

5. If a licensee of an independent center for emergency medical care ceases the operation of the center, he shall notify the Health Division of the arrangements made for the safe preservation of and access to the medical records of each patient.

6. The records of each patient discharged from an independent center for emergency medical care must be completed within 30 days after the date of discharge.

(Added to NAC by Bd. of Health, eff. 11-1-95)

**NAC 449.61384 Contents of medical records.** ([NRS 449.037](#)) The medical record of each patient of an independent center for emergency medical care must be complete, authenticated, accurate and current. Each medical record must contain the following:

1. A complete identification of the patient, including information on his next of kin and the person or agency who is legally or financially responsible for the patient;

2. A statement concerning the admission and diagnosis of the patient;

3. The medical history of the patient;

4. Evidence of any informed consent given by the patient or his legal guardian for the care of the patient;

5. Any clinical observation of the patient, including notes of a physician, nurse or any other professional in attendance;

6. Reports of all prescribed tests and examinations of the patient;

7. Confirmation of the original diagnosis or, if the diagnosis changed, the diagnosis at the time of discharge;

8. A summary of the discharge of the patient prepared in accordance with established policy, including any provisions made for the continuing care or follow-up treatment of the patient after his discharge; and

9. If the patient has died, the documentation of death and necropsy report, if available.

(Added to NAC by Bd. of Health, eff. 11-1-95)

## INTERMEDIATE CARE FACILITIES

### General Provisions

**NAC 449.614 Definitions.** ([NRS 449.037](#)) As used in [NAC 449.614](#) to [449.743](#), inclusive, unless the context otherwise requires, the words and terms defined in [NAC 449.617](#) to [449.659](#), inclusive, have the meanings ascribed to them in those sections.

(Supplied in codification; A by Bd. of Health by R066-04, 8-4-2004)

**NAC 449.617 “Administrator” defined.** ([NRS 449.037](#)) “Administrator” means a licensee or a person appointed by the licensee who has the responsibility for the management of a facility.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.2, eff. 12-5-75]

**NAC 449.620 “Developmentally disabled person” defined.** ([NRS 449.037](#)) “Developmentally disabled person” means a person who has a condition manifested in childhood which is attributable to mental retardation, cerebral palsy, epilepsy or other neurological conditions similar to or requiring treatment similar to that required by mental retardation.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.3, eff. 12-5-75]

**NAC 449.623 “Facility” defined.** ([NRS 449.037](#)) “Facility” means an intermediate care facility.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.5, eff. 12-5-75]

**NAC 449.629 “Intermediate care facility as a distinct part of a health and care facility furnishing more than one level of care” defined. ([NRS 449.037](#))**

1. “Intermediate care facility as a distinct part of a health and care facility furnishing more than one level of care” means an intermediate care facility which is an entire unit such as a clearly identifiable ward or contiguous wards, wing, floor or building consisting of all beds and related facilities in the unit and housing all intermediate care residents. It is clearly identified and is licensed by the Health Division as an intermediate care facility.

2. The distinct part may share such central services and facilities as management services, dietary, maintenance and laundry with other units.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 1.1.2 & 1.1.2.1, eff. 12-5-75]

**NAC 449.632 “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” means a facility which offers specialized services to the mentally retarded or persons with related conditions.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.1.1, eff. 12-5-75]

**NAC 449.635 “Licensee” defined. ([NRS 449.037](#))** “Licensee” means the person, corporation, partnership, voluntary association, or other public or private organization responsible for the overall operation of an intermediate care facility.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.6, eff. 12-5-75]

**NAC 449.638 “Long-term care facility” defined. ([NRS 449.037](#))** “Long-term care facility” means an intermediate care facility, a skilled nursing facility or a chronic disease hospital.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.7, eff. 12-5-75]

**NAC 449.641 “Mentally retarded person” defined. ([NRS 449.037](#))** “Mentally retarded person” means a person having a condition of significantly subaverage intellectual functions existing concurrently with deficits in adaptive behavior. The condition manifests itself during the developmental period before the age of 18.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.8, eff. 12-5-75]

**NAC 449.644 “Mixed facility” defined. ([NRS 449.037](#))** “Mixed facility” means a skilled nursing facility which also admits residents of an intermediate care facility who receive care and services appropriate to their needs. Residents are discriminately assigned to beds in the facility and are not assigned to a distinct part of the facility.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.9 eff. 12-5-75]

**NAC 449.647 “New facility” defined. ([NRS 449.037](#))** “New facility” means an intermediate care facility which is a newly built structure or an intermediate care facility which is under new ownership.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.13, eff. 12-5-75]

**NAC 449.650 “Nursing home” defined. ([NRS 449.037](#))** “Nursing home” means an intermediate care facility or a skilled nursing facility.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.10, eff. 12-5-75]

**NAC 449.653 “Patient in an intermediate care facility I” defined.** ([NRS 449.037](#)) “Patient in an intermediate care facility I” means a resident who requires 24-hour supervision under the care of a licensed vocational nurse but needs only periodic professional treatment, observation and evaluation.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.1.3, eff. 12-5-75]

**NAC 449.656 “Patient in an intermediate care facility II” defined.** ([NRS 449.037](#)) “Patient in an intermediate care facility II” means a resident who requires 24-hour supervision under the care of a registered nurse. The resident requires observation, evaluation and assistance with personal care continuously.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.1.4, eff. 12-5-75]

**NAC 449.659 “Resident” defined.** ([NRS 449.037](#)) “Resident” means a patient in an intermediate care facility.

[Bd. of Health, Intermediate Care Facilities Reg. § 1.12, eff. 12-5-75]

#### **Licensing**

**NAC 449.668 Provisional licenses.** ([NRS 449.037](#)) The Health Division may issue a provisional license to a facility which:

1. Is in operation at the time of the adoption of new regulations, to provide a reasonable time, not to exceed 1 year from the effective date of the regulations, within which to comply with the new regulations; or
2. Has failed to comply with [NAC 449.614](#) to [449.743](#), inclusive, but which is in the process of making necessary changes or has agreed in writing to effect changes within a reasonable time specified by the Health Division, not to exceed 1 year.

