

Nevada

	Phone
Agency	Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance (702) 486-6515
Contact	Pat Elkins
E-mail	pelkins@health.nv.gov
Web Site	http://dpbh.nv.gov/Reg/HealthFacilities/HF_-_Non-Medical/Residential_facility_for_groups_(adult_group_care/assisted_living)/
Licensure Term	Residential Facilities for Groups
Opening Statement	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; or persons with chronic illnesses—facilities must apply for special endorsements to their license.
Legislative and Regulatory Update	Legislation was passed in 2017 that will allow Residential Facilities for Groups to begin performing vital sign and blood glucose monitoring (SB 324). As of May, 2018, regulations have been drafted and are undergoing the approval process.
Definition	A residential facility for groups furnishes food, shelter, assistance, and limited supervision to an aged, infirm, mentally retarded, or disabled person on a 24-hour basis. The term includes an assisted living facility.
Disclosure Items	<p>Upon request, the following information must be made available in writing:</p> <ol style="list-style-type: none"> (1) The basic rate for the services provided by the facility; (2) The schedule for payment; (3) The services included in the basic rate; (4) The charges for optional services that are not included in the basic rate; and (5) The residential facility's policy on refunds of amounts paid but

not used.

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.

Third Party Scope of Care

Home health and hospice agencies may provide services under contract with residents and medical treatment must be provided by medical professionals who are trained to provide that service.

Admission and Retention Policy

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.

Resident Assessment

An assessment of tuberculosis signs and symptoms and need for assistance with ADLs must be completed upon admission. A referral agency must complete a needs assessment and financial assessment and submit a copy to the residential facility to which the client is referred.

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 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.

Square Feet Requirements

Private resident units must be a minimum of 80 square feet and shared resident units must provide a minimum of 60 square feet of floor space per resident.

Residents Allowed Per Room

A maximum of three residents is allowed per resident unit.

Bathroom Requirements

A toilet and lavatory must be provided for every four residents and a tub or shower must be provided for every six residents.

Life Safety

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.

Unit and Staffing Requirements for Serving Persons with Dementia

To provide care for special populations—such as persons with Alzheimer’s disease or other dementia, mental illness, or intellectual disability; or persons with chronic illnesses—facilities must apply for special endorsements to their license. The facilities must also meet additional requirements, including submitting evidence that they have received relevant training in caring for the population they

wish to serve. There will be not 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.

Staffing Requirements

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. 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 Education/Training

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 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.

Staff Education/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 chronic illnesses.

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).

**Entity Approving
CE Program**

The Bureau of Health Care Quality and Compliance approves medication management courses.

**Medicaid Policy and
Reimbursement**

A Medicaid home and community-based services waiver covers personal care services in group residential settings.

Citations

Nevada Administrative Code, Chapter 449.156 to 27706: Residential Group Homes.

<http://leg.state.nv.us/nac/NAC-449.html#NAC449Sec156>

Nevada Aging and Disability Services Division website: Home and Community-Based Waiver Program information. [2014]

http://adsd.nv.gov/Programs/Seniors/HCBW/HCBW_Prog/

Department of Health and Human Services, Aging and Disability Services Division. Home and Community Based Waiver (HCBW) Program.

http://adsd.nv.gov/Programs/Seniors/HCBW/HCBW_Prog/

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