

Amendment No. 357

Senate Amendment to Senate Bill No. 457	(BDR 40-1143)
Proposed by: Senate Committee on Health and Human Services	
Amends: Summary: No Title: No Preamble: No Joint Sponsorship: No Digest: Yes	

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.



SENATE BILL NO. 457—COMMITTEE ON
HEALTH AND HUMAN SERVICES

MARCH 25, 2019

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to health care facilities. (BDR 40-1143)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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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; requiring the reporting of a death at certain facilities and homes as a sentinel event; requiring the posting on the Internet of certain information concerning facilities and programs for the treatment of the abuse of alcohol or drugs; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law defines the term "sentinel event" to refer to certain events that take place at certain medical facilities. Existing law also requires such medical facilities to report to the Division of Public and Behavioral Health of the Department of Health and Human Services the date, time and a brief description of each sentinel event that occurs at the medical facilities. (NRS 439.830, 439.835) **Section 5** of this bill additionally includes any death at a medical facility, facility for the dependent or home operated by a provider of community-based living arrangement services within the definition of the term "sentinel event." **Section 6** of this bill requires any such facility to report to the Division the date, time and a brief description of each sentinel event, including each death, that occurs at the facility. **Sections 3, 4, 6-12 and 14-17** of this bill broaden the applicability of provisions governing the reporting and investigation of sentinel events to apply to all medical facilities, facilities for the dependent and homes operated by providers of community-based living arrangement services. **Section 7 of this bill provides that a health facility is not required to investigate a death confirmed to have resulted from natural causes. Section 7 also provides that certain facilities that care for elderly or terminally ill persons are not required to investigate a death that appears to have resulted from natural causes.** **Sections 1, 2, 5 and 13** of this bill make conforming changes.

Existing law requires the Division to post on an Internet website maintained by the Division certain ratings assigned to medical facilities and facilities for the dependent. (NRS 449.1825) **Section 18** of this bill additionally requires the Division to compile and post on an Internet website maintained by the Division information concerning the licensing status and quality of: (1) facilities for the treatment of abuse of alcohol or drugs; (2) halfway houses for recovering alcohol and drug abusers; (3) medical facilities that provide treatment for the abuse of alcohol or drugs; and (4) unlicensed programs for the treatment of alcohol or drugs. **Sections 19-25** of this bill make conforming changes.

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

Section 1. Chapter 439 of NRS is hereby amended by adding thereto a new section to read as follows:

“Health facility” means:

- 1. Any facility licensed by the Division pursuant to chapter 449 of NRS; and***
- 2. A home operated by a provider of community-based living arrangement services, as defined in NRS 433.605.***

Sec. 2. NRS 439.800 is hereby amended to read as follows:

439.800 As used in NRS 439.800 to 439.890, inclusive, ***and section 1 of this act***, unless the context otherwise requires, the words and terms defined in NRS 439.802 to 439.830, inclusive, ***and section 1 of this act*** have the meanings ascribed to them in those sections.

Sec. 3. NRS 439.810 is hereby amended to read as follows:

439.810 “Patient” means a person who:

1. Is admitted to a ~~medical~~ **health** facility for the purpose of receiving treatment;
2. Resides in a ~~medical~~ **health** facility; or
3. Receives treatment from a provider of health care.

Sec. 4. NRS 439.815 is hereby amended to read as follows:

439.815 “Patient safety officer” means a person who is designated as such by a ~~medical~~ **health** facility pursuant to NRS 439.870.

Sec. 5. NRS 439.830 is hereby amended to read as follows:

439.830 1. Except as otherwise provided in subsection 2, “sentinel event” means ~~an~~ :

(a) ***An*** event included in Appendix A of “Serious Reportable Events in Healthcare--2011 Update: A Consensus Report,” published by the National Quality Forum ~~it~~ ; ***or***

(b) ***Any death that occurs in a health facility.***

2. If the publication described in subsection 1 is revised, the term “sentinel events” ~~means~~ ***includes, without limitation, the events included on*** the most current version of the list of serious reportable events published by the National Quality Forum as it exists on the effective date of the revision which is deemed to be:

(a) January 1 of the year following the publication of the revision if the revision is published on or after January 1 but before July 1 of the year in which the revision is published; or

(b) July 1 of the year following the publication of the revision if the revision is published on or after July 1 of the year in which the revision is published but before January 1 of the year after the revision is published.

3. If the National Quality Forum ceases to exist, the most current version of the list shall be deemed to be the last version of the publication in existence before the National Quality Forum ceased to exist.