[Bd. of Health, Intermediate Care Facilities Reg. § 2.6, eff. 12-5-75; A 12-27-77]

#### **Administration and Personnel**

**NAC 449.671 Financing; liability insurance.** ([NRS 449.037](#))

1. Each facility shall:

- (a) Have a sound plan for financing which assures sufficient funds to provide proper care for residents and to carry out the stated purposes, programs and services;
- (b) If it is a new facility, have reasonable expectations of sufficient funds to carry it through the first 4 months of operation and be able to furnish evidence to that effect;
- (c) Maintain a recognized financial accounting and reporting system which fulfills all requirements established by the Commissioner of Insurance pursuant to [chapter 449](#) of NRS.

2. Liability insurance is required in amounts appropriate for the protection of residents, employees, volunteers and visitors to the facility. A certificate of insurance must be furnished to the Health Division as evidence that the policy is in force. Each insurance policy must contain an endorsement providing for 30 days notice to the Health Division, Capitol Complex, Carson City, Nevada 89710, before the effective date of cancellation or the nonrenewal of the policy.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 3.9-3.10.2, eff. 12-5-75]

**NAC 449.674 Administrator: Qualifications.** ([NRS 449.037](#))

1. A facility must be administered by a person licensed in Nevada as a nursing home administrator, except in the case of intermediate care facilities for the mentally retarded.

2. If a hospital is qualifying as a facility, it must be administered by the administrator of the hospital.

3. The administrator shall have the necessary authority and responsibility for the management of the facility and the implementation of administrative policies.

4. The administrator may be designated as the resident services director pursuant to [NAC 449.677](#).

[Bd. of Health, Intermediate Care Facilities Reg. §§ 5.1-5.3, eff. 12-5-75]

**NAC 449.677 Employees: General requirements. ([NRS 449.037](#))**

1. A facility must maintain methods of administrative management which assure that:

(a) There are on duty, all hours of each day, members of the staff sufficient in number and qualifications to carry out the policies, responsibilities and programs of the facility; and

(b) The numbers and categories of personnel are adequate for the number of residents and their particular needs.

2. There must be an orientation program for all new employees that includes the review of all policies of the facility. An educational program must be planned and conducted for the development and improvement of skills of all of the facility's personnel. Records must be maintained which indicate the content of and participation in all orientation and developmental programs.

3. The administrator or any person on the professional staff of the facility must be designated as resident services director and assigned the responsibility for the coordination and monitoring of the overall plan of care for the residents.

4. The facility must maintain effective arrangements for required institutional services. There must be written agreements with outside resources in those instances where the facility does not employ a qualified professional person to render a required institutional service. The responsibilities, functions, objectives and terms of the agreement with each outside resource must be delineated in writing and signed by the administrator or authorized representative and the outside resource. These services may include physical, occupational or speech therapy and social, dental or dietetic services.

5. A designated member of the staff who is suited by training or experience must be responsible for arranging social services and for the integration of social services with other elements of the overall plan of care.

6. A member of the staff who is qualified by experience or training in directing group activities must be responsible for the program of activities.

7. A designated member of the staff who is suited by training or experience in food management or nutrition must be responsible for planning and supervising menus and meals.

8. The facility must furnish the Health Division with such information from payroll records as may be requested regarding staffing patterns.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 6.1-6.8, eff. 12-5-75]

**NAC 449.680 Employees: Health; physical examinations. ([NRS 449.037](#))**

1. A facility must maintain evidence that members of the staff are free from health problems which would have a harmful effect on the residents or would interfere with the effective functioning of the program.

2. All persons employed in intermediate care facilities must have a preemployment physical examination or certification of a 3-year health record from a physician and a skin test or chest X ray for tuberculosis.

3. An annual skin test or chest X ray for tuberculosis is required after employment. If a positive skin test is found, then a chest X ray is required.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 12.1 & 12.2, eff. 12-5-75]

**NAC 449.681 Employees of facility which provides care to persons with dementia: Continuing education. ([NRS 449.0357](#), [449.037](#))**

1. Except as otherwise provided in subsection 4, each person who is employed by a facility 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:

(a) In his first year of employment with a facility, 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 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 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 R066-04, 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. R066-04), the source of this section (section 22 of the regulation), contains the following provisions not included in NAC:

"1. Each person who on August 4, 2004, is employed by a facility 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 22 of this regulation [[NAC 449.681](#)], 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.”

### **Construction and Operation: Generally**

#### **NAC 449.685 Design, construction, equipment and maintenance: General requirements; prerequisites to approval of facility for licensure. ([NRS 449.037](#))**

1. A facility 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 and [NAC 449.732](#) to [449.743](#), inclusive:

(a) A facility 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 the use of a facility 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 in the area, repairing windows in the area, and replacing window or wall coverings in the area.

3. A facility shall be deemed to be in compliance with the provisions of subsection 2 if the facility is licensed on February 1, 2004, 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.

