

Senate Bill No. 482–Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to health care; requiring certain medical facilities and facilities for the dependent to post certain information near each public entrance to the facility and on any Internet website maintained by the facility; requiring the State Board of Health to establish a system for rating certain health care facilities based on compliance with requirements concerning staffing; revising requirements concerning money received by the Division of Public and Behavioral Health of the Department of Health and Human Services from licensing certain health care facilities; establishing requirements concerning the membership of the staffing committee of certain hospitals; requiring that written policies concerning refusal of or objection to work assignments and documented staffing plans established by the staffing committee of certain hospitals be signed by each member of the staffing committee; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Department of Health and Human Services to establish and maintain a program to increase public awareness of health care information concerning hospitals and surgical centers for ambulatory patients in this State. (NRS 439A.220, 439A.240) **Section 1.5** of this bill additionally requires the Division of Public and Behavioral Health of the Department to post on an Internet website maintained by the Division links to: (1) the most recent star rating assigned by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services to each medical facility or facility for the dependent in this State that receives such a rating; and (2) the Ambulatory Surgical Center Quality Reporting Program maintained by the Centers for Medicare and Medicaid Services. **Section 1.5** also requires a medical facility or facility for the dependent that receives a star rating from the Centers for Medicare and Medicaid Services to post the most recent star rating assigned to the facility: (1) in a conspicuous place near each entrance to the facility that is regularly used by the public; and (2) on the Internet website maintained by the facility, if the facility maintains an Internet website. Finally, **section 1.5** requires a surgical center for ambulatory patients to post in those locations the address for the Internet website for the Ambulatory Surgical Center Quality Reporting Program maintained by the Centers for Medicare and Medicaid Services.

Existing law requires each hospital in a county whose population is 100,000 or more and which is licensed to have more than 70 beds to establish a staffing committee. (NRS 449.242) Existing law also requires health care facilities that meet the same requirements to establish: (1) a written policy that sets forth the circumstances under which a nurse or nursing assistant at the facility may refuse or object to a work assignment; and (2) a documented staffing plan for the facility. (NRS 449.2421, 449.2423) **Section 1.8** of this bill requires the State Board of



Health to establish a system for rating such health care facilities based on compliance with such requirements. **Section 1.8** requires the Board to establish procedures by which a facility may request a follow-up inspection or appeal a finding concerning a violation. Thirty days after an investigation or inspection, or after a final ruling on any appeal or the completion of any follow-up inspection, whichever is later, **section 1.8** requires the rating of a facility to be posted on the Internet website maintained by the Division and in a conspicuous place near each entrance to the facility that is regularly used by the public.

Existing law requires one-half of the membership of a staffing committee of a hospital to be members of the licensed nursing staff and certified nursing assistants who are providing direct patient care at the hospital. (NRS 449.242) **Section 8.3** of this bill requires those members to consist of: (1) one member representing each unit of the hospital who is a licensed nurse elected by the licensed nursing staff who are providing direct patient care on that unit; and (2) one member representing each unit who is a certified nursing assistant elected by the certified nursing assistants who are providing direct patient care on that unit. **Section 8.3** also provides for the election of alternate members to represent the licensed nursing staff and certified nursing assistants who provide direct patient care on each unit. Additionally, **section 8.3** establishes requirements concerning the election of such regular and alternate members. **Section 8.5** of this bill requires the written policy concerning refusal of or objection to work assignments and the staffing plan of a hospital to be signed by each member of the staffing committee of the hospital.

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

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

Section 1. Chapter 449 of NRS is hereby amended by adding thereto the provisions set forth as sections 1.5 and 1.8 of this act.

Sec. 1.5. 1. *The Division shall post on an Internet website maintained by the Division links to:*

(a) The most recent star rating assigned by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services to each medical facility or facility for the dependent in this State that receives such a rating; and

(b) The Ambulatory Surgical Center Quality Reporting Program maintained by the Centers for Medicare and Medicaid Services.

2. A medical facility or facility for the dependent that receives a star rating from the Centers for Medicare and Medicaid Services shall post the most recent star rating assigned to the facility in a conspicuous place near each entrance to the facility that is regularly used by the public and, if the facility maintains an Internet website that is accessible to the public, on that Internet website.