Sec. 6. NRS 439.835 is hereby amended to read as follows:

439.835 1. Except as otherwise provided in subsection 2:

(a) A person who is employed by a ~~medical~~ **health** facility shall, within 24 hours after becoming aware of a sentinel event that occurred at the ~~medical~~ **health** facility, notify the patient safety officer of the facility of the sentinel event; and

(b) The patient safety officer shall, within 13 days after receiving notification pursuant to paragraph (a), report the date, the time and a brief description of the sentinel event to:

(1) The Division; and

(2) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

2. If the patient safety officer of a ~~medical~~ health facility personally discovers or becomes aware, in the absence of notification by another employee, of a sentinel event that occurred at the ~~medical~~ health facility, the patient safety officer shall, within 14 days after discovering or becoming aware of the sentinel event, report the date, time and brief description of the sentinel event to:

(a) The Division; and

(b) The representative designated pursuant to NRS 439.855, if that person is different from the patient safety officer.

3. The State Board of Health shall prescribe the manner in which reports of sentinel events must be made pursuant to this section.

Sec. 7. NRS 439.837 is hereby amended to read as follows:

439.837 ~~Medical~~

1. Except as otherwise provided in subsections 2 and 3, a health facility shall, upon reporting a sentinel event pursuant to NRS 439.835, ~~other than a death from natural causes,~~ conduct an investigation or cause an investigation to be conducted concerning the causes or contributing factors, or both, of the sentinel event and implement a plan to remedy the causes or contributing factors, or both, of the sentinel event.

2. A health facility is not required to take the actions described in subsection 1 concerning a death confirmed to have resulted from natural causes.

3. A residential facility for groups, home for individual residential care or facility for hospice care is not required to take the actions described in subsection 1 concerning a death that appears to have resulted from natural causes.

4. As used in this section:

(a) "Facility for hospice care" has the meaning ascribed to it in NRS 449.0033.

(b) "Home for individual residential care" has the meaning ascribed to it in NRS 449.0105.

(c) "Residential facility for groups" has the meaning ascribed to it in NRS 449.017.

Sec. 8. NRS 439.840 is hereby amended to read as follows:

439.840 1. The Division shall:

(a) Collect and maintain reports received pursuant to NRS 439.835 and 439.843 and any additional information requested by the Division pursuant to NRS 439.841;

(b) Ensure that such reports, and any additional documents created from such reports, are protected adequately from fire, theft, loss, destruction and other hazards and from unauthorized access;

(c) Annually prepare a report of sentinel events reported pursuant to NRS 439.835 by a ~~medical~~ health facility, including, without limitation, the type of event, the number of events, the rate of occurrence of events, and the ~~medical~~ health facility which reported the event, and provide the report for inclusion on the Internet website maintained pursuant to NRS 439A.270; and

(d) Annually prepare a summary of the reports received pursuant to NRS 439.835 and provide a summary for inclusion on the Internet website maintained pursuant to NRS 439A.270. The Division shall maintain the confidentiality of the patient, the provider of health care or other member of the staff of the ~~medical~~ health facility identified in the reports submitted pursuant to NRS 439.835 when preparing the annual summary pursuant to this paragraph.

2. Except as otherwise provided in this section and NRS 239.0115, reports received pursuant to NRS 439.835 and subsection 1 of NRS 439.843 and any additional information requested by the Division pursuant to NRS 439.841 are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

3. The report prepared pursuant to paragraph (c) of subsection 1 must provide to the public information concerning each ~~medical~~ health facility which provided medical services and care in the immediately preceding calendar year and must:

(a) Be presented in a manner that allows a person to view and compare the information for the ~~medical~~ health facilities;

(b) Be readily accessible and understandable by a member of the general public;

(c) Use standard statistical methodology, including without limitation, risk-adjusted methodology when applicable, and include the description of the methodology and data limitations contained in the report;

(d) Not identify a patient, provider of health care or other member of the staff of the ~~medical~~ health facility; and

(e) Not be reported for a ~~medical~~ health facility if reporting the data would risk identifying a patient.

Sec. 9. NRS 439.841 is hereby amended to read as follows:

439.841 1. Upon receipt of a report pursuant to NRS 439.835, the Division may, as often as deemed necessary by the Administrator to protect the health and safety of the public, request additional information regarding the sentinel event or conduct an audit or investigation of the ~~medical~~ health facility.

2. A ~~medical~~ health facility shall provide to the Division any information requested in furtherance of a request for information, an audit or an investigation pursuant to this section.

3. If the Division conducts an audit or investigation pursuant to this section, the Division shall, within 30 days after completing such an audit or investigation, report its findings to the State Board of Health.

