. A facility shall isolate any patient if required to prevent the spread of infection.

(d) Provide for the maintenance of records of infections and the corrective actions taken when infections occurred.

3. A facility shall ensure that:

(a) An employee with a communicable disease or an infected skin lesion does not come into direct contact with patients in the facility or their food if such contact may result in the transmission of the disease.

(b) Employees wash their hands after any direct contact with a patient if required by accepted professional practices.

4. Linens must be handled, stored, processed and transported in a manner which prevents the spread of infection.

5. The medical records of each patient in the facility must include documentation that the patient has been tested for tuberculosis in accordance with the provisions of [NAC 441A.380](#).

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

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NAC 449.74475 Vision and hearing. ([NRS 449.037](#)) A facility for skilled nursing shall:

1. Ensure that each patient in the facility receives proper treatment and devices for his vision and hearing.
2. Assist a patient, if necessary, in making appointments for the treatment of his vision and hearing.
3. If necessary, arrange transportation for a patient to visit a practitioner for the treatment of his vision or hearing or to obtain devices needed for his vision or hearing.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74477 Pressure sores. ([NRS 449.037](#)) Based on the comprehensive assessment of a patient conducted pursuant to [NAC 449.74433](#), a facility for skilled nursing shall ensure that a patient:

1. Who is admitted to the facility without pressure sores does not develop pressure sores unless the development of pressure sores is unavoidable because of the medical condition of the patient; and
2. With pressure sores receives the services and treatment needed to promote healing, prevent infection and prevent new sores from developing.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74479 Urinary problems. ([NRS 449.037](#)) Based on the comprehensive assessment of a patient conducted pursuant to [NAC 449.74433](#), a facility for skilled nursing shall ensure that a patient:

1. Who is admitted to the facility without an indwelling catheter is not required to use a catheter unless catheterization is unavoidable because of the medical condition of the patient; and
2. Who is incontinent receives the services and treatment needed to prevent the infection of his urinary tract and restore the normal function of his bladder.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74481 Range of motion. ([NRS 449.037](#)) Based on the comprehensive assessment of a patient conducted pursuant to [NAC 449.74433](#), a facility for skilled nursing shall ensure that:

1. The range of motion of a patient admitted to the facility is not reduced unless the reduction is unavoidable because of the medical condition of the patient; and
2. A patient with a limited range of motion receives the services and treatment needed to increase his range of motion and to prevent any further loss in his range of motion.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74483 Mental or psychosocial behavior. ([NRS 449.037](#)) Based on the comprehensive assessment of a patient conducted pursuant to [NAC 449.74433](#), a facility for skilled nursing shall ensure that a patient:

1. Who is having difficulty adjusting to his environment and is exhibiting abnormal mental or psychosocial behavior receives the services and treatment needed to correct the assessed problem; and
2. Whose assessment does not indicate any difficulty adjusting to his environment or abnormal mental or psychosocial behavior does not become withdrawn, angry or depressed or

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decrease his social interaction unless such behavior is unavoidable because of the medical condition of the patient.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74485 Nasogastric tubes. ([NRS 449.037](#)) Based on the comprehensive assessment of a patient conducted pursuant to [NAC 449.74433](#), a facility for skilled nursing shall ensure that a patient who is:

1. Able to feed himself with or without assistance is not fed with a nasogastric tube unless a nasogastric tube is unavoidable because of the medical condition of the patient; and

2. Fed with a nasogastric tube receives the services and treatment needed to:

(a) Prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities and nasal-pharyngeal ulcers; and

(b) Restore, if possible, normal eating skills.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74487 Nutritional health; hydration. ([NRS 449.037](#))

1. Based on the comprehensive assessment of a patient conducted pursuant to [NAC 449.74433](#), a facility for skilled nursing shall ensure that:

(a) The nutritional health of the patient is maintained, including, without limitation, the maintenance of his weight and levels of protein, unless the nutritional health of the patient cannot be maintained because of his medical condition.

(b) The patient receives a therapeutic diet if such a diet is required by the patient.

2. A facility for skilled nursing shall provide each patient in the facility with sufficient fluids to maintain proper hydration and health.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74489 Physical or chemical restraint of patients. ([NRS 449.037](#))

1. A facility for skilled nursing shall not use physical or chemical restraints on a patient to discipline the patient or for the convenience of members of the staff.

