

ASSEMBLY BILL NO. 121—ASSEMBLYWOMAN KOIVISTO

PREFILED JANUARY 27, 2009

Referred to Committee on Health and Human Services

SUMMARY—Makes various changes concerning health care facilities that employ nurses. (BDR 40-492)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 12-20)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to health care facilities; requiring certain health care facilities that employ nurses to establish a staffing plan and to provide adequate staffing; requiring the maintenance of certain records concerning statistics relating to patients and staffing; requiring such a health care facility to establish policies pursuant to which a direct care nurse may refuse a work assignment; requiring public disclosure of certain information relating to a staffing plan; providing administrative and criminal penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 **Sections 13 and 28** of this bill require health care facilities in counties with a
2 population of 100,000 or more (currently Clark and Washoe Counties) to submit
3 annually to the Health Division of the Department of Health and Human Services a
4 staffing plan for the provision of nursing services that the health care facility
5 certifies is sufficient to ensure the adequate and appropriate delivery of health care
6 services for the ensuing year. **Section 14** of this bill requires that the staffing plan
7 include ratios of the maximum number of patients that may be assigned to a direct
8 care nurse. **Section 14** also establishes nurse-to-patient ratios that vary depending
9 on the nature of nursing care that is required for patients in particular units of the
10 health care facility. In addition, **section 14** provides exceptions to those ratios if: (1)
11 the staffing plan is developed by a joint labor-management committee or pursuant
12 to a collective bargaining agreement; (2) the staffing plan establishes a joint labor-
13 management committee to resolve disputes relating to nurse staffing issues; or (3)
14 the State Board of Health establishes higher ratios pursuant to **section 15** of this



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15 bill. **Section 17** of this bill requires a health care facility to operate in conformity
16 with its staffing plan. **Sections 16-20** of this bill impose other operating
17 requirements on a health care facility concerning its staffing plan. **Sections 22-27**
18 of this bill authorize the Labor Commissioner, the Health Division and the
19 Department to enforce those parts of a health care facility's staffing plan that fall
20 within their respective jurisdictions.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** Chapter 449 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 to 28, inclusive, of this
3 act.

4 **Sec. 2.** *As used in sections 2 to 28, inclusive, of this act,*
5 *unless the context otherwise requires, the words and terms defined*
6 *in sections 3 to 11, inclusive, of this act have the meanings*
7 *ascribed to them in those sections.*

8 **Sec. 3.** *"Acuity system" means an established measurement*
9 *system or method which:*

10 1. *Predicts the requirements for nursing care for a patient*
11 *based on the severity of the illness of the patient, the need for*
12 *specialized equipment and technology, the intensity of nursing*
13 *interventions required and the complexity of clinical nursing*
14 *judgment required to design, carry out and evaluate the plan for*
15 *nursing care for the patient;*

16 2. *Details the amount of daily nursing care required both in*
17 *the number of nurses and in the skill mix of nursing personnel*
18 *required for each patient in a unit;*

19 3. *Is stated in terms that can be readily used and understood*
20 *by the direct care nursing staff; and*

21 4. *Takes into consideration the services for nursing care*
22 *provided by health care employees other than licensed nurses.*

23 **Sec. 4.** *"Certified nursing assistant" means a person who has*
24 *been certified by the State Board of Nursing pursuant to NRS*
25 *632.2852 to practice as a nursing assistant in this State.*

26 **Sec. 5.** *"Direct care nurse" means a registered nurse who*
27 *has principal responsibility to oversee or carry out medical*
28 *regimens or nursing care for one or more patients.*

29 **Sec. 6.** *"Documented staffing plan" means a detailed written*
30 *plan setting forth the minimum number, skill mix and*
31 *classification of licensed nurses required in each unit in a health*
32 *care facility for a specific year based on reasonable projections*
33 *derived from the patient census and average acuity level within*
34 *each unit during the previous year, if applicable, the size and*
35 *geography of the unit, the nature of services provided and any*



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foreseeable changes in the size or function of the unit during the current year.

Sec. 7. "Health care facility" means:

- 1. A hospital;*
- 2. An independent center for emergency medical care;*
- 3. A psychiatric hospital;*
- 4. A rural hospital; and*
- 5. A surgical center for ambulatory patients.*

Sec. 8. "Nurse" means a person licensed pursuant to chapter 632 of NRS to practice nursing, including, without limitation, a licensed practical nurse. The term does not include a certified nursing assistant.