4. A ~~medical~~ health facility which is audited or investigated pursuant to this section shall pay to the Division the actual cost of conducting the audit or investigation.

Sec. 10. NRS 439.843 is hereby amended to read as follows:

439.843 1. On or before March 1 of each year, each ~~medical~~ health facility shall provide to the Division, in the form prescribed by the State Board of Health, a summary of the reports submitted by the ~~medical~~ health facility pursuant to NRS 439.835 during the immediately preceding calendar year. The summary must include, without limitation:

(a) The total number and types of sentinel events reported by the ~~medical~~ health facility, if any;

(b) *For a medical facility:*

(I) A copy of the most current patient safety plan established pursuant to NRS 439.865; and

~~(c)~~ (2) A summary of the membership and activities of the patient safety committee established pursuant to NRS 439.875; and

~~(d)~~ (c) Any other information required by the State Board of Health concerning the reports submitted by the ~~medical~~ health facility pursuant to NRS 439.835.

2. On or before June 1 of each year, the Division shall submit to the State Board of Health an annual summary of the reports and information received by the Division pursuant to this section. The annual summary must include, without limitation, a compilation of the information submitted pursuant to subsection 1 and

any other pertinent information deemed necessary by the State Board of Health concerning the reports submitted by the ~~medical~~ health facility pursuant to NRS 439.835. The Division shall maintain the confidentiality of the patient, the provider of health care or other member of the staff of the ~~medical~~ health facility identified in the reports submitted pursuant to NRS 439.835 and any other identifying information of a person requested by the State Board of Health concerning those reports when preparing the annual summary pursuant to this section.

3. The Department shall post on the Internet website maintained pursuant to NRS 439A.270 or any other website maintained by the Department a copy of the most current patient safety plan submitted by each ~~medical~~ health facility pursuant to subsection 1.

Sec. 11. NRS 439.845 is hereby amended to read as follows:

439.845 1. The Division shall analyze and report trends regarding sentinel events.

2. When the Division receives notice from a ~~medical~~ health facility that the ~~medical~~ health facility has taken corrective action to remedy the causes or contributing factors, or both, of a sentinel event, the Division shall:

(a) Make a record of the information;

(b) Ensure that the information is released in a manner so as not to reveal the identity of a specific patient, provider of health care or member of the staff of the facility; and

(c) At least quarterly, report its findings regarding the analysis of trends of sentinel events on the Internet website maintained pursuant to NRS 439A.270.

Sec. 12. NRS 439.855 is hereby amended to read as follows:

439.855 1. Each ~~medical~~ health facility that is located within this state shall designate a representative for the notification of patients who have been involved in sentinel events at that ~~medical~~ health facility.

2. A representative designated pursuant to subsection 1 shall, not later than 7 days after discovering or becoming aware of a sentinel event that occurred at the ~~medical~~ health facility, provide notice of that fact to each patient who was involved in that sentinel event.

3. The provision of notice to a patient pursuant to subsection 2 must not, in any action or proceeding, be considered an acknowledgment or admission of liability.

4. A representative designated pursuant to subsection 1 may or may not be the same person who serves as the facility's patient safety officer.

Sec. 13. NRS 439.860 is hereby amended to read as follows:

439.860 Any report, document and any other information compiled or disseminated pursuant to the provisions of NRS 439.800 to 439.890, inclusive, *and section 1 of this act* is not admissible in evidence in any administrative or legal proceeding conducted in this State.

Sec. 14. NRS 439.870 is hereby amended to read as follows:

439.870 1. A ~~medical~~ health facility shall designate an officer or employee of the facility to serve as the patient safety officer of the ~~medical~~ health facility.

2. The person who is designated as the patient safety officer of a ~~medical~~ health facility shall:

(a) ~~Serve on the patient safety committee.~~

~~(b)~~ Supervise the reporting of all sentinel events alleged to have occurred at the ~~medical~~ health facility, including, without limitation, performing the duties required pursuant to NRS 439.835.

~~[(e)]~~ (b) Take such action as he or she determines to be necessary to ensure the safety of patients as a result of an investigation of any sentinel event alleged to have occurred at the ~~[(medical)]~~ health facility.

~~[(e)]~~ (c) *If the health facility is a medical facility:*

(1) *Serve on the patient safety committee of the medical facility established pursuant to NRS 439.875; and*

(2) Report to the patient safety committee regarding any action taken in accordance with paragraph ~~[(e)]~~ (b).