2. Physical or chemical restraints may be used only if required to treat a patient's medical symptoms.

3. As used in this section:

(a) "Chemical restraints" means a psychopharmacologic drug that is not required to treat the medical symptoms of a patient, but is used to discipline a patient or for the convenience of members of the staff of a facility for skilled nursing.

(b) "Physical restraints" means any manual method or physical or mechanical device, material or equipment attached or adjacent to a patient's body that cannot be removed easily by the patient and restricts the freedom of movement of the patient or normal access to the patient's body.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74491 Prohibition of certain practices regarding patients; investigation of certain violations and injuries to patients; unfit employees. ([NRS 449.037](#))

1. A facility for skilled nursing shall adopt and carry out written policies and procedures that prohibit:

(a) The mistreatment and neglect of the patients in the facility;

(b) The verbal, sexual, physical and mental abuse of the patients in the facility;

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- (c) Corporal punishment and involuntary seclusion; and
- (d) The misappropriation of the property of the patients in the facility.

2. A facility for skilled nursing shall adopt procedures which ensure that all alleged violations of the policies adopted pursuant to subsection 1 and injuries to patients of unknown origin are reported immediately to the administrator of the facility, to the Bureau and to other officials in accordance with state law, and are thoroughly investigated. The procedures must ensure that further violations are prevented while the investigation is being conducted.

3. The results of any investigation must be reported:

(a) To the administrator of the facility or his designated representative and to the Bureau within 5 working days after the alleged violation is reported.

(b) In the manner prescribed in [NRS 200.5093](#) and [432B.220](#) and [chapter 433](#) of NRS.

↪ The administrator of the facility shall take appropriate action to correct any violation.

4. A facility for skilled nursing:

(a) Shall not employ a person if:

(1) He has been convicted of abusing, neglecting or mistreating a patient; or

(2) A finding that he has abused, neglected, mistreated or misappropriated the property of a patient has been entered in the state nursing assistants registry maintained by the State Board of Nursing.

(b) Shall report to the State Board of Nursing, the Bureau or another appropriate occupational licensing board any judicial action taken against an employee or former employee of the facility which would indicate that the employee is unfit to be employed as a member of the staff of a facility for skilled nursing.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74493 Notification of changes or condition of patient. ([NRS 449.037](#))

1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician when:

(a) The patient has been injured in an accident and may require treatment from a physician;

(b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life;

(c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment;

(d) The patient will be transferred or discharged from the facility;

(e) The patient will be assigned to another room or assigned a new roommate; or

(f) There is any change in federal or state law that affects the rights of the patient.

2. A facility for skilled nursing shall maintain in its records and periodically revise the address and telephone number of a patient's legal representative and interested members of the patient's family.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74495 Development of program of activities. ([NRS 449.037](#))

1. A facility for skilled nursing shall provide for each patient in the facility a program of activities that is developed in accordance with the comprehensive assessment of the patient conducted pursuant to [NAC 449.74433](#).

2. The program of activities must be directed by a member of the staff who:

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(a) Is a therapeutic recreational specialist or activities specialist and is eligible for certification by an organization for accrediting such specialists;

(b) Within the preceding 5 years, has at least 2 years of experience working in a social or recreational program, 1 year of which was as a full-time employee in a patient activities program in a health care setting;

(c) Is a licensed occupational therapist or occupational therapy assistant; or

(d) Has completed a course of training for directing programs of activities for patients in a health care setting.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74497 Daily activities of patient. ([NRS 449.037](#))

1. Based on the comprehensive assessment of a patient conducted pursuant to [NAC 449.74433](#), a facility for skilled nursing shall ensure that:

(a) The patient's ability to carry out his daily activities does not diminish unless such diminution is unavoidable because of the medical condition of the patient;

(b) The patient receives the services and treatment needed to maintain or improve his ability to carry out his daily activities; and

(c) The patient receives the services needed to maintain his grooming and personal and oral hygiene, and to ensure good nutrition, if the patient is unable to carry out his daily activities.

