



Bureau of Health Care Quality and Compliance (HCQC)

Licensing Handbook 101

For Transitional Living Facilities for Released Offenders

(TLF)

July 1, 2011

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Introduction

The Bureau of Health Care Quality and Compliance licenses 33 different types of medical and health related facilities such as hospitals, nursing homes, surgery centers, home health agencies, alcohol & drug abuse treatment facilities, etc. The purpose of this handbook is help make the licensure process easier to understand for any person or organization interested in applying for a license to provide care and services to individuals recently released from correctional institutions. This particular licensure type is called Transitional Living Facilities for Released Offenders and is abbreviated as TLF throughout the remainder of this handbook.

Pre-application

Step 1: Facility Type

Prior to applying for licensure as a Transitional Living Facility for Released Offenders (TLFs), you need to familiarize yourself with the statutory definition of a TLF so you apply for the right type of license. Per Nevada Revised Statue (NRS) 449.0055, a TLF means a residence that provides housing and a living environment for persons who have been released from prison and who require assistance with reintegration into the community. The term does not include a residence that is operated or maintained by a state or local government or an agency, a halfway house for recovering alcohol and drug abusers or a facility for the treatment of abuse of alcohol or drugs. Residents of TLFs can be parolees, persons who are participating in a judicial or correctional program, a person supervised by the Division of Parole and Probation of the Department of Public Safety through residential confinement, and any persons who have been released from prison after their term of sentence.

Step 2: Statutes and Regulations

You also need to review and keep a copy of chapter NRS 449 which can be found at <http://www.leg.state.nv.us/NRS/NRS-449.html> . Many of the statutes, or laws found in this chapter pertain to TLFs. In addition, you will need to review and keep a copy of the Nevada Administrative Codes (NAC), or regulations, for chapter NAC 449. These regulations can be found at <http://www.leg.state.nv.us/NAC/NAC-449.html>. Many of these regulations apply to TLFs especially NAC 449.154951 to 449.154999. This particular section of regulations is specific to TLFs and provides important definitions and regulations concerning the operation of a TLF.

Step 3: Zoning

Before applying for a TLF license, it is critical that you contact the local business licensing entity to ensure your facility can be zoned appropriately as a TLF. There have been many TLF applicants that have been denied a business license due to zoning restrictions. Obtain your local business license FIRST before applying for a TLF license.

Step 4: Number of Clients/Residents

Another factor to consider prior to applying is the number of residents who will reside in the facility. The number of residents allowed is dependent upon the size of bedrooms.

- If a bedroom is occupied by one resident, that resident must have 80 sq ft of floor space;
- If a bedroom is occupied by more than one resident, then each resident in that room must have at least 50 sq ft of floor space.

By creating a floor plan of your facility and listing the dimensions for each room you will be able to verify how many residents you can have in the facility when you submit your application.

Step 5: Fire Marshal and Kitchen Requirements

After you have calculated how many residents can reside in the facility, the next step is to decide whether you need a commercialized kitchen permit and/or an automatic fire sprinklers system. If you have 11 or more residents then you must obtain a food establishment permit and have a commercialized kitchen installed in the facility. Please contact an Environmental Health Specialist in this bureau for further information. Please contact the State Fire Marshal's Office at 775-684-7500 regarding the sprinkler system requirement. Staff at the State Fire Marshal's Office will assist you in determining if you need an automatic sprinkler system and/or what kind of system you will need.

Application Process

The Bureau has one standard application for all 33 facility types. The application can be found at <http://www.health.nv.gov/HCQC/Forms/LICAPP.pdf>. Again, many of the items in the standard application will not apply to TLFs. Just fill out the application to the best of your ability. If you need assistance with the application, please contact our licensing specialist.

The current application fee for a TLF is \$3990.00 plus \$146.00 per bed.