Sec. 9. "Skill mix" means the totality of particular nursing skills that are necessary to provide adequate care to a patient in a unit of a health care facility.

Sec. 10. "Staffing level" means the actual numerical nurse-to-patient ratio by licensed nurse classification within a unit.

Sec. 11. "Unit" means a component within a health care facility for providing patient care.

Sec. 12. A health care facility shall ensure that it is staffed in accordance with sections 2 to 28, inclusive, of this act in such a manner as to provide sufficient, appropriately qualified nursing staff of each classification in each unit within the health care facility to meet the individualized needs for nursing care of the patients therein.

Sec. 13. 1. As a condition of licensing, a health care facility shall annually submit to the Health Division a documented staffing plan and a written certification that the documented staffing plan is sufficient to provide adequate and appropriate delivery of health care services to patients for the ensuing year. The documented staffing plan must:

(a) Include staffing ratios that meet the minimum requirements set forth in section 14 of this act;

(b) Be adequate to meet all other requirements related to staffing established by specific statute, and any regulations adopted pursuant thereto, that may be applicable;

(c) Identify and use an acuity system that has been approved by the Health Division to address fluctuations in actual acuity levels of patients and requirements for nursing care that require increased staffing levels above the minimum staffing ratios set forth in the plan;

(d) Factor in other activities in each unit, including, without limitation, discharges, transfers and admissions, and administrative and support tasks, that are expected to be



1 performed by direct care nurses in addition to the provision of
2 nursing care;

3 (e) Identify the assessment tool used to validate the acuity
4 system upon which the plan relies;

5 (f) Identify the system or method that will be used to document
6 actual staffing within each unit on a daily basis;

7 (g) If applicable, include a written assessment of the accuracy
8 of the plan during the previous year based on the actual staffing
9 needs during that year; and

10 (h) Identify each classification of the nursing staff referred to
11 in the plan and include a statement that sets forth the minimum
12 qualifications for each such classification.

13 2. A health care facility shall develop its documented staffing
14 plan in consultation with the direct care nursing staff for each
15 unit in the health care facility or, if the direct care nursing staff is
16 represented by a recognized collective bargaining unit, with the
17 representatives of the collective bargaining unit.

18 3. As used in this section, "assessment tool" means a
19 measurement system pursuant to which the accuracy of an acuity
20 system is reviewed by comparing the staffing level in each unit
21 against the actual requirements for nursing care.

22 **Sec. 14.** 1. Except as otherwise provided in this section and
23 section 15 of this act, a documented staffing plan must include the
24 following ratios of the maximum number of patients that may be
25 assigned to a direct care nurse in each unit in the health care
26 facility:

27 (a) A ratio of one direct care nurse to one patient in each:

28 (1) Operating room; and

29 (2) Trauma emergency unit.

30 (b) A ratio of one direct care nurse to two patients in each:

31 (1) Critical care unit;

32 (2) Intensive care unit;

33 (3) Labor and delivery unit; and

34 (4) Postanesthesia unit.

35 (c) A ratio of one direct care nurse to three patients in each:

36 (1) Antepartum unit;

37 (2) Emergency room;

38 (3) Pediatric unit;

39 (4) Intermediate unit, also commonly known as a "step-
40 down unit"; and

41 (5) Telemetry unit.

42 (d) A ratio of one direct care nurse to four patients in each:

43 (1) Intermediate care nursery; and

44 (2) Medical, surgical and acute care psychiatric unit.



(e) A ratio of one direct care nurse to five patients in each rehabilitation unit.

(f) A ratio of one direct care nurse to six patients in each:

(1) Postpartum unit, including units providing care to not more than three couplets; and

(2) Nursery for well babies.

(g) Such other ratios, as determined by the Board, for any units not otherwise identified in this subsection, including, without limitation, psychiatric units in health care facilities other than hospitals that provide acute care.

2. A nurse, including a nurse administrator or supervisor, who does not have principal responsibility for caring for a patient, as would a direct care nurse, must not be included in the calculation of any nurse-to-patient ratios established pursuant to subsection 1.

3. A health care facility shall adjust its minimum staffing ratios as necessary to reflect the need for additional direct care nurses to ensure that each unit within the health care facility is adequately staffed. The adjustment must be made in accordance with an approved acuity system.