2. As used in this section, "daily activities" includes, without limitation:

(a) Bathing, dressing and grooming oneself;

(b) The ability to be ambulatory;

(c) Using the toilet without assistance;

(d) Feeding oneself; and

(e) Using speech, language and other communication systems.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74499 Participation in activities. ([NRS 449.037](#))

1. A facility for skilled nursing shall not prohibit a patient in the facility from:

(a) Participating in activities and maintaining a schedule that are consistent with his interests, assessments and plan of care;

(b) Making choices relating to his health care that are consistent with his plan of care;

(c) Interacting with persons inside and outside of the facility;

(d) Participating in social, religious and community activities that do not interfere with other patients in the facility; and

(e) Making such other choices relating to his activities within the facility that are of significance to the patient.

2. A patient in a facility for skilled nursing may organize and participate in groups formed to interact with other patients in the facility and with the members of their families. A facility for skilled nursing shall provide a private area within the facility in which the members of such a group may meet.

3. A member of the staff of the facility or a visitor to the facility may attend a meeting of such a group if granted permission to do so by the members of the group.

4. A facility for skilled nursing shall designate a member of its staff to provide assistance for and respond to the requests of such a group.

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5. The administrator of a facility for skilled nursing shall ensure that any grievances or recommendations submitted by the members of such a group relating to the operation of the facility are given consideration and acted upon appropriately.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

Staff and Attending Physicians

NAC 449.74511 Personnel policies; personnel records. ([NRS 449.037](#))

1. A facility for skilled nursing shall adopt written policies for the personnel employed at the facility.

2. The written policies must:

(a) Include the duties and responsibilities of, and the qualifications required for, each position at the facility;

(b) Include the conditions of employment for each position at the facility;

(c) Include the policies and objectives of the facility related to training while on the job and requirements for continuing education; and

(d) Be periodically reviewed and made available to each employee of the facility.

3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation:

(a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee;

(b) Such health records as are required by [chapter 441A](#) of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with [NAC 441A.375](#); and

(c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of [NRS 449.188](#).

4. A facility shall make its personnel records available to the Bureau for inspection upon request.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74513 Medical director. ([NRS 449.037](#))

1. A facility for skilled nursing shall employ a medical director who is licensed to practice medicine in this State.

2. The medical director shall:

(a) Carry out the policies of the facility related to the medical care of its patients; and

(b) Coordinate the medical care provided by the facility.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74515 Physicians. ([NRS 449.037](#))

1. A patient may be admitted to a facility for skilled nursing only upon the written approval of a physician. Upon a patient's admission to the facility, the facility shall ensure that orders for the immediate care of the patient have been received from the patient's attending physician.

2. Each patient admitted to a facility for skilled nursing must remain under the care of a physician.

3. A facility for skilled nursing shall ensure that:

(a) The medical care of each patient in the facility is supervised by a physician; and

(b) A physician other than the attending physician of a patient supervises the care of that patient when the attending physician is not available.

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4. A patient in a facility for skilled nursing must be visited by a physician at least once every 30 days for the first 90 days after his admission to the facility, and at least once every 60 days thereafter. For the purposes of this subsection, a visit from a physician shall be deemed to be timely if it occurs not later than 10 days after the date on which the visit is required. Except as otherwise provided in this section, each visit required by this subsection must be made by the physician.

5. At each visit to a patient required by subsection 4:

(a) The patient's plan of care must be reviewed, including, without limitation, the medications and treatments prescribed for the patient;

(b) Progress notes of the visit must be prepared, signed and dated; and

(c) Any orders for the treatment of the patient must be signed and dated.

6. After the initial visit to a patient is made by a physician, every other visit to the patient may be made by a physician assistant, nurse practitioner or clinical nurse specialist on behalf of the physician if the physician assistant, nurse practitioner or clinical nurse specialist is acting:

(a) Within the authorized scope of his practice and under the supervision of the physician; and

(b) In accordance with state law and the policies of the facility for skilled nursing.

7. A facility for skilled nursing shall provide or arrange for the provision of physicians' services 24 hours a day in the case of an emergency.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74517 Nursing staff. ([NRS 449.037](#))

1. A facility for skilled nursing shall ensure that there is a sufficient number of members of the nursing staff on duty at all times to provide nursing care to and attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient in the facility in accordance with his plan of care.

2. A facility for skilled nursing shall employ a full-time registered nurse to act as the chief administrative nurse. The chief administrative nurse must have:

(a) At least 3 years of experience providing nursing care in a hospital or facility for long-term care; and

(b) Experience supervising other employees.