3. *A surgical center for ambulatory patients shall post the address of the Internet website for the Ambulatory Surgical Center Quality Reporting Program maintained by the Centers for Medicare and Medicaid Services in a conspicuous place near each entrance to the surgical center for ambulatory patients that is regularly used by the public and, if the surgical center for ambulatory patients maintains an Internet website that is accessible to the public, on that Internet website.*

Sec. 1.8. *1. The Division shall adopt regulations establishing:*

(a) A system for rating each health care facility located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds on the compliance by the facility with the provisions of this section and NRS 449.241 to 449.2428, inclusive, including, without limitation, the number of resolved and unresolved violations and the severity of those violations. The rating system must provide for the assignment of a star rating of not more than five stars and not less than one star to each such facility after:

(1) Each inspection conducted by the Division pursuant to NRS 449.132; and

(2) Each investigation conducted by the Division pursuant to NRS 449.0307 concerning a complaint that alleges a violation of the provisions of this section and NRS 449.241 to 449.2428, inclusive.

(b) Procedures by which a health care facility located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds may, not later than 30 days after an investigation or inspection, appeal a finding concerning a violation of the provisions of this section and NRS 449.241 to 449.2428, inclusive, or request a follow-up inspection.

2. A star rating assigned pursuant to subsection 1 becomes final:

(a) Thirty days after the investigation or inspection on which the star rating is based; or

*(b) After the completion of any follow-up inspection or the final determination of any appeal pursuant to subsection 1,
↳ whichever is later.*

3. Not later than 5 days after a star rating becomes final pursuant to subsection 2, the Division shall post on an Internet website maintained by the Division a report which must include:

(a) The final star rating assigned to the facility pursuant to subsection 1; and



(b) A report of each unresolved violation of an applicable statute or regulation and all proposed actions to correct the violation.

4. A health care facility located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall post the final star rating assigned to the facility pursuant to subsection 1 after the most recent investigation or inspection in a conspicuous place near each entrance to the facility that is regularly used by the public and, if the facility maintains an Internet website that is accessible to the public, on that Internet website.

Sec. 2. NRS 449.030 is hereby amended to read as follows:

449.030 1. Except as otherwise provided in NRS 449.03013 and 449.03015, no person, state or local government or agency thereof may operate or maintain in this State any medical facility or facility for the dependent without first obtaining a license therefor as provided in NRS 449.030 to 449.2428, inclusive **H**, *and sections 1.5 and 1.8 of this act.*

2. Unless licensed as a facility for hospice care, a person, state or local government or agency thereof shall not operate a program of hospice care without first obtaining a license for the program from the Board.

Sec. 3. NRS 449.0301 is hereby amended to read as follows:

449.0301 The provisions of NRS 449.030 to 449.2428, inclusive, *and sections 1.5 and 1.8 of this act* do not apply to:

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

2. Foster homes as defined in NRS 424.014.

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

Sec. 4. NRS 449.0302 is hereby amended to read as follows:

449.0302 1. The Board shall adopt:

(a) Licensing standards for each class of medical facility or facility for the dependent covered by NRS 449.030 to 449.2428, inclusive, *and sections 1.5 and 1.8 of this act* and for programs of hospice care.



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

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

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

(e) Any other regulations as it deems necessary or convenient to carry out the provisions of NRS 449.030 to 449.2428, inclusive ~~H~~, *and sections 1.5 and 1.8 of this act.*

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

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

(b) Residential facilities for groups,

→ which provide care to persons with Alzheimer's disease.

3. The Board shall adopt separate regulations for:

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

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

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

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

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

6. The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and



454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given:

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

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

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

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

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

(d) The prescribed medication is not administered by injection or intravenously.

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

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

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

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

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

(2) Contain a sleeping area or bedroom; and

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

9. The Board shall, if it determines necessary, adopt regulations and requirements to ensure that each residential facility



for groups and its staff are prepared to respond to an emergency, including, without limitation:

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

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

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

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

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

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

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

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

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

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

Sec. 5. NRS 449.0306 is hereby amended to read as follows:

449.0306 1. Money received from licensing medical facilities and facilities for the dependent must be forwarded to the State Treasurer for deposit in the State General Fund ~~H~~ *to the credit of the Division.*

2. The Division shall enforce the provisions of NRS 449.030 to 449.245, inclusive, *and sections 1.5 and 1.8 of this act*, and may incur any necessary expenses not in excess of money ~~appropriated~~ *authorized* for that purpose by the State or received from the Federal Government.