Sec. 15. NRS 439.880 is hereby amended to read as follows:

439.880 No person is subject to any criminal penalty or civil liability for libel, slander or any similar cause of action in tort if the person, without malice:

1. Reports a sentinel event to a governmental entity with jurisdiction or another appropriate authority;

2. Notifies a governmental entity with jurisdiction or another appropriate authority of a sentinel event;

3. Transmits information regarding a sentinel event to a governmental entity with jurisdiction or another appropriate authority;

4. Compiles, prepares or disseminates information regarding a sentinel event to a governmental entity with jurisdiction or another appropriate authority; or

5. Performs any other act authorized pursuant to NRS 439.800 to 439.890, inclusive ~~[(1)]~~, *and section 1 of this act.*

Sec. 16. NRS 439.885 is hereby amended to read as follows:

439.885 1. If a ~~[(medical)]~~ health facility:

(a) Commits a violation of any provision of NRS 439.800 to 439.890, inclusive, *and section 1 of this act* or for any violation for which an administrative sanction pursuant to NRS 449.163 would otherwise be applicable; and

(b) Of its own volition, reports the violation to the Administrator,
 ➤ such a violation must not be used as the basis for imposing an administrative sanction pursuant to NRS 449.163.

2. If a ~~[(medical)]~~ health facility commits a violation of any provision of NRS 439.800 to 439.890, inclusive, *and section 1 of this act* and does not, of its own volition, report the violation to the Administrator, the Division may, in accordance with the provisions of subsection 3, impose an administrative sanction:

(a) For failure to report a sentinel event, in an amount not to exceed \$100 per day for each day after the date on which the sentinel event was required to be reported pursuant to NRS 439.835;

(b) For failure to adopt and implement a patient safety plan pursuant to NRS 439.865, in an amount not to exceed \$1,000 for each month in which a patient safety plan was not in effect; and

(c) For failure to establish a patient safety committee or failure of such a committee to meet pursuant to the requirements of NRS 439.875, in an amount not to exceed \$2,000 for each violation of that section.

3. Before the Division imposes an administrative sanction pursuant to subsection 2, the Division shall provide the ~~[(medical)]~~ health facility with reasonable notice. The notice must contain the legal authority, jurisdiction and reasons for the action to be taken. If a ~~[(medical)]~~ health facility wants to contest the action, the facility may file an appeal pursuant to the regulations of the State Board of Health adopted pursuant to NRS 449.165 and 449.170. Upon receiving notice of an appeal, the Division shall hold a hearing in accordance with those regulations.

4. An administrative sanction collected pursuant to this section must be accounted for separately and used by the Division to provide training and education to employees of the Division, employees of ~~[(medical)]~~ health facilities and members

1 of the general public regarding issues relating to the provision of quality and safe
2 health care.

3 **Sec. 17.** NRS 439A.270 is hereby amended to read as follows:

4 439A.270 1. The Department shall establish and maintain an Internet
5 website that includes the information concerning the charges imposed and the
6 quality of the services provided by the hospitals and surgical centers for ambulatory
7 patients in this State as required by the programs established pursuant to NRS
8 439A.220 and 439A.240. The information must:

9 (a) Include, for each hospital in this State, the:

10 (1) Total number of patients discharged, the average length of stay and the
11 average billed charges, reported for the diagnosis-related groups for inpatients and
12 the 50 medical treatments for outpatients that the Department determines are most
13 useful for consumers;

14 (2) Total number of potentially preventable readmissions reported pursuant
15 to NRS 439A.220, the rate of occurrence of potentially preventable readmissions,
16 and the average length of stay and average billed charges of those potentially
17 preventable readmissions, reported by the diagnosis-related group for inpatients for
18 which the patient originally received treatment at a hospital; and

19 (3) Name of each physician who performed a surgical procedure in the
20 hospital and the total number of surgical procedures performed by each physician in
21 the hospital, reported for the most frequent surgical procedures that the Department
22 determines are most useful for consumers if the information is available;

23 (b) Include, for each surgical center for ambulatory patients in this State, the:

24 (1) Total number of patients discharged and the average billed charges,
25 reported for 50 medical treatments for outpatients that the Department determines
26 are most useful for consumers; and

27 (2) Name of each physician who performed a surgical procedure in the
28 surgical center for ambulatory patients and the total number of surgical procedures
29 performed by each physician in the surgical center for ambulatory patients, reported
30 for the most frequent surgical procedures that the Department determines are most
31 useful for consumers;

32 (c) Be presented in a manner that allows a person to view and compare the
33 information for the hospitals by:

34 (1) Geographic location of each hospital;