3. A licensed practical nurse must be designated on each shift as the nurse in charge. The chief administrative nurse may be designated as the nurse in charge only if the facility has an average daily occupancy of not more than 60 patients.

4. A registered nurse must be on duty at a facility for skilled nursing for at least 8 consecutive hours per day, 7 days a week.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74519 Nursing assistants and nursing assistant trainees. ([NRS 449.037](#))

1. A facility for skilled nursing shall not employ a person as a nursing assistant trainee, full time, temporarily or under contract:

(a) Until the facility obtains from the training program required for certification as a nursing assistant in which the person is enrolled, verification that the person has completed 16 hours of instruction in the classroom or is awaiting the results of a certification examination.

(b) For more than 4 months.

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2. A facility for skilled nursing shall ensure that each nursing assistant employed by the facility is able to demonstrate competency in skills and techniques that are necessary to care for the patients in the facility in accordance with each patient's plan of care.

3. A performance review must be completed for each nursing assistant employed by a facility for skilled nursing at least annually. Based on the results of the review, a facility shall provide training to a nursing assistant to ensure his competency. The training must:

(a) Comply with any requirements for training adopted by the State Board of Nursing pursuant to [chapter 632](#) of NRS;

(b) Be at least 12 hours per year;

(c) Address any areas of weakness indicated in the review and may address the special needs of the patients in the facility as determined by the personnel of the facility; and

(d) If the nursing assistant provides services to patients with cognitive impairments, address the care of such patients.

4. A facility for skilled nursing shall not employ a nursing assistant if, for a period of 24 consecutive months after his completion of the training program required for certification as a nursing assistant, he has not provided nursing services or services related to nursing for monetary compensation.

5. As used in this section:

(a) "Nursing assistant" has the meaning ascribed to it in [NRS 632.0166](#).

(b) "Nursing assistant trainee" has the meaning ascribed to it in [NRS 632.0168](#).

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74521 Other health care professionals. ([NRS 449.037](#))

1. A facility for skilled nursing shall employ full time, part time or as consultants such health care professionals as are necessary to provide adequate care for each patient in the facility and to carry out the provisions of [NAC 449.744](#) to [449.74549](#), inclusive.

2. A health care professional employed by a facility for skilled nursing shall comply with accepted professional standards applicable to the services provided by the health care professional.

3. If a facility for skilled nursing does not employ a person to furnish a service required by the facility, the facility shall obtain that service from a qualified outside source. An agreement for obtaining such services must specify, in writing, that the facility assumes responsibility for:

(a) Obtaining services that comply with accepted professional standards applicable to the services being obtained; and

(b) The timely delivery of such services.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74522 Employees of facility which provides care to persons with dementia. ([NRS 449.0357](#), [449.037](#))

1. Except as otherwise provided in subsection 4, each person who is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, who has direct contact with and provides care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia:

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- (a) In his first year of employment with a facility for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and
 - (b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment.
2. The hours of continuing education required to be completed pursuant to this section:
- (a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and
 - (b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education.
3. Each facility for skilled nursing shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section.
4. A person employed by a facility for skilled nursing 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 continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months.
5. As used in this section, "continuing education specifically related to dementia" includes, without limitation, instruction regarding:
- (a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer's disease, which includes instruction on the symptoms, prognosis and treatment of the disease;
 - (b) Communicating with a person with dementia;
 - (c) Providing personal care to a person with dementia;
 - (d) Recreational and social activities for a person with dementia;
 - (e) Aggressive and other difficult behaviors of a person with dementia; and
 - (f) Advising family members of a person with dementia concerning interaction with the person with dementia.
- (Added to NAC by Bd. of Health by R067-04, 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. R067-04), the source of this section (section 3 of the regulation), contains the following provisions not included in NAC:

- "1. Each person who on August 4, 2004, is employed by a facility for skilled nursing 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 continuing education specifically related to dementia required pursuant to section 3 of this regulation [[NAC 449.74522](#)], shall complete at least 8 hours of continuing education specifically related to dementia within 12 months after August 4, 2004, unless the person has completed the training within the 12 months before August 4, 2004.
- 2. Evidence that such a person has completed the training required pursuant to subsection 1 must be included in his personnel file and must be kept at the facility."