4. Except as otherwise provided in subsection 5, a facility 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 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 relating to the construction and maintenance of the facility.

6. A facility 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.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

#### **NAC 449.692 Sanitary requirements. ([NRS 449.037](#))**

1. A facility must meet all state and local environmental health standards.

2. The quality and type of food service equipment must be appropriate to the type of food service program and approved by fire and health authorities.

3. Environmental health inspection reports must be on file in the facility and note the date and nature of the correction of any deficiency within a reasonable period following the report not to exceed 3 months. Copies of reports must be sent by the inspector to the Health Division.



4. Cleaning of the premises and equipment must be performed as needed to protect the health of the residents and staff. The facility must have the necessary cleaning and maintenance equipment with storage facilities and appropriate procedures for regular cleaning and routine maintenance as evidenced by a clean establishment maintained in good repair. Cleaning equipment, cleaning agents, aerosol cans and other hazardous chemical agents must be stored in areas separate from clean linen, food and other supplies and be inaccessible to residents. Dirty linen storage must be separate from the storage of clean linen, food and other supplies. Items for personal use, such as combs, toothbrushes, towels, bar soap and other similar items, must not be used in common.

5. Soap dispensers and individual disposable towels must be provided at all lavatories and bathrooms designated for use by the staff or the public.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 11.1-11.4, eff. 12-5-75]

**NAC 449.695 Laundry requirements. ([NRS 449.037](#))**

1. Adequate facilities must be provided for the proper and sanitary washing and finishing of linen and other washable goods laundered in the intermediate care facility. The laundry must be situated in an area which is separate and apart from any room where food is stored, prepared or served. The laundry area must be well lighted and ventilated, adequate in size for the needs of the facility, maintained in a sanitary manner and kept in good repair.

2. The temperature of water entering the washer must be 140°F to 150°F (60°C to 65°C).

3. All soiled linen must be collected and transported to the laundry in washable containers in a sanitary manner. Soiled laundry must not be transported through areas used for preparing or serving food. Soiled linen must be handled and stored in such a manner as to prevent contamination of clean linen. A secure area must be provided for the storage of laundry supplies.

4. Clean linen to be stored, dried, ironed or folded must be handled in a sanitary manner. Clean linen must be transferred, stored and distributed in a sanitary manner. Closets which are conveniently located must be provided on each floor for the storage of clean linen and must not be used for any other purpose.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 11.5-11.7.2, eff. 12-5-75]

**NAC 449.698 Fire inspections; hazardous conditions; operation of other business. ([NRS 449.037](#))**

1. At the time of application for a license and at least annually, all facilities must be inspected by the fire or building authority having jurisdiction to ensure that fire and safety requirements are being met. The Health Division may request a fire inspection at any time it deems appropriate.

2. No facility may be located where surrounding conditions may be hazardous to the physical or mental well-being of residents.

3. No other business detrimental to the facility may be conducted on the premises.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 13.4-13.6, eff. 12-5-75]

**NAC 449.701 Preparations for emergencies; reporting of fire or disaster. ([NRS 449.037](#))**

1. A facility must have a written and regularly rehearsed disaster preparedness plan for members of the staff and residents to follow in case of fire, explosion or other emergency.

2. There must be written procedures for personnel to follow in an emergency, including:

(a) The care of the residents and emergency coverage by physicians;

(b) The notification of attending physicians and other persons responsible for the residents;

(c) Arrangements for transportation for hospitalization or other appropriate services; and

(d) Arrangements 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.

3. A facility shall notify the Bureau of the occurrence of a fire or disaster in the facility within 24 hours after the facility becomes aware of the fire or disaster.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 3.6-3.7.3, eff. 12-5-75]—(NAC A by R066-04, 8-4-2004)

**NAC 449.704 Written policies and procedures for facility; admission agreements; transfer agreements. ([NRS 449.037](#))**

1. A facility must have written policies and procedures available to the members of the staff, residents and the public which govern all areas of services provided by the facility.

2. The policies for the admission, transfer and discharge of residents must assure that:

(a) Only those persons are accepted whose needs can be met by the facility directly, in cooperation with community resources or other providers of care with which it is affiliated or has contracts;

(b) As changes occur in their physical or mental condition, necessitating service or care which cannot be adequately provided by the facility, residents are transferred promptly to hospitals, skilled nursing facilities or other appropriate facilities; and

(c) Except in the case of an emergency, the resident, his next of kin, attending physician and the responsible agency, if any, are consulted in advance of the transfer or discharge of any resident, and casework services or other means are utilized to assure that adequate arrangements exist for meeting his needs through other resources.

3. An admission agreement may not provide the licensee the right to act in behalf of the resident in legal matters or be given general power of attorney, except in the case of a person remanded to the custody of the Division of Mental Health and Developmental Services.

4. The written policies of the facility must set forth the rights of residents, prohibit their mistreatment or abuse, and provide for the registration and disposition of complaints without threat of discharge or other reprisal against any employee or resident.

5. Every facility must have in effect a transfer agreement with one or more hospitals sufficiently close to the facility to make feasible the transfer between them of residents and their records. Any facility which does not have such an agreement in effect but has attempted in good faith to enter into such an agreement with a hospital is considered to have an agreement if it is in the public interest and essential to assuring services for eligible persons in the community.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 3.1-3.4.1, eff. 12-5-75]

**NAC 449.707 Money of residents. ([NRS 449.037](#))**

1. A written account, available to residents and their families, must be maintained on a current basis for each resident with written, signed and dated receipts for:

(a) All personal possessions and money received by or deposited with the facility.