Sec. 6. NRS 449.160 is hereby amended to read as follows:

449.160 1. The Division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.030 to 449.2428, inclusive, *and sections 1.5 and 1.8 of this act* upon any of the following grounds:

(a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410 or 449.030 to 449.245, inclusive, *and sections 1.5 and 1.8 of this act*, or of any other law of this State or of the standards, rules and regulations adopted thereunder.

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

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

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

(e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or as provided in any regulation adopted pursuant to NRS 449.001 to 449.430, inclusive, *and sections 1.5 and 1.8 of this act* and 449.435 to 449.965, inclusive, if such approval is required.

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

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

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

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

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

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

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



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

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

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

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

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

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

Sec. 7. NRS 449.163 is hereby amended to read as follows:

449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility or facility for the dependent violates any provision related to its licensure, including any provision of NRS 439B.410 or 449.030 to 449.2428, inclusive, *and sections 1.5 and 1.8 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 \$1,000 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 a violation by a medical facility or facility for the dependent relates to the health or safety of a patient, an administrative penalty imposed pursuant to paragraph (d) of



subsection 1 must be in a total amount of not less than \$1,000 and not more than \$10,000 for each patient who was harmed or at risk of harm as a result of the violation.

3. 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.

4. The Division may require any facility that violates any provision of NRS 439B.410 or 449.030 to 449.2428, inclusive, *and sections 1.5 and 1.8 of this act* or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

5. 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 sections 1.5 and 1.8 of this act* and 449.435 to 449.965, inclusive, 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. 8. 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 449.030 to 449.2428, inclusive ~~§~~, *and sections 1.5 and 1.8 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. 8.1. NRS 449.241 is hereby amended to read as follows:

449.241 As used in NRS 449.241 to 449.2428, inclusive, *and section 1.8 of this act*, unless the context otherwise requires, the words and terms defined in NRS 449.2413 to 449.2418, inclusive, have the meanings ascribed to them in those sections.

Sec. 8.3. NRS 449.242 is hereby amended to read as follows:

449.242 1. Each hospital located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall establish a staffing committee to develop a



written policy as required pursuant to NRS 449.2423 and a documented staffing plan as required pursuant to NRS 449.2421. The staffing committee must consist of:

(a) Not less than one-half of the total *regular* members of the staffing committee from the licensed nursing staff and certified nursing assistants who are providing direct patient care at the hospital . ~~[-and]~~ *The members described in this paragraph must consist of:*

(1) One member representing each unit of the hospital who is a licensed nurse who provides direct patient care on that unit, elected by the licensed nursing staff who provide direct patient care on the unit that the member will represent.

(2) One member representing each unit of the hospital who is a certified nursing assistant who provides direct patient care on that unit, elected by the certified nursing assistants who provide direct patient care on the unit that the member will represent.

(b) Not less than one-half of the total *regular* members of the staffing committee appointed by the administration of the hospital.

(c) One alternate member representing each unit of the hospital who is a licensed nurse or certified nursing assistant who provides direct patient care on that unit, elected by the licensed nursing staff and certified nursing assistants who provide direct patient care on the unit that the member represents.

2. Each time a new staffing committee is formed, the administration of the hospital shall hold an election to select the members described in paragraphs (a) and (c) of subsection 1. Each licensed nurse and certified staffing assistant who provides direct patient care at the hospital must be allowed at least 3 days to vote for:

(a) The regular member described in paragraph (a) of subsection 1 who will represent his or her unit and profession; and

(b) The alternate member described in paragraph (c) of subsection 1 who will represent his or her unit.

3. If a vacancy occurs in a position on a staffing committee described in paragraph (a) or (c) of subsection 1, a new regular or alternate member, as applicable, must be elected in the same manner as his or her predecessor.