Provision of Services

NAC 449.74523 Social services. ([NRS 449.037](#))

- 1. A facility for skilled nursing shall provide medically-related social services that are designed to assist the patients in the facility in enhancing or restoring their ability to function physically, socially and economically.
- 2. The social services provided must:
 - (a) Identify and meet the social and emotional needs of each patient in the facility.

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(b) Assist each patient and the members of his family in adjusting to the effects of the patient's illness or disability, to his treatment and to his stay in the facility.

(c) Include adequate planning upon the patient's discharge from the facility to ensure that appropriate community and health resources are used.

3. A facility for skilled nursing shall employ full time or under contract an adequate number of social workers and other personnel who are appropriately trained, experienced and qualified to plan, provide and evaluate the social services provided to the patients in the facility. Each social worker employed by the facility must be licensed to engage in social work as a social worker pursuant to [chapter 641B](#) of NRS. The facility shall adopt and carry out a plan requiring any social worker employed by the facility who has not completed at least 1 year of training or experience related to providing social services to patients in a facility for skilled nursing to consult with a social worker with such training or experience.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74525 Dietary services. ([NRS 449.037](#))

1. A facility for skilled nursing shall employ full time, part time or as a consultant, a person who is registered as a dietitian by the Commission on Dietetic Registration of the American Dietetic Association. If a registered dietitian is not employed full time, the facility shall designate a person to serve as the director of food service who receives frequently scheduled consultations from a registered dietitian.

2. A facility shall employ an adequate number of qualified and competent personnel to provide food service to the patients in the facility.

3. Menus must be planned in advance and followed to meet the nutritional needs of the patients in the facility in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

4. A facility shall provide to each patient in the facility:

(a) Food that is prepared to conserve the nutritional value and flavor of the food.

(b) Food that is nourishing, palatable, attractive and served at the proper temperature.

(c) A well-balanced diet that meets the daily nutritional and special dietary needs of the patient.

(d) Who refuses the food that is regularly served by the facility, a substitute of similar nutritional value.

5. A therapeutic diet served to a patient by a facility must be prescribed by the attending physician of the patient.

6. A facility shall serve to each patient in the facility at least three meals daily, at such times as are comparable to regular mealtimes within the community in which the facility is located. A snack must be offered to each patient daily at bedtime. Except as otherwise provided in this subsection, breakfast must be served not more than 14 hours after the previous evening meal. If a nourishing snack is served at bedtime, breakfast may be served not more than 16 hours after the previous evening meal if approved by a group of patients organized pursuant to [NAC 449.74499](#).

7. A facility shall provide special eating equipment and utensils to each patient who requires them.

8. A facility shall:

(a) Comply with the applicable provisions of [chapter 446](#) of NRS and the regulations adopted pursuant thereto and obtain such permits as are necessary from the Bureau of Health Protection Services of the Health Division for the preparation and service of food;

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(b) Maintain a report of each inspection concerning the sanitation of the hospital for at least 1 year after the date of the inspection;

(c) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (b) for at least 1 year after the date of the corrective action;

(d) Procure food from sources that are approved or considered satisfactory by federal, state and local authorities;

(e) Store, prepare and serve food under sanitary conditions; and

(f) Dispose of refuse and garbage properly.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99; A by R067-04, 8-4-2004)

NAC 449.74527 Specialized rehabilitative services. ([NRS 449.037](#))

1. A facility for skilled nursing shall provide to a patient in the facility, according to his plan of care, specialized rehabilitative services, including, without limitation, physical therapy, speech pathology, occupational therapy and services for mental illness and mental retardation. Such services must be provided by the facility or obtained from qualified outside sources pursuant to [NAC 449.74521](#).

2. Specialized rehabilitative services may be provided to a patient in a facility only upon the written order of a physician.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74529 Dental services. ([NRS 449.037](#)) A facility for skilled nursing shall:

1. Provide or obtain from qualified outside sources pursuant to [NAC 449.74521](#), routine and emergency dental services required to meet the needs of each patient in the facility;

2. Assist patients in the facility with obtaining routine and emergency dental care by:

(a) Making appointments; and

(b) Arranging for transportation to and from a dentist's office; and

3. Promptly refer a patient with lost or damaged dentures to a dentist.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74531 Pharmaceutical services. ([NRS 449.037](#))

1. A facility for skilled nursing shall provide such pharmaceutical services, including, without limitation, acquiring, receiving, dispensing and administering drugs and biologicals, as are required to meet the needs of the patients in the facility. The facility shall provide such drugs and biologicals as are needed or obtain them from qualified outside sources pursuant to [NAC 449.74521](#).