35 (2) Type of medical diagnosis; and

36 (3) Type of medical treatment;

37 (d) Be presented in a manner that allows a person to view and compare the
38 information for the surgical centers for ambulatory patients by:

39 (1) Geographic location of each surgical center for ambulatory patients;

40 (2) Type of medical diagnosis; and

41 (3) Type of medical treatment;

42 (e) Be presented in a manner that allows a person to view and compare the
43 information separately for:

44 (1) The inpatients and outpatients of each hospital; and

45 (2) The outpatients of each surgical center for ambulatory patients;

46 (f) Be readily accessible and understandable by a member of the general
47 public;

48 (g) Include the annual summary of reports of sentinel events prepared for each
49 ~~medical~~ health facility pursuant to paragraph (c) of subsection 1 of NRS 439.840;

50 (h) Include the annual summary of reports of sentinel events prepared pursuant
51 to paragraph (d) of subsection 1 of NRS 439.840;

52 (i) Include the reports of information prepared for each medical facility
53 pursuant to paragraph (b) of subsection 4 of NRS 439.847;

(j) Include a link to electronic copies of all reports, summaries, compilations and supplementary reports required by NRS 449.450 to 449.530, inclusive;

(k) Include, for each hospital with 100 or more beds, a summary of financial information which is readily understandable by a member of the general public and which includes, without limitation, a summary of:

(1) The expenses of the hospital which are attributable to providing community benefits and in-kind services as reported pursuant to NRS 449.490;

(2) The capital improvement report submitted to the Department pursuant to NRS 449.490;

(3) The net income of the hospital;

(4) The net income of the consolidated corporation, if the hospital is owned by such a corporation and if that information is publicly available;

(5) The operating margin of the hospital;

(6) The ratio of the cost of providing care to patients covered by Medicare to the charges for such care;

(7) The ratio of the total costs to charges of the hospital; and

(8) The average daily occupancy of the hospital; and

(l) Provide any other information relating to the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State which the Department determines is:

(1) Useful to consumers;

(2) Nationally recognized; and

(3) Reported in a standard and reliable manner.

2. The Department shall:

(a) Publicize the availability of the Internet website;

(b) Update the information contained on the Internet website at least quarterly;

(c) Ensure that the information contained on the Internet website is accurate and reliable;

(d) Ensure that the information reported by a hospital or surgical center for ambulatory patients for inpatients and outpatients which is contained on the Internet website is expressed as a total number and as a rate, and must be reported in a manner so as not to reveal the identity of a specific inpatient or outpatient of a hospital or surgical center for ambulatory patients;

(e) Post a disclaimer on the Internet website indicating that the information contained on the website is provided to assist with the comparison of hospitals and is not a guarantee by the Department or its employees as to the charges imposed by the hospitals in this State or the quality of the services provided by the hospitals in this State, including, without limitation, an explanation that the actual amount charged to a person by a particular hospital may not be the same charge as posted on the website for that hospital;

(f) Provide on the Internet website established pursuant to this section a link to the Internet website of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(g) Upon request, make the information that is contained on the Internet website available in printed form.

3. As used in this section, "diagnosis-related group" means groupings of medical diagnostic categories used as a basis for hospital payment schedules by Medicare and other third-party health care plans.

Sec. 18. Chapter 449 of NRS is hereby amended by adding thereto a new section to read as follows:

The Division shall:

1. Compile and post on an Internet website maintained by the Division information concerning the licensing status and quality of:

- 1 (a) *Facilities for the treatment of abuse of alcohol or drugs;*
2 (b) *Halfway houses for recovering alcohol and drug abusers;*
3 (c) *Medical facilities that provide a program of treatment for the abuse of*
4 *alcohol or drugs; and*
5 (d) *To the extent that such information is available, unlicensed programs of*
6 *treatment for the abuse of alcohol or drugs; and*
7 2. *Update the information described in subsection 1 at least annually.*

8 **Sec. 19.** NRS 449.030 is hereby amended to read as follows:

9 449.030 Except as otherwise provided in NRS 449.03013, 449.03015 and
10 449.03017, no person, state or local government or agency thereof may operate or
11 maintain in this State any medical facility or facility for the dependent without first
12 obtaining a license therefor as provided in NRS 449.029 to 449.2428, inclusive ~~§~~,
13 *and section 18 of this act.*

14 **Sec. 20.** NRS 449.0301 is hereby amended to read as follows:

15 449.0301 The provisions of NRS 449.029 to 449.2428, inclusive, *and section*
16 *18 of this act* do not apply to:

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

23 2. Foster homes as defined in NRS 424.014.