(b) All disbursements made to or on behalf of the resident. The purpose of the disbursement must be noted on the receipt.

2. Receipts for each resident must be kept in each resident's personal needs envelope or otherwise safely and systematically filed.

3. A ledger must be maintained for the handling of residents' personal money. The beginning ledger sheet must be credited with the resident's money on hand. The ledger must be kept current. Personal needs money is for the exclusive personal use of the resident. The ledger and



receipts for each resident must be made available for review upon the request of the Health Division.

4. If the resident is managing his own personal money, the money must be turned over to anyone at the request of the resident. A signed, itemized and dated receipt from anyone receiving the resident's personal money is required for deposit in the resident's personal envelope or other file.

5. If a resident is unable to manage his own money, there must be legal authority, such as appointment as conservator, guardian or trustee, for a relative or other person to carry out these acts for the resident.

6. Except as otherwise provided in this subsection, no licensee or employee of a facility may accept appointment as guardian, or conservator, of the estate of any resident or become a substitute payee for any payments made to any resident, or accept power of attorney. If a resident is legally determined to be unable to manage his money, his sole source of money is in the form of monthly benefit checks, and documentary evidence can be produced which shows that efforts to obtain a legal guardian for the resident have failed, this requirement may be waived to the extent that the facility may be the substitute payee on the checks.

7. All money held by the facility on behalf of residents must be maintained in a financial institution in the community where the facility is located in a separate trustee account apart from the operating accounts of the facility and must be clearly designated. Small amounts may be kept on hand by the facility for the incidental personal use of a resident. Upon the death of a resident, a receipt must be obtained from the resident's personal representative or from a relative who presents an affidavit under the provisions of [NRS 146.080](#) before releasing the balance of the personal needs money.

[Bd. of Health, Intermediate Care Facilities, Reg. §§ 3.5-3.5.8.2, eff. 12-5-75]

**NAC 449.710 Inventory of residents' belongings. ([NRS 449.037](#))**

1. There must be an inventory of the personal belongings of a resident upon admission which is made a part of the resident's record and updated as needed. All personal belongings, especially items of clothing, must carry permanent identification of ownership.

2. Provision must be made on the premises for the temporary safe storage of a resident's valuables. Residents must be encouraged to store their valuables off the premises, such as in a safe-deposit box. Every facility must take appropriate measures to safeguard and account for the personal articles of residents and any cash entrusted to the care or control of the licensee.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 3.14-3.15.1, eff. 12-5-75]

**NAC 449.713 Program requirements. ([NRS 449.037](#))**

1. A facility must maintain arrangements through which medical, dental and remedial services, such as laboratory services or X-ray, required by the resident but not regularly provided within the facility, may be obtained when needed.

2. The facility must provide, according to the needs of each resident, specialized and supportive rehabilitative services either directly or through arrangements with qualified outside resources.

3. These services must be provided under a written plan of care:

- (a) Based on the attending physician's orders;
- (b) Based on an assessment of the resident's needs;
- (c) Which is reviewed regularly, noting a resident's progress; and
- (d) Which is altered or revised as necessary.

4. Services must be provided in accordance with accepted professional practices by qualified therapists or by qualified assistants or other supportive personnel under appropriate supervision.

5. Areas utilized to provide therapy services must be of sufficient size and appropriate design to accommodate necessary equipment, conduct examinations and provide treatment.

6. The facility must provide social services as needed by the residents either directly or by written arrangement with an outside source. A designated member of the staff who is qualified by training or experience must be responsible for implementing and coordinating social services. A plan for social services must be recorded in the patient's record and must be periodically evaluated in conjunction with the total plan of care for the resident.

7. The facility must provide a program of activities.

8. A plan for independent and group activities must be developed for each resident in accordance with his needs and interests. The program of activities must be incorporated in the overall plan of care for the resident. The program must be reviewed with the participation of the resident at least quarterly and altered as needed.

9. Adequate recreational areas must be provided and sufficient equipment and materials must be available.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 4.1-4.4.2.1, eff. 12-5-75]

**NAC 449.716 Dietary services. ([NRS 449.037](#))**

1. At least three meals or their equivalent must be served daily at regular times with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those residents who desire one.

2. Therapeutic diet menus must be planned by a qualified dietitian or be reviewed and approved by the attending or staff physician.

3. Menus must be planned and followed to meet the nutritional needs of the residents in accordance with the orders of a physician and, to the extent medically possible, in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. Menus must be in writing, planned at least a week in advance, dated, posted and kept on file for 90 days. Any substitutions on a menu must be noted on the written menu so that the menu on file reflects what was actually served.

4. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food in a sanitary manner must be provided.

5. A facility with more than 10 clients shall:

(a) Comply with all applicable provisions of [chapter 446](#) of NRS and the regulations adopted pursuant thereto;

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

(c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and

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

6. Residents needing special equipment, implements or utensils to assist them when eating must have those items provided.

7. Where a facility operates on the cottage plan, provision must be made for food service that ensures hot, palatable meals. If the cottage plan provides for a central dining area, walkways to the dining area providing protection from the elements must be provided.