In addition to the application, various documents are also needed before an application is considered complete. The following link is for the checklist of additional documents that are needed: <http://www.health.nv.gov/HCQC/Forms/checklists/TLFChecklist.pdf>. It is not mandatory to submit all of the documents at one time with your application. Documents can be submitted after the application is turned in. Many of the documents on the list are self-explanatory like the three letters of reference for the administrator and some of the documents can be found with the application like the medical labs attestation. You will not be able to provide two documents on the checklist – the certificate of compliance from the State Fire Marshal and evidence of approval from the Division of Parole and Probation. When you submit your application, our licensing specialist sends a request to the State Fire Marshal to inspect your building for fire safety requirements such as a sprinkler system (if applicable), smoke detectors, emergency lights, and fire extinguishers. The State Fire Marshal's office will charge you a nominal fee for their inspection. After that fee is collected and the building is inspected by a State Fire Marshal, their office will provide this bureau with the certificate of compliance. You must also have approval from the Division of Parole and Probation to operate a TLF. Typically, this is a letter from Parole and Probation indicating their office will be referring inmates to your facility. If you need assistance with the checklist, please contact our licensing specialist.

Here are some things to keep in mind with the application process:

- An initial inspection will not be scheduled until after all of the required documents are obtained.
- The application fee is non-refundable;
- The application is valid for one year from the submission date;
- You cannot have residents in your facility until after you have undergone an initial inspection and are issued a license.

Post-application

To qualify for an initial inspection, your application must contain all the required documents. When it is deemed complete by our licensing specialist, the application is forwarded to a supervisor who will review the application for completeness. After the supervisor approves the application, the supervisor will assign the initial inspection to an inspector or an inspection team depending on the size of the facility. An inspector will contact you and set up an initial inspection appointment. This will be the only time an inspector will set-up an appointment. All other inspections after the initial inspection are unannounced.

Initial Inspection

Starting on page 7 of this handbook is a list of what must be available on-site for your initial inspection and it serves as a guide to make sure you are in full compliance with all TLF regulations along with the TLF inspection workbook. Please review the list, sign on the last page and present the signed list to your inspector on your inspection day. By signing, you have attested that you are ready for your initial inspection. If you have everything on the list available, you will have a successful initial inspection. You can also use this list and TLF workbook after the inspection to ensure compliance throughout the year.

The initial inspection consists of many tasks that verify if you are in compliance with TLF regulations (NAC 449.154951 to 449.154999). The inspector will:

- Inspect the physical environment,
- Review facility policies and procedures,
- Review facility forms and documents,
- Review employee files,
- Review a sample resident/client file, and
- Interview staff.

On pages 10 - 13, are actual inspection forms that will be used during your inspection.

After the actual inspection is completed, the inspector will discuss his/her findings with you and assist you with ways to correct the simple issues. If items cannot be corrected at the time of the initial inspection, the inspector will summarize their findings in a report called the Statement of Deficiencies. The facility must submit a Plan of Correction in response to the Statement of Deficiencies within 10 days

of receiving the statement. The inspector will review the Plan of Correction to determine if the plan is acceptable for correcting the deficiencies. If acceptable, the inspector will forward the initial inspection paperwork to a supervisor for finalization. A license cannot be issued if all of the findings are not corrected.

*** For certain situations in which a correction is not possible, an exception from the regulations can be granted by the Nevada State Board of Health.

Post-initial inspection

A supervisor will review the initial inspection paperwork and approve the initial license. Once the supervisor approves the initial license, it may take up to two weeks to receive the actual license. Once the license is received, it must be posted in a public area in the facility and you can begin admitting residents.

Subsequent inspections

After your initial inspection, inspectors have the authority to inspect your facility unannounced at any time. Currently, TLFs are inspected every 18 months unless a complaint has been filed against your facility. Regardless, the inspector will announce whether the inspection is a standard 18 month inspection or the result of a complaint. Again, the inspector will conduct an inspection very similar to the initial inspection and provide you with a summary of findings which you must correct to maintain your license.

Renewals

Current renewal fee is \$1995.00 plus \$73.00 per bed.

Even though you will be issued a license sometime during the year, all licenses expire on December 31st of every year. Renewal statements are mailed out on October 1st and payment is due by November 15th. If a renewal payment is not received by November 15th, a late fee will applied. If you fail to pay the renewal payment and late fee by December 31st and you wish to remain in operation, you will need to pay the initial application fee again.

Closure

If you chose to voluntarily close your facility during the year, you must turn in your original license, write a letter addressed to the bureau indicating you are officially closing, provide a copy of a letter addressed to residents/families announcing the closure and submit a list of where your clients/residents were discharged. You will not receive a refund of your licensing fees.

