

# Nevada

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<b>Agency</b>	Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance
<b>Contact</b>	Tina Leopard
<b>E-mail</b>	tleopard@health.nv.gov
<b>Web Site</b>	<a href="https://dpbh.nv.gov/Reg/HealthFacilities/HF_-_Non-Medical/Residential_facility_for_groups_(adult_group_care/assisted_living)/">https://dpbh.nv.gov/Reg/HealthFacilities/HF_-_Non-Medical/Residential_facility_for_groups_(adult_group_care/assisted_living)/</a>

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<b>Opening Statement</b>	The Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance, licenses residential facilities for groups, which generally care for elderly persons or persons with physical disabilities. To provide care for special populations—such as persons with Alzheimer’s disease or other dementia, mental illness, or intellectual disability; facilities must apply for special endorsements to their license.
<b>Licensure Term</b>	Residential Facilities for Groups
<b>Definition</b>	A residential facility for groups furnishes food, shelter, assistance, and limited supervision to a person with an intellectual disability or with a physical disability or a person who is aged or infirm on a 24-hour basis. The term includes an assisted living facility.
<b>Regulatory and Legislative Update</b>	There have been no recent legislative or regulatory updates that affect assisted living.
<b>Move-in Requirements Including Required Disclosures/Notifications</b>	<p>Upon request, the following information must be made available in writing:</p> <ul style="list-style-type: none"><li>(1) The basic rate for the services provided by the facility;</li><li>(2) The schedule for payment;</li><li>(3) The services included in the basic rate;</li><li>(4) The charges for optional services that are not included in the basic rate; and</li><li>(5) The residential facility's policy on refunds of amounts paid but not used.</li></ul> <p>Effective January 1, 2024, A contract between a resident and a residential facility for groups for the delivery of services to the resident must be entitled “Service Delivery Contract for Residential Facility for Groups” and must include:</p> <ul style="list-style-type: none"><li>(a) The name, physical address and mailing address, if different, of</li></ul>

the residential facility for groups;

(b) The name and mailing address of every person, partnership, association or corporation which establishes, conducts, manages or operates the residential facility for groups;

(c) The name and address of at least one person who is authorized to accept service on behalf of the parties described in paragraph (b);

(d) A telephone number or the address of the website of:

(1) The Division that the resident or a representative of the resident may use to verify the status of the license of the residential facility for groups; and

(2) Each licensing board or other regulatory body that has issued a license to a provider of health care or other person required to be licensed who provides services to residents at the residential facility for groups that the resident or a representative of the resident may use to verify the status of the license of the provider of health care or other person;

(e) The duration of the contract;

(f) The manner in which the contract may be modified, amended or terminated;

(g) The base rate to be paid by the resident and a description of the services to be provided as part of the base rate;

(h) A fee schedule outlining the cost of any additional services;

(i) Any additional fee to be paid by the resident pursuant to the fee schedule and a description of any additional services to be provided as part of that fee, either directly by the residential facility for groups or by a third-party provider of services under contract with the facility;

(j) A statement affirming the freedom of the resident to receive services from a provider of services with whom the residential facility for groups does not have a contractual arrangement, which may also disclaim liability on the part of the residential facility for groups for any such services;

(k) The procedures and requirements for billing and payment under the contract;

(l) A statement detailing the criteria and procedures for admission, management of risk and termination of residency;

(m) The obligations of the resident in order to maintain residency and receive services, including, without limitation, compliance with the annual physical examination and assessment required by NRS 449.1845;

(n) A description of the process of the residential facility for groups for resolving the complaints of residents and contact information for the Aging and Disability Services Division and the Division of Public and Behavioral Health of the Department of Health and Human Services;

- (o) The name and mailing address of any representative of the resident, if applicable; and
- (p) Contact information for:
  - (1) The State Long-Term Care Ombudsman;
  - (2) The Nevada Disability Advocacy and Law Center, or its successor organization; or
  - (3) Other resources for legal aid or mental health assistance, as appropriate.

**Facility Scope of Care**

Facilities must provide residents with assistance with activities of daily living (ADLs) and protective supervision as needed. Facilities must also provide nutritious meals and snacks, laundry and housekeeping, and meet the needs of the residents. Facilities must provide 24-hour supervision.

**Limitations of Services**

A resident must be at least 18 years of age. Facilities may not admit or retain persons who:

- (1) Are bedfast;
  - (2) Require chemical or physical restraints;
  - (3) Require confinement in locked quarters;
  - (4) Require skilled nursing or other medical supervision on a 24-hour basis;
  - (5) Require gastrostomy care;
  - (6) Suffer from a staphylococcus infection or other serious infection;
- or
- (7) Suffer from any other serious medical condition.