8. A qualified professional person must be used as a consultant on meal planning and food service. Four hours of consultation each month is the minimum requirement. A qualified person is:

(a) A person who is registered as a dietician with the Commission on Dietetic Registration of the American Dietetic Association; or

(b) A graduate from an accredited college with a major in food and nutrition who has 2 years of supervisory experience in health care institutions or who has participated in a food service supervisor's course.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 8.1-8.7.1.2, eff. 12-5-75]—(NAC A by R066-04, 8-4-2004)

**NAC 449.719 Health services. ([NRS 449.037](#))**

1. A facility must provide health services which assure that each resident receives treatments, medications, diets and other health services as prescribed and planned, all hours of each day.

2. Immediate supervision of the health services of the facility on all days of each week must be provided by a registered nurse employed full time on all day shifts. The nurse must be licensed to practice in Nevada. In the case of facilities which serve less than 20 intermediate care facility II patients, a licensed practical or vocational nurse may serve as the supervisor of health services, if consultation is provided by a registered nurse, licensed to practice in Nevada, through formal contract, at regular intervals, but not less than 4 hours weekly. Either a registered nurse or a licensed practical or vocational nurse licensed to practice in Nevada must be employed on the night shift on all days of each week. Intermediate care facilities for the mentally retarded are exempt from this requirement.

3. At least two members of the staff must be on duty and awake at all times to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. Intermediate care facilities for the mentally retarded with less than 16 beds are exempt from this requirement.

4. A written health care plan must be developed and implemented by appropriate members of the staff for each resident. The levels of care must be no less than those stated in section 501.3 of Chapter V of the *Welfare Division Medicaid Manual*. The plan must be reviewed and revised at least quarterly.

5. Nursing services, including restorative nursing, must be provided in accordance with the needs of the residents.

6. Hours for nursing care must be at least 0.25 hours per resident for an intermediate care facility I and at least 1.25 hours per resident for intermediate care facility II.

7. Immediate supervision in an intermediate care facility for the mentally retarded which is licensed for 16 or more beds must be by a currently licensed registered nurse or licensed practical nurse on all day shifts. Facilities in which a licensed practical nurse serves as the supervisor of health services must contract with a registered nurse for at least 4 hours of weekly consultation. Facilities with not more than 15 beds with residents certified by a physician as not in need of professional nursing services must have a formal contract with a registered nurse to visit as required for minor illnesses, injuries or emergencies. There must be a responsible member of the staff immediately available to all residents at all times.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 7.1-7.6.1.1, eff. 12-5-75]

**NAC 449.722 Pharmaceutical services. ([NRS 449.037](#))**

1. If a facility does not employ a licensed pharmacist, it must have formal arrangements with a licensed pharmacist to provide consultation on methods and procedures for ordering, storage, administration, disposal and recording of drugs and biologicals.

2. Medications administered to a resident must be ordered either in writing or orally by the resident's attending or staff physician. Oral orders by a physician for prescription drugs must be given only to a licensed nurse, pharmacist or physician. All oral orders for medication must be recorded, signed by the person receiving them and countersigned by the attending physician within 72 hours.

3. Medications not specifically limited as to time or number of doses when ordered must be controlled by automatic stop orders or other methods in accordance with written policies. The attending physician must be notified.

4. Self-administered medication is allowed only with the permission of the attending physician of the resident.

5. The pharmacist and a registered nurse shall review each drug regimen of a resident monthly and shall notify the physician if problems occur or changes are appropriate.

6. Drug regimens must be reviewed quarterly by the attending or staff physician.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 9.1-9.5.1, eff. 12-5-75]

**NAC 449.725 Records. ([NRS 449.037](#))**

1. A facility must maintain an organized system for keeping residents' records. A resident's records must be available to professionals and other members of the staff who are directly involved with the resident. The records must be available to representatives of the Health Division.

2. The record for each resident must include the following:

(a) Information, relating to the resident's identification.

(b) Admission data, including past medical and social history.

(c) Copies of initial and periodic examinations, evaluations and progress notes.

(d) Assessments and goals of each plan of care and modifications to the plan.

(e) Discharge summaries.

(f) An overall plan of care describing the goals to be accomplished through individually designed activities, therapies and treatments.

(g) The plan of care must indicate which professional service or person is responsible for the care or service.

(h) Entries describing treatments and services rendered.

(i) Medications administered.

(j) All symptoms and other indications of illness or injury, including the date, time and action taken regarding each such incident.

3. Records must be adequately safeguarded against destruction, loss or unauthorized use.

4. Records must be retained for a minimum of 3 years following the discharge of a resident.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 10.1-10.4, eff. 12-5-75]

**NAC 449.728 Supervision by physician; volunteers; advertising. ([NRS 449.037](#))**

1. A facility must maintain policies and procedures to assure that each resident's health and care is under the continuing supervision of a physician who sees the resident as needed and in no case less often than every 60 days unless justified otherwise and documented by the attending physician.

2. Volunteers and volunteer groups may be used to supplement the services and programs of the facility. Volunteers may not be used to provide basic services to residents.

3. Residents may perform such duties and tasks as are consistent with their plans of care.

4. Advertising and promotional materials must be accurate and must not misrepresent accommodations, services or programs offered by the facility.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 3.8, 3.11-3.13, eff. 12-5-75]

**NAC 449.731 Discrimination prohibited.** ([NRS 449.037](#)) No facility accepting a person for resident care, for whom all or part of the payment for care is made from the Nevada State Welfare Division funds or any other agency funded in whole or part by federal funds, may deny admission to a prospective resident on the grounds of race, color or national origin. No resident may be segregated, given separate treatment, restricted in the enjoyment of any advantage or privilege enjoyed by others under the program or provided with any aid, care services or other benefits which are different or provided in a different manner from that provided to others under the program, on the grounds of race, color or national origin. Employment practices, including, but not limited to, hiring, discharge, rate of remuneration, assignments or work hours scheduled, may not be based on discriminatory grounds.