4. A health care facility that includes a licensed practical nurse or a certified nursing assistant in the nursing staff of a unit of the health care facility shall include in its documented staffing plan the following ratios for the maximum number of patients that may be assigned to a licensed practical nurse or a certified nursing assistant in the unit:

(a) A ratio of one licensed practical nurse to six patients in any unit.

(b) A ratio of one certified nursing assistant to eight patients in any unit.

5. The provisions of this section do not apply to a health care facility if:

(a) The documented staffing plan of the health care facility:

(1) Is developed by a joint labor-management committee or pursuant to a collective bargaining agreement with the appropriate recognized bargaining unit; and

(2) Includes a provision for the enforcement of the documented staffing plan and the resolution of any dispute concerning the documented staffing plan that authorizes either side to call for binding arbitration of the dispute; or

(b) The health care facility has established a joint labor-management committee to resolve issues related to staffing ratios pursuant to which either side is authorized to request binding arbitration or, if the joint labor-management committee is established pursuant to a collective bargaining agreement, the



1 *bargaining unit is authorized to issue a notice of intent to strike*
2 *pursuant to the terms of the collective bargaining agreement in*
3 *lieu of binding arbitration.*

4 *↪ For the purposes of this section, a joint labor-management*
5 *committee must be composed of equal numbers of management*
6 *and nonmanagement employees of the health care facility who are*
7 *appointed by management and labor respectively or pursuant to a*
8 *collective bargaining agreement.*

9 **Sec. 15.** *The Health Division shall adopt:*

10 *1. Regulations prescribing the methods by which it will*
11 *approve an acuity system for use by a health care facility,*
12 *including, without limitation, a system for class approval of acuity*
13 *systems; and*

14 *2. Such other regulations as are necessary to carry out the*
15 *provisions of sections 2 to 28, inclusive, of this act, including,*
16 *without limitation:*

17 *(a) Regulations concerning the submission of a documented*
18 *staffing plan by a health care facility; and*

19 *(b) Regulations that establish nurse-to-patient staffing ratios*
20 *that are higher than the ratios set forth in section 14 of this act.*

21 **Sec. 16.** *1. The skill mix reflected in the documented*
22 *staffing plan of a health care facility must ensure that all the*
23 *following elements of the nursing process are performed in the*
24 *planning and delivery of nursing care for each patient:*

25 *(a) Assessment;*

26 *(b) Nursing diagnosis;*

27 *(c) Planning;*

28 *(d) Intervention;*

29 *(e) Evaluation; and*

30 *(f) Patient recovery.*

31 *2. The skill mix in a documented staffing plan for a health*
32 *care facility must not require or assume that any functions*
33 *relating to nursing care required by chapter 632 of NRS, and any*
34 *regulations adopted pursuant thereto, or any other recognized*
35 *standards for the practice of nursing required to be performed by*
36 *a registered nurse are to be performed by a licensed practical*
37 *nurse, a certified nursing assistant or any other unlicensed*
38 *person.*

39 **Sec. 17.** *1. As a condition of licensure, a health care*
40 *facility must at all times be staffed in accordance with its*
41 *documented staffing plan, except that the provisions of this*
42 *subsection do not preclude a health care facility from providing*
43 *higher direct care nurse-to-patient staffing ratios than the ratios*
44 *otherwise established in its documented staffing plan.*



2. A health care facility may assign a nurse to a unit or a clinical area and include the nurse in the count of assigned nursing staff for the purposes of compliance with its minimum required staffing level if:

(a) The nurse is appropriately licensed for assignment to that unit or clinical area;

(b) The health care facility has provided prior orientation to the nurse before assigning the nurse to that unit or clinical area; and

(c) The health care facility has verified that the nurse is capable of providing competent nursing care to the patients in that unit or clinical area.

Sec. 18. 1. As a condition of licensure, a health care facility must maintain accurate daily records showing for each unit:

(a) The number of patients admitted, released and present in the unit;

(b) The individual acuity level of each patient present in the unit; and

(c) The identity and duty hours of each direct care nurse in the unit.

2. As a condition of licensure, a health care facility must maintain daily statistics, by unit, of mortality, morbidity, infection, accident, injury and medical errors.