Facilities for Transitional Living for Released Offenders (TLF)

Documents/Information Needed for an Initial State Licensure Inspection

The administrator's file **must** be kept onsite and **must** contain the following:

- Proof the administrator is at least 21 years of age (copy of a driver's license or passport)
- A copy of a physical examination or physician certification that the administrator is in a state of good health, is free from active tuberculosis and any other disease in a contagious stage

The administrator **must** establish a policy and procedure manual. The manual **must** be kept on the premises and **must** be reviewed annually by the administrator. The manual **must** contain the following policies:

- The manner in which records of residents will be maintained and protected from unauthorized use
- The manner in which confidential information is disclosed about residents
- The criteria used to admit a resident
- The criteria used to discharge a resident
- The criteria used to discharge a resident for a violation of the rules
- The criteria used to discharge a resident for the use of alcohol or drugs
- The rights and responsibilities of a resident
- The evacuation of residents in case of fire or other emergency
- Facility rules
- Smoking rules

The facility **must** have a written disaster plan. The disaster plan **must** be communicated with staff members and residents. The disaster plan **must** include the following provisions:

- Workplace threats and violence
- Bomb threats
- Possession of firearms or explosives by a resident
- Medical emergencies
- Natural disasters typical of the particular geographic area
- Power failure
- Interruption in the normal supply of water
- Terrorist threats
- Provisions for temporary shelter and services in the event of an evacuation

The facility **must** have a first aid kit that **must** contain the following items:

- A germicide,

- Sterile gauze pads,
- Adhesive bandages (Band-Aids),
- Rolls of gauze,
- Adhesive tape,
- Disposable gloves,
- A CPR mask or shield, and
- A thermometer.

The facility **must** have a list of client rights. Client rights **must** include the following:

- Resident will not be abused, neglected or exploited by another resident or any other person visiting the facility
- Residents will not be prohibited from speaking to any person who advocates for their rights
- Residents are treated with dignity and respect
- The facility environment will be safe and comfortable
- Residents are not prohibited from interacting socially
- Residents are allowed to make their own decisions consistent with facility rules
- Residents are allowed to vote

Resident files **must** contain the following information:

- The full name, address and date of birth
- The address and telephone number of any next of kin or guardian
- A list of rules signed by the resident
- The name and telephone number of the resident's parole officer
- Evidence of compliance with NAC 441A.380 regarding tuberculosis testing by either a two-step tuberculosis skin test or a QuantiFERON Gold TB blood test done prior to admission or done within 24 hours to 5 days after admission

Miscellaneous documents/information needed for review:

- Evidence the disaster plan has been communicated to each member of the staff and residents (i.e. create a form signed by each staff person and resident attesting to the fact that the disaster plan has been communicated with them)
- Evidence that a quarterly evacuation drill (fire drill) has been conducted (i.e. an evacuation/fire drill log)
- Evidence that an annual disaster drill has been conducted (i.e. a disaster drill log)
- A covered garbage container outside the facility
- Screens on each window and any doors left open
- A commercialized kitchen permit for facilities with more than 10 residents
- Evidence that resident medications can be stored, controlled and protected from unauthorized use (i.e. locked box, a locked file cabinet, a locked cupboard, etc.)
- Evacuation routes posted in common areas of the facility

- Evidence that facility fire extinguishers have been inspected annually (i.e. inspection tag or invoice)
- Smoking policy posted in a common area of the facility
- Evidence that smoke detectors are tested monthly (i.e. a monthly smoke detector log)
- Evidence an automatic sprinkler system has been annually inspected (i.e. inspection tag or invoice)
- Evidence of compliance with NAC 441A.380 regarding tuberculosis testing for employees (including house managers) - a two-step tuberculosis skin test or a Quaniferon Gold TB blood test and a pre-employment physical prior to hire

I verify that the above listed documents/information will be available for review during the initial State Licensure inspection. I understand that the inspection may be halted and have to be rescheduled, possibly delaying the issuance of a license, should documentation not be available for review. I also understand that further documentation may be requested at the time of review.