[Bd. of Health, Intermediate Care Facilities Reg. § 15.1, eff. 12-5-75]—(Substituted in revision for NAC 449.746)

#### **Construction and Operation: Facilities for Mentally Retarded or Persons With Developmental Disabilities**

**NAC 449.732 Definitions.** ([NRS 449.037](#)) As used in [NAC 449.732](#) to [449.743](#), inclusive, unless the context otherwise requires, the words and terms defined in [NAC 449.7322](#) and [449.7324](#) have the meanings ascribed to them in those sections.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7322 “Facility” defined.** ([NRS 449.037](#)) “Facility” means an intermediate care facility for the mentally retarded or persons with developmental disabilities with 17 or more beds.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7324 “New facility” defined.** ([NRS 449.037](#)) “New facility” means a facility which is newly built or a facility which is under new ownership.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7326 Standards for construction, remodeling or change in use of facility; fire alarms; emergency radio system; submission and approval of building plans.** ([NRS 449.037](#))

1. The construction of a new facility or the remodeling or change in use of an existing facility must be in accordance with the most recently adopted local building codes and *NFPA 101: Life Safety Code* adopted by reference pursuant to [NAC 449.0105](#).

2. Fire alarms must be manually operated and connected to an electrically supervised system. Each alarm signal must be coded to indicate the location of the station of origin.

3. The facility must contain a device for emergency radio communications to be prepared for disasters.

4. The radio system must be self-sufficient in an emergency and be capable of operation without reliance on the building's service or the emergency power system. The radio system must be linked with state and community communication networks.

5. Building plans for the construction of a new facility, for remodeling or for the change in use of an existing facility must be submitted to the entity designated to review such plans by the Health Division pursuant to the provisions of [NAC 449.0115](#). The entity's review of those plans is advisory only and does not constitute approval for the licensing of the facility.

6. The Health Division shall not approve the plans for licensing until all construction has been completed and a survey is conducted at the site.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7328 Elevators.** ([NRS 449.037](#))

1. All facilities with services for patients or bedrooms located on floors other than the floor of the main entrance must have elevators.

2. At least one elevator of the type used in hospitals must be provided if 1 to 59 patients are located on floors other than the floor of the main entrance. Two elevators must be provided if 60 to 200 patients are located on floors other than the floor of the main entrance. Three elevators must be provided if 201 to 350 patients are located on floors other than the floor of the main entrance. For facilities with more than 350 beds, the number of required elevators will be determined by a study of the plan of the hospital and the estimated need for vertical transportation.

3. The cars of the elevators must have inside dimensions that will accommodate a patient's bed and attendants and must be at least 5 feet (1.52 meters) wide and 7 1/2 feet (2.29 meters) deep.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.733 Electrical systems.** ([NRS 449.037](#))

1. All electrical installations and systems must be tested to show that the equipment is installed and operates as planned or specified. A written record of tests on electrical systems and equipment must be supplied to the owner.

2. All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots must have lighting. Rooms for patients must have general lighting. All switches for lighting in patient areas must operate quietly.

3. If fuel is stored for an emergency generator, the storage capacity must be sufficient for at least 24 hours of continuous operation.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7332 Mechanical systems.** ([NRS 449.037](#))

1. Before the completion and acceptance of a facility, all mechanical systems must be tested, balanced and operated to demonstrate to the owner or his representative that the installation and performance of the systems conform to the requirements of the plans and specifications.

2. The owner must be furnished with a complete set of operating maintenance and preventative maintenance instructions and parts listed with numbers and descriptions for each piece of equipment.

3. Facilities must be built and maintained in accordance with *NFPA 101: Life Safety Code* adopted by reference pursuant to [NAC 449.0105](#).

4. All air supply and air exhaust systems must be mechanically operated.



5. Hot water must be:

(a) Maintained at a temperature of:

(1) Not more than 125°F (52°C) for clinical use;

(2) Not more than 180°F (82°C) for dishwashing;

(3) Not more than 110°F (43°C) for toilet, bath and shower areas and any lavatories equipped for washing hands which are used by patients; and

(4) At least 150°F (66°C) for use in the laundry.

(b) Provided with at least 25 pounds of pressure.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7334 Doors, windows, ceilings, walls and floors. ([NRS 449.037](#))**

1. All rooms for occupancy by patients must be equipped with doors and hardware which permit access from the outside in any emergency.

2. The minimum width of all doors to those rooms must be 3.66 feet (111.7 centimeters). Doors to the toilet rooms of patients and other rooms needing access for wheelchairs must have a minimum width of 2.83 feet (86.3 centimeters). Doors opening onto corridors must not swing into the corridor unless they lead to spaces that are not occupied.

3. Windows and outer doors which may frequently be left open must be provided with screens for protection against insects.

4. Safety glass or plastic glazing materials must be used for shower doors, bath enclosures and in doors and windows of rooms for patients.

5. The height of a ceiling must be 8 feet (2.44 meters) in rooms which are occupied. Ceilings in storage rooms, corridors, toilet rooms and other minor rooms may have a height of 7.5 feet (2.29 meters) but may not have any projection lower than 7 feet (2.13 meters).

6. Flooring materials must be easily cleaned and maintained in good repair. Floors in areas subject to wet cleaning must not be physically affected by germicidal and cleaning solutions. Nonslip surfaces must be provided for areas subject to traffic while wet. Wall bases in kitchens and operating and delivery rooms must be integrated with the floor.