3. Records required to be kept pursuant to this section must be:

(a) Maintained for at least 7 years; and

(b) Available upon request to the Health Division and the general public, except that records released to the general public must not contain any personal identifying information, other than the acuity level, concerning a person.

Sec. 19. 1. As a condition of licensure, a health care facility must adopt and disseminate to its direct care nursing staff a written policy that sets forth the circumstances under which a direct care nurse may refuse a work assignment.

2. The written policy concerning work assignments must, at a minimum, allow a direct care nurse to refuse an assignment:

(a) For which the direct care nurse is not prepared because of lack of education, training or experience to fulfill safely and without compromising or jeopardizing the safety of the patients, the ability of the direct care nurse to meet foreseeable needs of the patients and the licensure of the direct care nurse; or

(b) Which otherwise violates any provision of sections 2 to 28, inclusive, of this act.



3. The written policy concerning work assignments must contain:

(a) Reasonable requirements for prior notice to the supervisor of the direct care nurse of the request, including supporting reasons, by the direct care nurse to be relieved of the work assignment;

(b) Reasonable requirements which provide, if feasible, an opportunity for the supervisor to review a request by the direct care nurse to be relieved of the work assignment, including any specific conditions supporting the request, and based upon that review:

(1) Relieve the direct care nurse of the work assignment as requested; or

(2) Deny the request; and

(c) A process pursuant to which a direct care nurse may exercise his right to refuse a work assignment if the supervisor denies the request of the nurse to be relieved of the work assignment if:

(1) The supervisor rejected the request without proposing a remedy or, if a remedy is proposed, the proposed remedy would be inadequate or untimely;

(2) The process for filing a complaint with the Health Division or any other appropriate regulatory entity, including any investigation that would be required, would be untimely to address the concerns of the direct care nurse in refusing a work assignment; and

(3) The direct care nurse in good faith believes that the work assignment meets the conditions established in the written policy justifying refusal.

Sec. 20. 1. A health care facility shall post in a conspicuous place readily accessible to the general public a notice prepared by the Health Division that sets forth in summary form the mandatory provisions of sections 2 to 28, inclusive, of this act. Mandatory and actual staffing levels of nurses in each unit must be posted daily in a conspicuous place that is readily accessible to the general public.

2. Upon request, a health care facility shall make available to the general public copies of its documented staffing plan filed with the Health Division. The health care facility shall post in each unit within the health care facility, or otherwise make readily available to the nursing staff in that unit, during each work shift:

(a) A copy of the current documented staffing plan for that unit;



1 (b) Documentation of the number of direct care nurses
2 required to be present during the work shift based on the approved
3 adopted acuity system; and

4 (c) Documentation of the actual number of direct care nurses
5 present during the work shift.

6 **Sec. 21.** *The Health Division shall ensure the general*
7 *compliance of a health care facility with the provisions of sections*
8 *2 to 28, inclusive, of this act relating to documented staffing plans*
9 *and adopt such regulations as are necessary or appropriate to*
10 *carry out the provisions of this section. The regulations must,*
11 *without limitation, provide:*

12 1. *For unannounced, random visits at a health care facility to*
13 *determine whether the facility is in compliance with sections 2 to*
14 *28, inclusive, of this act;*

15 2. *An accessible and confidential system pursuant to which*
16 *the nursing staff or the general public may report the failure of a*
17 *health care facility to comply with the requirements of sections 2*
18 *to 28, inclusive, of this act;*

19 3. *A systematic means for investigating and correcting*
20 *violations of sections 2 to 28, inclusive, of this act;*

21 4. *For public access to information regarding reports of*
22 *inspections, results, deficiencies and corrections; and*

23 5. *A process for imposing the penalties for violations of the*
24 *staffing requirements set forth in sections 2 to 28, inclusive, of this*
25 *act.*

26 **Sec. 22.** *Notwithstanding any provision of sections 2 to 28,*
27 *inclusive, of this act to the contrary, the Labor Commissioner may*
28 *take such actions as he determines necessary to ensure that a*
29 *health care facility is in compliance with sections 2 to 28,*
30 *inclusive, of this act.*

31 **Sec. 23.** *If the Health Division determines that a health care*
32 *facility has violated any provision of sections 2 to 28, inclusive, of*
33 *this act, the Health Division may:*

34 1. *Suspend or revoke the license of the health care facility*
35 *pursuant to NRS 449.160.*

