Alzheimer’s Endorsement Frequently Asked Questions:

There are at least 3 options available when a resident either has a dementia diagnosis or has begun exhibiting unsafe behaviors as follows:

1. Obtain a physician’s placement determination.

2. Apply for an Alzheimer’s endorsement.

3. Transfer the resident to a facility licensed to provide proper care and services.

Q:  How do I get an endorsement?

A:  Licensed facilities must apply for a new endorsement or to change an endorsement.  Normally, facilities would apply through the on-line licensure portal. However, because HCQC has agreed to waive the fee through June 30, 2019 for existing residential facilities applying for an Alzheimer’s endorsement, a paper application must be obtained from HCQC and submitted. The applicant must then complete the application by submitting the necessary documents to add the endorsement. Once the application is complete, HCQC will schedule and conduct an inspection to ensure compliance with the standards for the new endorsement. If no deficiencies are identified, a new license will be issued with the new endorsement. The paper application can be obtained at the following link:

[http://dpbh.nv.gov/Reg/HealthFacilities/HF\_-\_Non-Medical/Residential\_facility\_for\_groups\_(adult\_group\_care/assisted\_living)/](http://dpbh.nv.gov/Reg/HealthFacilities/HF_-_Non-Medical/Residential_facility_for_groups_%28adult_group_care/assisted_living%29/)

Under the heading “Other Information”, click on – “Alzheimer’s Endorsement”

Q:  How much does it cost?

A:  Normally changes to a license (such as a new endorsement) require a $250 fee. HCQC has agreed to waive this fee for existing residential facilities applying for an Alzheimer’s endorsement until June 30, 2019.

Q:  What do I have to do to get the endorsement?  Please visit the link listed under question one for complete instructions.

Q:  How much time does the resident have to get their physician to complete the Standard Placement Determination form?

A:  There is no specific timeframe in regulation, rather the circumstances are evaluated by the inspector and a timeframe is established in accordance with NAC 449.2738(1) (see references below).  For those residents who are not in immediate jeopardy, but who are exhibiting unsafe behaviors, the facility must comply with NAC 449.2732 (see references below).

Q:  What if there is no alternative placement?

A:  In such a case, NRS 449A.100 is applicable (see references below).

Q:  Is there a mechanism to dispute a deficiency?

A:  HCQC has developed a policy for administrative review of disputed deficiencies.  Follow this link:

<http://dpbh.nv.gov/Reg/HealthFacilities/HealthFacilities_-_Home/>

Under the heading “Resources”, click the link titled, “IDR/Administrative Review Policy”

Q:  After 6/30/19 HCQC indicated that scope and severity will again be assigned for deficiencies identifying non-compliance regarding residents with a dementia diagnosis, is there a chance that deadline will be extended?

A:  This deadline provides an opportunity for facilities to review their options and to work through solutions for their current residents. As the deadline approaches, HCQC will re-evaluate the issues and determine whether this deadline should be extended.

References:

**NAC 449.2738**  **Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. (**[NRS 449.0302](https://www.leg.state.nv.us/NRS/NRS-449.html#NRS449Sec0302)**)**

     1.  If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau:

     (a) The assessments made by physicians concerning the physical and mental condition of the resident; and

     (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident.

     2.  If the Bureau or the resident’s physician determines that the facility is prohibited from caring for the resident pursuant to [NAC 449.271](https://www.leg.state.nv.us/NAC/NAC-449.html#NAC449Sec271) to [449.2734](https://www.leg.state.nv.us/NAC/NAC-449.html#NAC449Sec2734), inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility must be notified of that determination. Upon receipt of such a notification, the administrator shall, within a period prescribed by the Bureau, submit a plan to the Bureau for the safe and appropriate relocation of the resident pursuant to [NRS 449A.100](https://www.leg.state.nv.us/NRS/NRS-449A.html#NRS449ASec100) to a place where the proper care will be provided.

     3.  If an inspection or investigation reveals that the conditions at a residential facility may immediately jeopardize the health and safety of a resident, the administrator of the facility shall, as soon as practicable, ensure that the resident is transferred to a facility which is capable of properly providing for his or her care.

**NAC 449.2732**  **Residents requiring protective supervision. (**[NRS 449.0302](https://www.leg.state.nv.us/NRS/NRS-449.html#NRS449Sec0302)**)**

     1.  Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless:

     (a) The resident is able to follow instructions;

     (b) The resident is able to make his or her needs known to the caregivers employed by the facility;

     (c) The resident can be protected from harming himself or herself and other persons; and

     (d) The caregivers employed by the facility can meet the needs of the resident.

     2.  If a person who requires protective supervision is unable to follow instructions or has difficulty making his or her needs known to the employees of the facility, the person may be admitted to the facility or be permitted to remain as a resident of the facility if the facility complies with the provisions of [NAC 449.2754](https://www.leg.state.nv.us/NAC/NAC-449.html#NAC449Sec2754) and [449.2756](https://www.leg.state.nv.us/NAC/NAC-449.html#NAC449Sec2756).

     3.  The administrator of a residential facility with a resident who requires protective services shall ensure that:

     (a) The caregivers employed by the facility are capable of providing the supervision for that resident without neglecting the needs of the other residents of the facility; and

     (b) There is a written plan for providing protective supervision for that resident.

**NRS 449A.100  Facility to provide necessary services or arrange for transfer of patient; explanation of need for transfer and alternatives available.**

      1.  Every medical facility and facility for the dependent must provide the services necessary to treat properly a patient in a particular case or must be able to arrange the transfer of the patient to another facility which can provide that care.

      2.  A patient may be transferred to another facility only if the patient has received an explanation of the need to transfer the patient and the alternatives available, unless the condition of the patient necessitates an immediate transfer to a facility for a higher level of care and the patient is unable to understand the explanation.