Administrator

Date

_____EMPLOYEE: _____ DATE OF HIRE: _____

Per NAC 441A.375:

Pre-Employment Physical _____

Initial two-step TB test: 1st _____
2nd _____

Or other TB test (blood): _____

Annual one-step TB test or other TB screening test: _____

Or Positive TB skin test and chest x-ray report: _____

TB symptom screening form (if applicable): _____

_____EMPLOYEE: _____ DATE OF HIRE: _____

Pre-Employment Physical _____

Initial two-step TB test: 1st _____
2nd _____

Or other TB test (blood): _____

Annual one-step TB test or other TB screening test: _____

Or Positive TB skin test and chest x-ray report: _____

TB symptom screening form (if applicable): _____

LAUNDRY FACILITIES – NAC 449.154977 Tag 270 - 275

Number of washers/dryers _____

Number of residents _____

Enough washers/dryers per residents Y/N? _____

Dryers vented to the outside? Y/N? _____

KITCHENS – NAC 449.154979 Tag 280 - 305

Clean/Sanitary Y/N? _____

Hazardous food refrigerated at 40 degrees Fahrenheit or less Y/N? _____

Frozen food stored at 0 degrees Fahrenheit or less Y/N? _____

Cleaning or pest control products stored in kitchen Y/N? _____

>10 residents requires BHPS permit and inspection _____

FIRST AID KIT – NAC 449.154987 Tag 355 - 385

Available for emergency use _____

Germicide Sterile gauze pads Disposable gloves _____

Adhesive bandages, rolls of gauze and adhesive tape _____

CPR mask/shield Thermometer/fever strips _____

MEDICATIONS – NAC 449.154989 Tag 390 - 410

Storage method _____

Medication used by more than one resident Y/N? _____

Disposed of when expired or discontinued Y/N? _____

Medications controlled and distributed in a manner consistent with applicable state and federal laws Y/N? _____

RIGHTS OF RESIDENTS – NAC 449.154995 Tag 450 - 485

Telephone number of the bureau posted Y/N? _____

Telephone number of the administrator posted Y/N? _____

TELEPHONES – NAC 449.154991 Tag 415 - 420

Listed in directory Y/N? _____

Telephone in good working condition Y/N? _____

SAFETY FROM FIRE – NAC 449.154999 Tag 520 - 570

Sprinklers/alarm system inspected by a licensed person annually Y/N? _____

Sprinklers/alarm system inspected quarterly by knowledgeable person Y/N? _____

Evacuation plan posted in common area Y/N? _____

Evacuation drills conducted quarterly and kept for 12 months after drill Y/N? _____

Evacuation drills - each shift participate at least annually Y/N? _____

Fire extinguisher provided and inspected annually Y/N? _____

Smoking policy established and posted in common area Y/N? _____

Smoker detectors tested monthly Y/N? _____

COMMENTS

BEDROOMS – NAC 449.154981 Tag 310 - 325									
Measurement (50 square ft/resident in shared bedroom and 80 square ft/resident in private bedroom)									
Total square footage									
Furniture arrangement (comfort/safety)									
Linen on bed (mattress cover, 2 clean sheets, a blanket, a pillow, pillow case & bedspread)									
Linen changed (min) weekly									
Number of mattresses in room									
Sterilization tags on used mattresses									
Bedroom not used for any other purpose									
BATHROOMS – NAC 449.154985 Tag 335 - 350									
Sufficiently lighted									
Flushing Toilet (1 for every 4 residents)									
Bath/Shower (1 for every 6 residents)									
Individual towel and wash cloth									
Towels changed (min) weekly									
Soap dispenser provided (liquid or granular soap)									
Paper towels or hand towels provided									

_____ Resident: _____ Admit Date: _____

Address: _____

Date of Birth: _____ SSN: _____

Address and phone number of next of kin/or guardian: _____

Initial two-step TB test or other TB screening test: _____

Or Positive TB skin test and chest x-ray report: _____

TB symptom screening form completed on admission: _____

Annual one-step TB test or other TB screening test: _____

List of rules signed by resident: _____

Evacuation plan has been communicated with the resident _____

Name and telephone number of parole office if applicable _____

_____ Resident: _____ Admit Date: _____

Address: _____

Date of Birth: _____ SSN: _____

Address and phone number of next of kin/or guardian: _____

Initial two-step TB test or other TB screening test: _____

Or Positive TB skin test and chest x-ray report: _____

TB symptom screening form completed on admission: _____

Annual one-step TB test or other TB screening test: _____

List of rules signed by resident: _____

Evacuation plan has been communicated with the resident _____

Name and telephone number of parole office if applicable _____