36 2. *Impose an administrative fine:*

37 (a) *If the health care facility has violated any requirements*
38 *relating to staffing set forth in sections 2 to 28, inclusive, of this*
39 *act, of \$15,000 per day, per violation, for each day that the*
40 *violation occurs or continues.*

41 (b) *If the health care facility has failed to post notice as*
42 *required by section 20 of this act, of \$1,000 for each day that the*
43 *notice is not posted as required.*

44 (c) *If the health care facility has violated any provision of*
45 *section 19 of this act, of \$15,000 per violation.*



Sec. 24. 1. *If, after an investigation, the Health Division determines that a health care facility is not in compliance with any provision of sections 2 to 28, inclusive, of this act or any regulations adopted pursuant thereto, the Health Division shall notify the health care facility of all deficiencies in its compliance. The notice may include an order to take corrective action within a time specified, including, without limitation:*

(a) Revising the documented staffing plan of the health care facility;

(b) Reducing the number of patients within a unit in the health care facility;

(c) Temporarily closing a unit to any further admissions of patients until corrections are made; and

(d) Temporarily transferring patients to another unit within the health care facility until corrections are made.

2. *The Health Division may issue an order to take corrective action on an emergency basis, without prior notice or opportunity for a hearing, if the investigation by the Health Division demonstrates that the noncompliance of the health care facility is compromising patient care or poses an immediate danger to the health or safety of patients.*

3. *An order to take corrective action issued by the Health Division pursuant to this section must be in writing and contain a statement of the reasons for issuing the order. If a health care facility fails to comply with an order to take corrective action within the time specified or, if no time has been specified, in a timely manner, the Health Division may take such action as it deems appropriate, including, without limitation:*

(a) Appointing an administrative overseer for the health care facility;

(b) Closing the health care facility or unit to the admission of patients;

(c) Placing the emergency room of the health care facility on bypass status; and

(d) Suspending or revoking the license of the health care facility.

Sec. 25. *Any person who willfully violates any provision of sections 2 to 28, inclusive, of this act in a manner that evidences a pattern or practice of violations which is likely to have a serious and adverse impact on patient care or the potential for serious injury or death to patients or employees of the health care facility is guilty of a misdemeanor.*

Sec. 26. *A person or health care facility that fails to report or falsifies information, or that coerces, threatens, intimidates or otherwise influences another person to fail to report or to falsify*



1 *information, required to be reported pursuant to sections 2 to 28,*
2 *inclusive, of this act is guilty of a gross misdemeanor and shall be*
3 *punished by a fine of not more than \$15,000 for each such*
4 *incident.*

5 **Sec. 27. The Department of Health and Human Services:**

6 *1. May, upon a determination that a health care facility has*
7 *violated any provision of sections 2 to 28, inclusive, of this act:*

8 *(a) Order the health care facility to reimburse the State Plan*
9 *for Medicaid for an amount to be determined by the Department;*

10 *(b) Terminate the participation of the health care facility in the*
11 *State Plan for Medicaid for a period to be determined by the*
12 *Department; or*

13 *(c) Order the health care facility to reimburse the State Plan*
14 *for Medicaid and to terminate the participation of the health care*
15 *facility in the State Plan for Medicaid.*

16 *2. Shall, if a health care facility falsifies or causes to be*
17 *falsified documentation required by sections 2 to 28, inclusive, of*
18 *this act, prohibit the health care facility from receiving any*
19 *reimbursements from the State Plan for Medicaid for 6 months.*

20 **Sec. 28. The provisions of sections 2 to 28, inclusive, of this**
21 **act do not apply to a health care facility in a county whose**
22 **population is less than 100,000.**

23 **Sec. 29. NRS 449.040 is hereby amended to read as follows:**

24 449.040 Any person, state or local government or agency
25 thereof desiring a license under the provisions of NRS 449.001 to
26 449.240, inclusive, *and sections 2 to 28, inclusive, of this act* must
27 file with the Health Division an application on a form prescribed,
28 prepared and furnished by the Health Division, containing:

29 1. The name of the applicant and, if a natural person, whether
30 the applicant has attained the age of 21 years.

31 2. The type of facility to be operated.

32 3. The location of the facility.

33 4. In specific terms, the nature of services and type of care to
34 be offered, as defined in the regulations.