2. A facility for skilled nursing shall employ or otherwise obtain the services of a registered pharmacist. The registered pharmacist shall:

(a) Provide consultations on all matters relating to the pharmaceutical services provided by the facility;

(b) Establish a system of records for the receipt and disposition of all controlled substances in the facility in sufficient detail to ensure an accurate reconciliation; and

(c) Ensure that those records are in order and that an account of all controlled substances in the facility is maintained and periodically reconciled.

3. The regimen of drugs for each patient in the facility must be reviewed at least once each month by a registered pharmacist. The pharmacist shall report any irregularities he discovers to the patient's attending physician and the chief administrative nurse of the facility. The physician

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and chief administrative nurse shall take such actions as they deem necessary in response to the report.

4. Drugs and biologicals used by a facility must be:

(a) Labeled in accordance with state and federal law and accepted professional standards.

Each label must include the appropriate accessory and cautionary instructions and the expiration date, if applicable.

(b) Stored in accordance with state and federal law in locked compartments with proper controls for the temperature. Only authorized personnel may have access to the keys to unlock the compartments. Substances listed as schedule II controlled substances pursuant to [chapter 453](#) of NRS and other drugs that have the potential for abuse must be stored separately in a locked compartment that is immovable, unless the facility uses a system to distribute the substances or drugs in single-unit packages, the quantity stored is minimal and a dosage that is missing can be readily detected.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74533 Laboratory services. ([NRS 449.037](#))

1. A facility for skilled nursing shall provide laboratory services to meet the needs of the patients in the facility or contract with a laboratory to obtain such services.

2. If a facility for skilled nursing has its own laboratory, it must be a licensed clinical laboratory under the provisions of [chapter 652](#) of NRS and comply with the provisions of 42 C.F.R. Part 493. The provisions of this subsection do not prohibit a licensed nurse from performing laboratory tests pursuant to [NRS 652.217](#).

3. If the facility contracts with a laboratory for its services, that laboratory must be:

(a) A licensed clinical laboratory under the provisions of [chapter 652](#) of NRS; and

(b) Certified in the specialties and subspecialties required by the facility in accordance with the provisions of 42 C.F.R. Part 493.

4. A facility for skilled nursing shall:

(a) Provide or obtain only such laboratory tests as are ordered by the attending physician of a patient in the facility;

(b) Promptly notify the attending physician of the results of those tests;

(c) Arrange transportation for a patient to obtain laboratory tests ordered by the patient's attending physician, if the patient requires such assistance; and

(d) Include in the medical records of a patient all reports of the results of laboratory tests ordered for the patient. The reports must include:

(1) The date on which the tests were performed; and

(2) The name and address of the laboratory performing the tests.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74535 Radiological and other diagnostic services. ([NRS 449.037](#))

1. A facility for skilled nursing shall provide radiological and other diagnostic services to meet the needs of the patients in the facility or contract with qualified outside sources to obtain such services.

2. If a facility for skilled nursing provides radiological and other diagnostic services, it shall comply with applicable state law related to the provision of such services.

3. A facility for skilled nursing shall:

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- (a) Provide or obtain only such radiological and other diagnostic tests as are ordered by the attending physician of a patient in the facility;
 - (b) Promptly notify the attending physician of the results of those tests;
 - (c) Arrange transportation for a patient to obtain radiological and other diagnostic tests ordered by the patient's attending physician, if the patient requires such assistance; and
 - (d) Include in the medical records of a patient all reports of the results of radiological and other diagnostic tests ordered for the patient. The reports must:
 - (1) Include the date on which the tests were performed; and
 - (2) Be signed by the person performing the tests.
- (Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74537 Special services. ([NRS 449.037](#)) A facility for skilled nursing shall ensure that a patient in the facility receives the following special services if needed:

1. Injections.
2. Parenteral and enteral fluids.
3. Colostomy, ureterostomy and ileostomy care.
4. Tracheostomy care.
5. Tracheal suctioning.
6. Respiratory care.
7. Foot care.
8. Prostheses.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