24 3. Any medical facility, facility for the dependent or facility which is
25 otherwise required by the regulations adopted by the Board pursuant to NRS
26 449.0303 to be licensed that is operated and maintained by the United States
27 Government or an agency thereof.

28 **Sec. 21.** NRS 449.0302 is hereby amended to read as follows:

29 449.0302 1. The Board shall adopt:

30 (a) Licensing standards for each class of medical facility or facility for the
31 dependent covered by NRS 449.029 to 449.2428, inclusive, *and section 18 of this*
32 *act* and for programs of hospice care.

33 (b) Regulations governing the licensing of such facilities and programs.

34 (c) Regulations governing the procedure and standards for granting an
35 extension of the time for which a natural person may provide certain care in his or
36 her home without being considered a residential facility for groups pursuant to NRS
37 449.017. The regulations must require that such grants are effective only if made in
38 writing.

39 (d) Regulations establishing a procedure for the indemnification by the
40 Division, from the amount of any surety bond or other obligation filed or deposited
41 by a facility for refractive surgery pursuant to NRS 449.068 or 449.069, of a patient
42 of the facility who has sustained any damages as a result of the bankruptcy of or
43 any breach of contract by the facility.

44 (e) Any other regulations as it deems necessary or convenient to carry out the
45 provisions of NRS 449.029 to 449.2428, inclusive ~~§~~, *and section 18 of this act.*

46 2. The Board shall adopt separate regulations governing the licensing and
47 operation of:

48 (a) Facilities for the care of adults during the day; and

49 (b) Residential facilities for groups,

50 ➤ which provide care to persons with Alzheimer's disease.

51 3. The Board shall adopt separate regulations for:

52 (a) The licensure of rural hospitals which take into consideration the unique
53 problems of operating such a facility in a rural area.

1 (b) The licensure of facilities for refractive surgery which take into
2 consideration the unique factors of operating such a facility.

3 (c) The licensure of mobile units which take into consideration the unique
4 factors of operating a facility that is not in a fixed location.

5 4. The Board shall require that the practices and policies of each medical
6 facility or facility for the dependent provide adequately for the protection of the
7 health, safety and physical, moral and mental well-being of each person
8 accommodated in the facility.

9 5. In addition to the training requirements prescribed pursuant to NRS
10 449.093, the Board shall establish minimum qualifications for administrators and
11 employees of residential facilities for groups. In establishing the qualifications, the
12 Board shall consider the related standards set by nationally recognized
13 organizations which accredit such facilities.

14 6. The Board shall adopt separate regulations regarding the assistance which
15 may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of
16 controlled substances or dangerous drugs by employees of residential facilities for
17 groups. The regulations must require at least the following conditions before such
18 assistance may be given:

19 (a) The ultimate user's physical and mental condition is stable and is following
20 a predictable course.

21 (b) The amount of the medication prescribed is at a maintenance level and does
22 not require a daily assessment.

23 (c) A written plan of care by a physician or registered nurse has been
24 established that:

25 (1) Addresses possession and assistance in the administration of the
26 medication; and

27 (2) Includes a plan, which has been prepared under the supervision of a
28 registered nurse or licensed pharmacist, for emergency intervention if an adverse
29 condition results.

30 (d) Except as otherwise authorized by the regulations adopted pursuant to NRS
31 449.0304, the prescribed medication is not administered by injection or
32 intravenously.

33 (e) The employee has successfully completed training and examination
34 approved by the Division regarding the authorized manner of assistance.

35 7. The Board shall adopt separate regulations governing the licensing and
36 operation of residential facilities for groups which provide assisted living services.
37 The Board shall not allow the licensing of a facility as a residential facility for
38 groups which provides assisted living services and a residential facility for groups
39 shall not claim that it provides "assisted living services" unless:

40 (a) Before authorizing a person to move into the facility, the facility makes a
41 full written disclosure to the person regarding what services of personalized care
42 will be available to the person and the amount that will be charged for those
43 services throughout the resident's stay at the facility.

44 (b) The residents of the facility reside in their own living units which:

45 (1) Except as otherwise provided in subsection 8, contain toilet facilities;

46 (2) Contain a sleeping area or bedroom; and

47 (3) Are shared with another occupant only upon consent of both occupants.