35 5. The number of beds authorized by the Director of the
36 Department of Health and Human Services or, if such authorization
37 is not required, the number of beds the facility will contain.

38 6. The name of the person in charge of the facility.

39 7. Such other information as may be required by the Health
40 Division for the proper administration and enforcement of NRS
41 449.001 to 449.240, inclusive **[H]**, *and sections 2 to 28, inclusive, of*
42 *this act.*

43 8. Evidence satisfactory to the Health Division that the
44 applicant is of reputable and responsible character. If the applicant is
45 a firm, association, organization, partnership, business trust,



corporation or company, similar evidence must be submitted as to the members thereof ~~and~~ and the person in charge of the facility for which application is made. If the applicant is a political subdivision of the State or other governmental agency, similar evidence must be submitted as to the person in charge of the institution for which application is made.

9. Evidence satisfactory to the Health Division of the ability of the applicant to comply with the provisions of NRS 449.001 to 449.240, inclusive, *and sections 2 to 28, inclusive, of this act* and the standards and regulations adopted by the Board.

10. Evidence satisfactory to the Health Division that the facility conforms to the zoning regulations of the local government within which the facility will be operated or that the applicant has applied for an appropriate reclassification, variance, permit for special use or other exception for the facility.

11. If the facility to be licensed is a residential establishment as defined in NRS 278.02384, and if the residential establishment is subject to the distance requirements set forth in subsection 3 of NRS 278.02386, evidence satisfactory to the Health Division that the residential establishment will be located and operated in accordance with the provisions of that subsection.

Sec. 30. NRS 449.060 is hereby amended to read as follows:

449.060 1. Each license issued pursuant to NRS 449.001 to 449.240, inclusive, *and sections 2 to 28, inclusive, of this act* expires on December 31 following its issuance and is renewable for 1 year upon reapplication and payment of all fees required pursuant to NRS 449.050 unless the Health Division finds, after an investigation, that the facility has not:

(a) Satisfactorily complied with the provisions of NRS 449.001 to 449.240, inclusive, *and sections 2 to 28, inclusive, of this act* or the standards and regulations adopted by the Board;

(b) Obtained the approval of the Director of the Department of Health and Human Services before undertaking a project, if such approval is required by NRS 439A.100; or

(c) Conformed to all applicable local zoning regulations.

2. Each reapplication for an agency to provide personal care services in the home, an agency to provide nursing in the home, a residential facility for intermediate care, a facility for skilled nursing or a residential facility for groups must include, without limitation, a statement that the facility or agency is in compliance with the provisions of NRS 449.173 to 449.188, inclusive.

Sec. 31. NRS 449.070 is hereby amended to read as follows:

449.070 The provisions of NRS 449.001 to 449.240, inclusive, *and sections 2 to 28, inclusive, of this act* do not apply to:



1 1. Any facility conducted by and for the adherents of any
2 church or religious denomination for the purpose of providing
3 facilities for the care and treatment of the sick who depend solely
4 upon spiritual means through prayer for healing in the practice of
5 the religion of the church or denomination, except that such a
6 facility shall comply with all regulations relative to sanitation and
7 safety applicable to other facilities of a similar category.

8 2. Foster homes as defined in NRS 424.014.

9 3. Any medical facility or facility for the dependent operated
10 and maintained by the United States Government or an agency
11 thereof.

12 **Sec. 32.** NRS 449.160 is hereby amended to read as follows:

13 449.160 1. The Health Division may deny an application for
14 a license or may suspend or revoke any license issued under the
15 provisions of NRS 449.001 to 449.240, inclusive, *and sections 2 to*
16 *28, inclusive, of this act* upon any of the following grounds:

17 (a) Violation by the applicant or the licensee of any of the
18 provisions of NRS 439B.410 or 449.001 to 449.245, inclusive, *and*
19 *sections 2 to 28, inclusive, of this act* or of any other law of this
20 State or of the standards, rules and regulations adopted thereunder.

21 (b) Aiding, abetting or permitting the commission of any illegal
22 act.

23 (c) Conduct inimical to the public health, morals, welfare and
24 safety of the people of the State of Nevada in the maintenance and
25 operation of the premises for which a license is issued.

26 (d) Conduct or practice detrimental to the health or safety of the
27 occupants or employees of the facility.