Physical Environment

NAC 449.74539 General requirements. ([NRS 449.037](#)) A facility for skilled nursing shall:

1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public;
2. Care for each patient in the facility in a manner that promotes the dignity of the patient and his quality of life;
3. Ensure that the environment of the facility is free of hazards that would cause accidents;
4. Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents;
5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment;
6. Adopt procedures to ensure that water is available to the essential areas of the facility if there is an interruption in the facility's normal supply of water;
7. Equip corridors with firmly secured handrails on each side;
8. Provide adequate and comfortable levels of lighting in all areas of the facility;
9. Provide comfortable levels of sound in all areas of the facility;
10. Maintain an effective program to control pests in order to ensure that the facility is free from pests and rodents;
11. Have adequate outside ventilation by means of windows or mechanical ventilation, or both; and
12. Provide safe and comfortable levels of temperature in the facility. The temperature of the facility must be maintained at a level that is not less than 71 degrees Fahrenheit and not more than 81 degrees Fahrenheit.

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(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99)

NAC 449.74543 Design, construction, equipment and maintenance: General requirements; prerequisites to approval of facility for licensure. ([NRS 449.037](#))

1. A facility for skilled nursing must be designed, constructed, equipped and maintained in a manner that protects the health and safety of the patients and personnel of the facility and members of the general public.

2. Except as otherwise provided in this section:

(a) A facility for skilled nursing shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to [NAC 449.0105](#).

(b) Any new construction, remodeling or change in use of a facility for skilled nursing must comply with the *Guidelines for Design and Construction of Hospital and Health Care Facilities*, adopted by reference pursuant to [NAC 449.0105](#), unless the remodeling is limited to refurbishing an area within the facility, including, without limitation, painting the area, replacing the flooring, repairing windows, or replacing window and wall coverings.

3. A facility for skilled nursing shall be deemed to be in compliance with the provisions of subsection 2 if:

(a) The facility is licensed on January 1, 1999, the use of the physical space in the facility is not changed and there are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public health and welfare; or

(b) The facility has submitted building plans to the Bureau before February 1, 1999, and:

(1) The Bureau determines that the plans comply with standards for construction in effect before December 11, 1998;

(2) The facility is constructed in accordance with those standards;

(3) Construction of the facility is begun before August 1, 1999; and

(4) There are no deficiencies in the construction of the facility that are likely to cause serious injury, harm or impairment to the public health and welfare.

4. Except as otherwise provided in subsection 5, a facility for skilled nursing shall comply with all applicable:

(a) Federal and state laws;

(b) Local ordinances, including, without limitation, zoning ordinances; and

(c) Life safety, environmental, health, fire and local building codes,

↪ related to the construction and maintenance of the facility. If there is a difference between state and local requirements, the more stringent requirements apply.

5. A facility for skilled nursing which is inspected and approved by the State Public Works Board in accordance with the provisions set forth in [chapter 341](#) of NRS and [chapter 341](#) of NAC is not required to comply with any applicable local building codes related to the construction and maintenance of the facility.

6. A facility for skilled nursing shall submit building plans for new construction or remodeling to the entity designated to review such plans by the Health Division pursuant to [NAC 449.0115](#). The entity's review of those plans is advisory only and does not constitute approval for the licensing of the facility. Before the construction or remodeling may begin, the plans for the construction or remodeling must be approved by the Health Division. The Bureau shall not approve a facility for licensure until all construction is completed and a survey is conducted at the site of the facility.

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(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99; A by R076-01, 10-18-2001; R067-04, 8-4-2004).

NAC 449.74549 Patients' rooms. ([NRS 449.037](#))

1. A patient's room within a facility for skilled nursing must be designed and equipped in a manner that allows adequate nursing care to be provided and provides comfort and privacy for the patient.

2. A facility for skilled nursing shall provide to each patient in the facility:

- (a) A separate bed of proper size and height for the convenience of the patient;
- (b) A clean, comfortable mattress;
- (c) Bedding that is appropriate for the weather and climate;
- (d) Clean linens for his bed and bath that are in good condition; and
- (e) Furniture that is appropriate for the patient's needs.

(Added to NAC by Bd. of Health by R051-99, eff. 9-27-99; A by R067-04, 8-4-2004).