7. Wall finishes must be washable. Walls around plumbing fixtures must be resistant to moisture. Walls and floors must be free from cracks and holes.

8. Ceilings must be easily cleaned. Areas for preparing food must have ceilings which cover all overhead piping and ductwork. Acoustical ceilings must be provided in corridors in patient areas, nurses' stations, dayrooms, dining areas and waiting rooms. If acoustical ceilings cannot be provided, other methods of eliminating excessive noise and echoing must be used.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7336 Entrances and lobbies; miscellaneous space. ([NRS 449.037](#))**

1. The entrance to administrative and public areas must be at grade level, sheltered from the weather and capable of accommodating wheelchairs if no other access for wheelchairs is available.

2. The lobby must include a reception or information counter, waiting space for the public, toilet facilities, public telephones, a drinking fountain and storage space for wheelchairs.

3. The area used for interviews must be conveniently available to the lobby.

4. A space for a business office, a multipurpose room and adequate storage space must be provided.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7338 Dining and storage space. ([NRS 449.037](#))**

1. Dining space of 15 square feet (1.39 square meters) per seated person must be provided for ambulatory patients, staff and visitors.

2. Storage space must be provided for housekeeping equipment and supplies.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7342 Facilities for employees and volunteers. ([NRS 449.037](#))** In addition to the facilities for employees required in certain departments, all employees and volunteers must have lockers, lounges and toilets to accommodate their needs.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7344 Areas for engineering and maintenance. ([NRS 449.037](#))**

1. A room or separate building for boilers, mechanical equipment and electrical equipment must be provided.

2. An area for an engineer's office and maintenance shop must be provided.

3. A toilet and emergency shower must be provided in the engineering area.

4. Storage for supplies for the maintenance of the building must be provided.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7346 Janitors' closets. ([NRS 449.037](#))**

1. In addition to the janitors' closets required in certain departments, janitors' closets must be provided throughout the facility to maintain a clean and sanitary environment.

2. At least one janitors' closet must be provided for each nursing unit and for each floor.

3. A janitors' closet must contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7348 Linen service. ([NRS 449.037](#))**

1. If linen is processed at the facility, there must be equipment which can process a 7-day supply within a regularly scheduled workweek.

2. There must be a room for receiving, holding and sorting soiled linen, with facilities for washing hands immediately available. An area for storing clean linen must be provided. Areas for inspecting, mending and issuing clean linen must be provided. Storage areas for laundry supplies must be provided.

3. If linen is processed outside the facility, only a holding room for soiled linen and a storage room for receiving, holding and inspecting clean linen need to be provided.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.735 Area for medical records. ([NRS 449.037](#))** An area for working on and storing medical records must be provided.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7352 Nursing units. ([NRS 449.037](#))**

1. Nursing units must be limited to 60 beds. The maximum room capacity is two patients.

2. The minimum area for a room, exclusive of toilet rooms, closets, lockers, wardrobes and vestibules of less than one-half of the width of a room, is 100 square feet (9.29 square meters) in rooms with one bed and 80 square feet (7.43 square meters) per bed in multibed rooms. In

multibed rooms, there must be at least 3.66 feet (1.12 meters) of clear area at the foot of each bed and at least 5 feet (1.5 meters) of clear area between each bed. No more than two beds may be beside one another, parallel to the wall with a window.

3. Each patient must have access to a toilet and lavatory without entering the general corridor. One toilet and lavatory may serve no more than four beds and no more than two patients' rooms.

4. Each patient must have a wardrobe, locker or closet with clear internal dimensions of at least 1.83 feet (55.9 centimeters) by .83 feet (25.4 centimeters) with a shelf and enough vertical height to hang full-length garments.

5. A patient's room must not be located more than 120 feet (36.58 meters) from:

- (a) The nurses' station; and
- (b) The clean and soiled workrooms.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7354 Service areas. ([NRS 449.037](#))**

1. Space must be provided at the nursing station for charting, communication systems and necessary equipment and storage.

2. Lavatories and toilets for the staff must be conveniently located near the nursing station.

3. A clean workroom must be provided for the storage and assembly of supplies for nursing procedures. The room must contain a work counter and a sink equipped with blade-type faucets.

4. A soiled workroom must be provided and contain a clinical sink, work counter and receptacles for waste and soiled linen.

5. A medicine room conveniently located near the nursing station must contain a sink equipped with blade-type faucets, a refrigerator, locked storage and facilities for the preparation and dispensing of medication. A double-locked area must be provided for controlled substances. The clean workroom and medicine room may be combined. The medicine room may be a self-contained cabinet located in the clean workroom.

6. A nourishment station or carts for supplying nourishment and ice to the patients must be provided.

7. A bathtub or shower must be provided at the rate of one for each 12 beds which are not otherwise served by bathing facilities within the patients' rooms. Each central bathing tub or shower must be in a room or enclosure which provides space for private use of the bathing fixture, drying and dressing. The tub and shower must have a nonskid floor. At least one bathing area on each floor must have space for a wheelchair and an attendant. A toilet must be accessible from each central bathing area without entering a general corridor. This toilet may be used as a training toilet.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.7356 Processing of waste. ([NRS 449.037](#))** Space and facilities must be provided for the sanitary storage and disposal of waste by mechanical destruction, compaction, containerization or removal by a combination of these techniques.