4. In developing the written policy and the staffing plan, the staffing committee shall consider, without limitation, the information received pursuant to paragraph (b) of subsection 5 of NRS 449.2423 regarding requests to be relieved of a work



assignment, refusals of a work assignment and objections to a work assignment.

~~13-1~~ 5. The staffing committee of a hospital shall meet at least quarterly.

~~14-1~~ 6. Each hospital that is required to establish a staffing committee pursuant to this section shall prepare a written report concerning the establishment of the staffing committee, the activities and progress of the staffing committee and a determination of the efficacy of the staffing committee. The hospital shall submit the report on or before December 31 of each:

(a) Even-numbered year to the Director of the Legislative Counsel Bureau for transmission to the next regular session of the Legislature.

(b) Odd-numbered year to the Legislative Committee on Health Care.

Sec. 8.5. NRS 449.2421 is hereby amended to read as follows:

449.2421 1. As a condition of licensing, a health care facility located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds shall make available to the Division a written policy adopted pursuant to NRS 449.2423, a documented staffing plan and a written certification that the written policy and the documented staffing plan are adequate to meet the needs of the patients of the health care facility. *If the health care facility is a hospital, the written policy and the documented staffing plan must:*

(a) Be signed by each member of the staffing committee of the hospital established pursuant to NRS 449.242 to indicate that the member has received a copy of the written policy and the staffing plan and, if applicable, actively participated in the development of the written policy and the staffing plan; and

(b) Include a place where a member of the staffing committee may note any objections to the written policy or the staffing plan.

2. The documented staffing plan must include, without limitation:

(a) A detailed written plan setting forth:

(1) The number, skill mix and classification of licensed nurses required in each unit in the health care facility, which must take into account the experience of the clinical and nonclinical support staff with whom the licensed nurses collaborate, supervise or otherwise delegate assignments; and

(2) The number of certified nursing assistants required in each unit in the health care facility;



(b) A description of the types of patients who are treated in each unit, including, without limitation, the type of care required by the patients;

(c) A description of the activities in each unit, including, without limitation, discharges, transfers and admissions;

(d) A description of the size and geography of each unit;

(e) A description of any specialized equipment and technology available for each unit;

(f) Any foreseeable changes in the size or function of each unit; and

(g) Protocols for adequately staffing the health care facility:

(1) In the event of an emergency, including, without limitation, mass casualties and a significant change in the acuity or number of patients;

(2) If applicable, in circumstances when a significant number of patients are diverted from another facility; and

(3) If a licensed nurse or certified nursing assistant is absent or refuses a work assignment pursuant to NRS 449.2423.

~~121~~ **3.** A documented staffing plan must provide sufficient flexibility to allow for adjustments based upon changes in a unit of the health care facility.

~~131~~ **4.** The health care facility shall ensure that it is staffed in accordance with the documented staffing plan.

Sec. 8.7. NRS 449.2428 is hereby amended to read as follows:

449.2428 For each health care facility which is located in a county whose population is 100,000 or more and which is licensed to have more than 70 beds, the Division shall:

1. Ensure the general compliance of the health care facility with the provisions of NRS 449.241 to 449.2428, inclusive, *and section 1.8 of this act*, including, without limitation, those provisions relating to documented staffing plans and written policies adopted pursuant to NRS 449.2423; and

2. Adopt such regulations as are necessary or appropriate to carry out the provisions of this section.

Sec. 9. 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 nursing facility administrator or administrator of a residential facility for groups who:



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

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

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

(d) Aids or abets any person in the violation of any of the provisions of NRS 449.030 to 449.2428, inclusive, *and sections 1.5 and 1.8 of this act*, as those provisions pertain to a facility for skilled nursing, facility for intermediate care or residential facility for groups.

(e) Violates any regulation of the Board prescribing additional standards of conduct for nursing facility administrators or administrators of residential facilities for groups, including, without limitation, a code of ethics.

(f) Engages in conduct that violates the trust of a patient or resident or exploits the relationship between the nursing facility administrator or administrator of a residential facility for groups and the patient or resident for the financial or other gain of the licensee.

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

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

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

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

Sec. 10. This act becomes effective upon passage and approval for the purpose of adopting regulations and performing any other administrative tasks that are necessary to carry out the provisions of this act and on January 1, 2018, for all other purposes.