There are other medical conditions specified in the regulations that, unless a resident is able to self-manage the condition, require the resident move out of the facility. A facility may request a medical exemption request that would permit these types of residents to remain in the facility. Approval of this request is granted by the state after review of confirmation that a medical provider such as home health or hospice is providing medical oversight for the resident. Consideration for approval also includes the facility's survey history, training, and staffing patterns.

A resident may be discharged without his/her approval if:

- (1) He/she fails to pay his bill within five days after it is due;
- (2) He/she fails to comply with the rules or policies of the facility; or
- (3) The administrator of the facility or the Bureau determines that the facility is unable to provide the necessary care for the resident.

Effective January 1, 2024, a resident may only transfer or involuntarily discharge a resident when:

- (a) The health of the resident has improved sufficiently such that the resident no longer needs the services provided by the

**Resident Assessment  
Requirements and  
Frequency**

residential facility for groups;

(b) The health or safety of any person in the residential facility for groups is endangered;

(c) The resident has failed, after statutorily required notice has been provided, to pay for contracted charges for a residency at or a service provided by the residential facility for groups;

(d) The services available to the resident at the residential facility for groups are no longer adequate to meet the needs of the resident, determined using information from the annual physical examination and assessment; or

(e) The ceases to operate.

A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care to:

(a) Develop a person-centered service plan for the resident; and

(b) Review the person-centered service plan at least once each year.

The person-centered service plan must include, without limitation:

(a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services;

(b) Protective supervision as necessary for the resident;

(c) The manner in which all caregivers will be informed of the required supervision of the resident;

(d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling;

(f) Permission for the resident to enter or leave the facility at any time if the resident:

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

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

(g) Laundry services for the resident unless the resident elects in

writing to make other arrangements;

(h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable;

(i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables;

(j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities;

If the resident has Alzheimer's disease or another form of dementia, the plan must have measures to address that dementia and ensure the safety of the resident in the facility, including, Alzheimer's endorsement requirements and provisions for the transfer of the resident if:

(I) It is determined through an assessment conducted pursuant to paragraph (c) of subsection 1 of NRS 449.1845 that the resident meets the criteria prescribed in paragraph (a) of subsection 2 of that section; and

(II) The facility does not meet the requirements of NAC 449.2754 or 449.2756 or is otherwise unable to properly care for the resident.

The administrator must ensure that annually for every resident: (1) a physical examination is conducted; and (2) an assessment is conducted of the resident's history, to include the resident's condition and daily activities during the immediately preceding year. Additionally, the administrator must ensure an assessment is conducted to identify whether and to what extent each resident has dementia; this assessment must be conducted at specified times: (1) upon admission; or (2) if a physical examination, assessment of the resident's history, or the observations of the facility staff, the resident's family, or other person who has a relationship with the resident indicate that either the resident may meet those criteria or if the resident's condition significantly changes.

## **Medication Management**

Residents who are capable may self-administer medications. If a caregiver assists in the administration of medication, the caregiver must complete an initial 16-hour medication course from an approved medication training provider. The caregiver also must complete eight hours of additional training every year and pass an

## **Staff Scheduling Requirements**

approved examination. Administrators must take the same initial and refresher training as caregivers and are ultimately responsible for the medication plan and all medication errors. Facilities must have a detailed, comprehensive medication plan to help eliminate medication errors.

If, as a result of an assessment, the provider determines that the resident suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia.

Locked quarters are allowed in Alzheimer's units. In addition, alarms, buzzers, horns, or other technology for notifying staff are activated when a door is opened are to be installed on all exit doors. There will be no more than six residents for each caregiver during those hours when the residents are awake. At least one member of the staff must be awake and on duty at all times.

Each employee of the facility that provides care to individuals with any form of dementia must successfully complete, within the first 40 hours of beginning employment, at least two hours of training in providing care, including emergency care, to a resident with any form of dementia. In addition, within three months of initial employment, he/she must receive at least eight hours of training in providing care to a resident with any form of dementia. If an employee is licensed or certified by an occupational licensing board, at least three hours of required continuing education must be in providing care to a resident with dementia and must be completed on or before the first anniversary of employment. If an employee is a direct caregiver, the individual must complete at least three hours of training in providing care to a resident with dementia on or before the first anniversary of employment.