(Added to NAC by Bd. of Health by R066-04, eff. 8-4-2004)

**NAC 449.736 Personnel. ([NRS 449.037](#))**

1. A facility for the mentally retarded or persons with developmental disabilities must be administered by a person with sufficient authority and responsibility to manage the facility and implement administrative policy. The administrator must be a currently licensed nursing home

administrator, a qualified mental retardation professional or a hospital administrator if a hospital is qualifying as an intermediate care facility for the mentally retarded.

2. A qualified professional in mental retardation must be one of the following:

(a) A psychologist with at least a master's degree from an accredited program with specialized training or 1 year of experience in treating the mentally retarded;

(b) A currently licensed physician or osteopath with the training or experience described in paragraph (a);

(c) An educator with a degree from an accredited program with the training or experience described in paragraph (a);

(d) A social worker with either a bachelor's degree in social work or a bachelor's degree in a field other than social work and with the training or experience described in paragraph (a);

(e) A qualified physical or occupational therapist with the training or experience described in paragraph (a);

(f) A speech pathologist or audiologist with the training or experience described in paragraph (a);

(g) A registered nurse with the training or experience described in paragraph (a); or

(h) A therapeutic recreational specialist who is a graduate of an accredited program and with the training or experience described in paragraph (a).

3. Each facility shall retain a qualified mental retardation professional who is responsible for:

(a) Supervising the implementation of each resident's plan of care;

(b) Integrating the facility's total program;

(c) Recording each resident's progress; and

(d) Initiating a quarterly review of each resident's plan of care.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 16.2-16.4.4, eff. 12-5-75]—(Substituted in revision for NAC 449.734)

#### **NAC 449.737 Plan of care. ([NRS 449.037](#))**

1. Each resident in a facility for the mentally retarded or persons with developmental disabilities must be a regular participant in an individual plan of care which must be prepared in written form by an interdisciplinary team consisting of at least a physician, a social worker, a qualified professional in mental retardation and such other professional specialists indicated in unusual cases.

2. The plan of care must:

(a) Contain a complete medical, social and psychological evaluation of the resident;

(b) Indicate the resident's need for institutional care;

(c) Be stated in quantifiable terms and made available to the members of the staff who implement its provisions; and

(d) Prescribe an individually designed integrated program of therapies, experiences, activities or training.

↳ The ultimate goal of any plan of care is the maximal normalization of the resident.

3. Each resident's plan of care must be reviewed at least quarterly by the interdisciplinary team. This review must include:

(a) A review of the resident's progress toward the objectives of the plan;

(b) An evaluation of the appropriateness of the elements of the plan;

(c) An assessment of the need for continuing institutional care; and

(d) A consideration of alternate methods of care.

4. If an interdisciplinary team determines that a resident no longer requires institutional care, a postinstitutional plan must be written by a qualified mental retardation professional and other appropriate professionals providing for appropriate services, protective supervision where necessary, and other follow-up services in the resident's new environment. A summary must be placed in the resident's file.

5. The facility must provide or arrange for the provision of the services of qualified professionals as indicated in the resident's individualized plan of care. Available services must include, but are not limited to:

- (a) Physical and occupational therapy;
- (b) Psychological services;
- (c) Social services;
- (d) Speech pathology and audiology;
- (e) Organized recreational activities; and
- (f) Physician's services, including:
  - (1) An annual physical examination; and
  - (2) Formal arrangements for 24-hour emergency treatment every day of the week.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 16.5-16.7 & 16.14-16.14.6.2, eff. 12-5-75]

**NAC 449.740 Corporal punishment; restraints. ([NRS 449.037](#))**

1. Corporal punishment of residents in a facility for the mentally retarded or persons with developmental difficulties by members of the staff or other residents is prohibited.

2. Physical restraints may not be used except as absolutely necessary for the safety of the resident, his peers or the staff and then only under the following conditions:

- (a) The facility shall have a written policy clearly stating the conditions under which restraint may be employed and enumerating which members of the staff may authorize its use;
- (b) No restraint may remain in force for more than 12 hours;
- (c) A resident in restraint must be checked at least every 30 minutes by trained members of the staff and a written record of these checks must be maintained;
- (d) The restraint file must be reviewed daily by the administrator or his appointee and a copy of the record placed in the resident's file; and
- (e) The restraints used must be designed so as not to cause physical injury or great discomfort to the resident. A resident must be released from restraint for at least 10 minutes of every 2-hour period they are restrained.

3. Any totally enclosed crib or other barred enclosure is considered a restraining device.

4. Excessive chemical restraints must not be employed for the convenience of members of the staff.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 16.10-16.13, eff. 12-5-75]

**NAC 449.743 Records. ([NRS 449.037](#))**

1. A file must be maintained for each resident in a facility for the mentally retarded or persons with developmental disabilities which contains:

- (a) Identification information;
- (b) The resident's legal status;
- (c) Admission data;
- (d) Past medical, developmental and social history;
- (e) Copies of all facility examinations and evaluations of the resident or his plan of care; and

(f) A discharge summary.

↳ Entries must be made noting any treatments or services rendered, medications administered or symptoms of illness or injury.

2. Residents' records must be secured against loss, destruction or unauthorized use. The records must be made available to licensing and certification authorities upon request.

[Bd. of Health, Intermediate Care Facilities Reg. §§ 16.8 & 16.9, eff. 12-5-75]

## FACILITIES FOR SKILLED NURSING

### 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; liability coverage.** ([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:

(a) Retain proof that it is adequately covered against liabilities resulting from claims incurred in the course of its operation; and

(b) Verify the coverage at the time it submits its annual application for the renewal of its license.

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

**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.