28 (e) Failure of the applicant to obtain written approval from the
29 Director of the Department of Health and Human Services as
30 required by NRS 439A.100 or as provided in any regulation adopted
31 pursuant to this chapter, if such approval is required.

32 (f) Failure to comply with the provisions of NRS 449.2486.

33 2. In addition to the provisions of subsection 1, the Health
34 Division may revoke a license to operate a facility for the dependent
35 if, with respect to that facility, the licensee that operates the facility,
36 or an agent or employee of the licensee:

37 (a) Is convicted of violating any of the provisions of
38 NRS 202.470;

39 (b) Is ordered to but fails to abate a nuisance pursuant to NRS
40 244.360, 244.3603 or 268.4124; or

41 (c) Is ordered by the appropriate governmental agency to correct
42 a violation of a building, safety or health code or regulation but fails
43 to correct the violation.

44 3. The Health Division shall maintain a log of any complaints
45 that it receives relating to activities for which the Health Division



1 may revoke the license to operate a facility for the dependent
2 pursuant to subsection 2. The Health Division shall provide to a
3 facility for the care of adults during the day:

4 (a) A summary of a complaint against the facility if the
5 investigation of the complaint by the Health Division either
6 substantiates the complaint or is inconclusive;

7 (b) A report of any investigation conducted with respect to the
8 complaint; and

9 (c) A report of any disciplinary action taken against the facility.

10 ➔ The facility shall make the information available to the public
11 pursuant to NRS 449.2486.

12 4. On or before February 1 of each odd-numbered year, the
13 Health Division shall submit to the Director of the Legislative
14 Counsel Bureau a written report setting forth, for the previous
15 biennium:

16 (a) Any complaints included in the log maintained by the Health
17 Division pursuant to subsection 3; and

18 (b) Any disciplinary actions taken by the Health Division
19 pursuant to subsection 2.

20 **Sec. 33.** NRS 449.163 is hereby amended to read as follows:

21 449.163 1. If a medical facility or facility for the dependent
22 violates any provision related to its licensure, including any
23 provision of NRS 439B.410, 449.001 to 449.240, inclusive, *and*
24 *sections 2 to 28, inclusive, of this act* or any condition, standard or
25 regulation adopted by the Board, the Health Division in accordance
26 with the regulations adopted pursuant to NRS 449.165 may:

27 (a) Prohibit the facility from admitting any patient until it
28 determines that the facility has corrected the violation;

29 (b) Limit the occupancy of the facility to the number of beds
30 occupied when the violation occurred, until it determines that the
31 facility has corrected the violation;

32 (c) ~~Impose~~ *Except as otherwise provided in section 23 of this*
33 *act, impose* an administrative penalty of not more than \$1,000 per
34 day for each violation, together with interest thereon at a rate not to
35 exceed 10 percent per annum; and

36 (d) Appoint temporary management to oversee the operation of
37 the facility and to ensure the health and safety of the patients of the
38 facility, until:

39 (1) It determines that the facility has corrected the violation
40 and has management which is capable of ensuring continued
41 compliance with the applicable statutes, conditions, standards and
42 regulations; or

43 (2) Improvements are made to correct the violation.

44 2. If the facility fails to pay any administrative penalty imposed
45 pursuant to paragraph (c) of subsection 1, the Health Division may:



1 (a) Suspend the license of the facility until the administrative
2 penalty is paid; and

3 (b) Collect court costs, reasonable attorney's fees and other
4 costs incurred to collect the administrative penalty.

5 3. The Health Division may require any facility that violates
6 any provision of NRS 439B.410, 449.001 to 449.240, inclusive, *and*
7 *sections 2 to 28, inclusive, of this act* or any condition, standard or
8 regulation adopted by the Board, to make any improvements
9 necessary to correct the violation.

10 4. Any money collected as administrative penalties pursuant to
11 this section must be accounted for separately and used to protect the
12 health or property of the residents of the facility in accordance with
13 applicable federal standards.

14 **Sec. 34.** The Health Division of the Department of Health and
15 Human Services shall not renew the license of any health care
16 facility, as that term is defined in section 7 of this act, if the health
17 care facility has not submitted to the Health Division a documented
18 staffing plan as required by section 13 of this act.

19 **Sec. 35.** The provisions of NRS 354.599 do not apply to any
20 additional expenses of a local government that are related to the
21 provisions of this act.