An administrator and a sufficient number of caregivers must be employed by the facility. The administrator is responsible for the care of residents and the daily operation of the facility. There are no staffing ratios, except in Alzheimer/Dementia endorsed facilities. Facilities with more than 20 residents shall ensure that at least one employee is awake and on duty at all times. The administrator of a residential facility with at least 20 residents must appoint a member

of the staff of the facility who will be responsible for the organization and conduct an evaluation of activities for the residents. For facilities with 50 or more residents, the administrator must also appoint additional staff as necessary to assist with activities.

**Administrator/Director  
Education and Training  
Requirements**

Administrators must be licensed by the Nevada State Board of Examiners for Administrators of Facilities for Long Term Care. Within 30 days of beginning employment, an administrator must be trained in first aid and CPR. An administrator for an Alzheimer's facility must have three years of experience in caring for residents with Alzheimer's disease or related dementias. All new administrators must take the same initial medication administration training as their caregivers regardless of whether the administrator is a licensed medical professional.

**Direct Care Staff  
Education and Training**

Caregivers must: be at least 18 years of age; have personal qualities enabling them to understand the problems of the aged and disabled; be able to read, write, speak, and understand English; and possess knowledge, skills, and abilities to meet residents' needs. Within 30 days of beginning employment, a caregiver must be trained in first aid and CPR. Within 60 days of beginning employment, a caregiver must receive no less than four hours of training related to the care of residents. State regulations have additional training requirements for serving specified populations, such as persons with mental illness or intellectual delay.

All staff must complete eight hours of continuing education per year. Training must be related to the care of the elderly and, depending upon the facility's population, related to specific populations (e.g., dementia-related training for those who supervise persons with Alzheimer's disease).

**Quality Requirements**

There are no specific quality requirements detailed.

**Infection Control  
Requirements**

A residential facility for groups shall ensure that each person on the premises of the facility uses personal protective equipment and shall maintain:

(a) Not less than a 30-day supply of personal protective equipment at all times; or

(b) If the facility is unable to comply with the requirements of paragraph (a) due to a shortage in personal protective equipment, documentation of attempts by and the inability of the facility to obtain personal protective equipment.

A residential facility for groups must: (a) Develop and carry out an infection control program to prevent and control infections within the facility; (b) Review the infection control program, including, without limitation, the infection control policy adopted pursuant to subsection 2, at least annually to ensure that the program meets current evidence-based standards for infection control plans and the safety needs of residents, staff and visitors;

To carry out the infection control program developed pursuant to paragraph (a) the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations. The program to prevent and control infections within the facility must provide for the designation of a primary person who is responsible for infection control; and a secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. The primary and designee must complete at least 15 hours of training within 3 months of being appointed and annually thereafter. Caregivers that do not hold a license as a medical provider must annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning:

- (a) Hand hygiene;
- (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves;
- (c) Environmental cleaning and disinfection;
- (d) The goals of infection control;
- (e) A review of how pathogens, including, without limitation, viruses, spread; and



(f) The use of source control to prevent pathogens from spreading.

Staff training must also include instruction concerning how to accurately perform the task for which the caregiver is being trained in conformance with nationally recognized infection control guidelines which may include, without limitation, guidelines published by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services.

### **Emergency Preparedness**

The facility must develop and carry out a comprehensive plan for emergency preparedness. The plan for emergency preparedness developed pursuant to must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases.

### **Medicaid Policy and Reimbursement**

Two Medicaid Section 1915(c) home and community-based services waivers, Waiver for Persons with Physical Disabilities and Home and Community Based Services (HCBS) Waiver for the Frail Elderly, cover personal care or augmented personal care services in group residential settings.

### **Life Safety Requirements**

Under Nevada law, the state fire marshal, on behalf of the Health Division, is responsible for approval and inspection of assisted living facilities with regard to fire safety standards. The state fire marshal uses Uniform Fire Codes.

Fire safety requirements include an evacuation plan, fire drills, portable fire extinguishers, smoke detectors, and maintenance of proper exits. All new facilities must be equipped with an automatic sprinkler system. Some older facilities may not be equipped with a sprinkler system because sprinkler systems were not required when they were originally licensed. If anyone purchases one of these older facilities, they must install an automatic sprinkler system.

### **Citations**

Nevada Legislature. (2023). Senate Bill (SB) 298.  
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Nevada Administrative Code, Chapter 449 - Medical Facilities and Other Related Entities. <http://leg.state.nv.us/nac/NAC-449.html#NAC449Sec156>

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