48 (c) The facility provides personalized care to the residents of the facility and
49 the general approach to operating the facility incorporates these core principles:

50 (1) The facility is designed to create a residential environment that actively
51 supports and promotes each resident's quality of life and right to privacy;

1 (2) The facility is committed to offering high-quality supportive services
2 that are developed by the facility in collaboration with the resident to meet the
3 resident's individual needs;

4 (3) The facility provides a variety of creative and innovative services that
5 emphasize the particular needs of each individual resident and the resident's
6 personal choice of lifestyle;

7 (4) The operation of the facility and its interaction with its residents
8 supports, to the maximum extent possible, each resident's need for autonomy and
9 the right to make decisions regarding his or her own life;

10 (5) The operation of the facility is designed to foster a social climate that
11 allows the resident to develop and maintain personal relationships with fellow
12 residents and with persons in the general community;

13 (6) The facility is designed to minimize and is operated in a manner which
14 minimizes the need for its residents to move out of the facility as their respective
15 physical and mental conditions change over time; and

16 (7) The facility is operated in such a manner as to foster a culture that
17 provides a high-quality environment for the residents, their families, the staff, any
18 volunteers and the community at large.

19 8. The Division may grant an exception from the requirement of subparagraph
20 (1) of paragraph (b) of subsection 7 to a facility which is licensed as a residential
21 facility for groups on or before July 1, 2005, and which is authorized to have 10 or
22 fewer beds and was originally constructed as a single-family dwelling if the
23 Division finds that:

24 (a) Strict application of that requirement would result in economic hardship to
25 the facility requesting the exception; and

26 (b) The exception, if granted, would not:

27 (1) Cause substantial detriment to the health or welfare of any resident of
28 the facility;

29 (2) Result in more than two residents sharing a toilet facility; or

30 (3) Otherwise impair substantially the purpose of that requirement.

31 9. The Board shall, if it determines necessary, adopt regulations and
32 requirements to ensure that each residential facility for groups and its staff are
33 prepared to respond to an emergency, including, without limitation:

34 (a) The adoption of plans to respond to a natural disaster and other types of
35 emergency situations, including, without limitation, an emergency involving fire;

36 (b) The adoption of plans to provide for the evacuation of a residential facility
37 for groups in an emergency, including, without limitation, plans to ensure that
38 nonambulatory patients may be evacuated;

39 (c) Educating the residents of residential facilities for groups concerning the
40 plans adopted pursuant to paragraphs (a) and (b); and

41 (d) Posting the plans or a summary of the plans adopted pursuant to paragraphs
42 (a) and (b) in a conspicuous place in each residential facility for groups.

43 10. The regulations governing the licensing and operation of facilities for
44 transitional living for released offenders must provide for the licensure of at least
45 three different types of facilities, including, without limitation:

46 (a) Facilities that only provide a housing and living environment;

47 (b) Facilities that provide or arrange for the provision of supportive services for
48 residents of the facility to assist the residents with reintegration into the community,
49 in addition to providing a housing and living environment; and

50 (c) Facilities that provide or arrange for the provision of alcohol and drug
51 abuse programs, in addition to providing a housing and living environment and
52 providing or arranging for the provision of other supportive services.

1 ↪ The regulations must provide that if a facility was originally constructed as a
2 single-family dwelling, the facility must not be authorized for more than eight beds.

3 11. As used in this section, "living unit" means an individual private
4 accommodation designated for a resident within the facility.

5 **Sec. 22.** NRS 449.160 is hereby amended to read as follows:

6 449.160 1. The Division may deny an application for a license or may
7 suspend or revoke any license issued under the provisions of NRS 449.029 to
8 449.2428, inclusive, *and section 18 of this act* upon any of the following grounds:

9 (a) Violation by the applicant or the licensee of any of the provisions of NRS
10 439B.410 or 449.029 to 449.245, inclusive, *and section 18 of this act*, or of any
11 other law of this State or of the standards, rules and regulations adopted thereunder.

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

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

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

18 (e) Failure of the applicant to obtain written approval from the Director of the
19 Department of Health and Human Services as required by NRS 439A.100 or as
20 provided in any regulation adopted pursuant to NRS 449.001 to 449.430, inclusive,
21 *and section 18 of this act* and 449.435 to 449.531, inclusive, and chapter 449A of
22 NRS if such approval is required.

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

24 2. In addition to the provisions of subsection 1, the Division may revoke a
25 license to operate a facility for the dependent if, with respect to that facility, the
26 licensee that operates the facility, or an agent or employee of the licensee:

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

28 (b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360,
29 244.3603 or 268.4124; or

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

32 3. The Division shall maintain a log of any complaints that it receives relating
33 to activities for which the Division may revoke the license to operate a facility for
34 the dependent pursuant to subsection 2. The Division shall provide to a facility for
35 the care of adults during the day:

36 (a) A summary of a complaint against the facility if the investigation of the
37 complaint by the Division either substantiates the complaint or is inconclusive;

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

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

40 ↪ The facility shall make the information available to the public pursuant to NRS
41 449.2486.

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

45 (a) Any complaints included in the log maintained by the Division pursuant to
46 subsection 3; and

47 (b) Any disciplinary actions taken by the Division pursuant to subsection 2.

48 **Sec. 23.** NRS 449.163 is hereby amended to read as follows:

49 449.163 1. In addition to the payment of the amount required by NRS
50 449.0308, if a medical facility, facility for the dependent or facility which is
51 required by the regulations adopted by the Board pursuant to NRS 449.0303 to be
52 licensed violates any provision related to its licensure, including any provision of
53 NRS 439B.410 or 449.029 to 449.2428, inclusive, *and section 18 of this act* or any

condition, standard or regulation adopted by the Board, the Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:

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

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

(c) If the license of the facility limits the occupancy of the facility and the facility has exceeded the approved occupancy, require the facility, at its own expense, to move patients to another facility that is licensed;

(d) Impose an administrative penalty of not more than \$5,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum; and

(e) Appoint temporary management to oversee the operation of the facility and to ensure the health and safety of the patients of the facility, until:

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

(2) Improvements are made to correct the violation.

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

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

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

3. The Division may require any facility that violates any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and section 18 of this act* or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

4. Any money collected as administrative penalties pursuant to paragraph (d) of subsection 1 must be accounted for separately and used to administer and carry out the provisions of NRS 449.001 to 449.430, inclusive, *and section 18 of this act*, 449.435 to 449.530, inclusive, and 449.760 and chapter 449A of NRS to protect the health, safety, well-being and property of the patients and residents of facilities in accordance with applicable state and federal standards or for any other purpose authorized by the Legislature.

Sec. 24. NRS 449.220 is hereby amended to read as follows:

449.220 1. The Division may bring an action in the name of the State to enjoin any person, state or local government unit or agency thereof from operating or maintaining any facility within the meaning of NRS 449.029 to 449.2428, inclusive ~~(b)~~, *and section 18 of this act*:

(a) Without first obtaining a license therefor; or

(b) After his or her license has been revoked or suspended by the Division.

2. It is sufficient in such action to allege that the defendant did, on a certain date and in a certain place, operate and maintain such a facility without a license.

Sec. 25. NRS 654.190 is hereby amended to read as follows:

654.190 1. The Board may, after notice and an opportunity for a hearing as required by law, impose an administrative fine of not more than \$10,000 for each violation on, recover reasonable investigative fees and costs incurred from, suspend, revoke, deny the issuance or renewal of or place conditions on the license of, and place on probation or impose any combination of the foregoing on any licensee who:

1 (a) Is convicted of a felony relating to the practice of administering a nursing
2 facility or residential facility or of any offense involving moral turpitude.

3 (b) Has obtained his or her license by the use of fraud or deceit.

4 (c) Violates any of the provisions of this chapter.

5 (d) Aids or abets any person in the violation of any of the provisions of NRS
6 449.029 to 449.2428, inclusive, *and section 18 of this act* as those provisions
7 pertain to a facility for skilled nursing, facility for intermediate care or residential
8 facility for groups.

9 (e) Violates any regulation of the Board prescribing additional standards of
10 conduct for licensees, including, without limitation, a code of ethics.

11 (f) Engages in conduct that violates the trust of a patient or resident or exploits
12 the relationship between the licensee and the patient or resident for the financial or
13 other gain of the licensee.

14 2. If a licensee requests a hearing pursuant to subsection 1, the Board shall
15 give the licensee written notice of a hearing pursuant to NRS 233B.121 and
16 241.034. A licensee may waive, in writing, his or her right to attend the hearing.

17 3. The Board may compel the attendance of witnesses or the production of
18 documents or objects by subpoena. The Board may adopt regulations that set forth a
19 procedure pursuant to which the Chair of the Board may issue subpoenas on behalf
20 of the Board. Any person who is subpoenaed pursuant to this subsection may
21 request the Board to modify the terms of the subpoena or grant additional time for
22 compliance.

23 4. An order that imposes discipline and the findings of fact and conclusions of
24 law supporting that order are public records.

25 5. The expiration of a license by operation of law or by order or decision of
26 the Board or a court, or the voluntary surrender of a license, does not deprive the
27 Board of jurisdiction to proceed with any investigation of, or action or disciplinary
28 proceeding against, the licensee or to render a decision suspending or revoking the
29 license.