NOTICE OF PUBLIC HEARING

LAS VEGAS RECOVERY CENTER LLC, 102 EAST LAKE MEAD PARKWAY, HENDERSON, NEVADA 89015, IS REQUESTING A VARIANCE, CASE #784, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN THAT LAS VEGAS RECOVERY CENTER LLC, located at 102 EAST LAKE MEAD PARKWAY, HENDERSON, NEVADA 89015, has requested a variance from Nevada Administrative Code (NAC) 449.3154.2 and the Facility Guidelines Institute, *Guidelines for Design and Construction of Hospitals*, 2022 Edition.

A public hearing will be conducted on September 5, 2025, at 9:00 am by the Nevada State Board of Health to consider this request. This meeting will be held in person and online.

Physical Locations:
Southern Nevada Health District (SNHD)
Red Rock Trail Rooms A and B
280 S. Decatur Boulevard, Las Vegas, Nevada 89107

Nevada Division of Public and Behavioral Health (DPBH)
Hearing Room No. 303, 3rd Floor
4150 Technology Way, Carson City, Nevada 89706

Virtual Information
Meeting Link:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZWE1NGZjMDAtM2JmZi00NjVjLWExMzYtNTRjZDFkZGRmY2Iz%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

Please Note: If you experience technical difficulties connecting online, please call into the meeting to participate by phone.

Join by Phone:
1-775-321-6111
Phone Conference ID Number: 443 843 916#

LAS VEGAS RECOVERY CENTER LLC, 102 EAST LAKE MEAD PARKWAY, HENDERSON, NEVADA 89015 is requesting a variance from NAC 449.3154.2 which states:

NAC 449.3154 Construction, remodeling, maintenance and change of use: General requirements; prerequisites to approval of licensure. (NRS 439.200**,** 449.0302**)**

2. Except as otherwise provided in this section, any new construction, remodeling or change in the use of a hospital must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c) (d) and (e) of subsection 1 of NAC 449.0105, unless the remodeling is limited to refurbishing an area of the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.

NAC 449.0105 Adoption of certain publications by reference; revision of publication after adoption. (NRS 439.200**,** 449.0302**)**

1. The State Board of Health hereby adopts by reference:

(c) *Guidelines for Design and Construction of Hospitals*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection.

2. A copy of the guidelines may be obtained from the Facility Guidelines Institute at the Internet address **https://shop.fgiguidelines.org** or by telephone at (800) 798-9296, for the price of $235.

Guidelines for Design and Construction of Hospitals (2022 Edition):

Sections 2.2-2.2.2.6 Patient toilet room. See Section 2.1-2.2.6 (Patient Toilet Room) for requirements.

Section 2.1-2.2.6 Patient Toilet Room.

Section 2.1-2.2.6.3(2) Room features. A handwashing station. See Section 2.1-2.8.7 (Support Areas for Patient

Care Units and Other Patient care areas – Handwashing Station) for requirements.

Las Vegas Recovery Center LLC, located at 102 East Lake Mead Parkway, Henderson Nevada 89015, is a proposed hospital for individuals with substance use disorder (SUD). Their proposed hospital is to be a "guest" hospital within a "host" hospital, Saint Rose Dominican Hospital at the De Lima Campus. Las Vegas Recovery Center LLC, is proposing to locate their housing units on the third and fourth floors, that have 46 total patient rooms equipped with toilet rooms. The third floor has 26 patient rooms, and the fourth floor has 20 patient rooms. None of the patient toilet rooms were equipped with a handwashing station within the patient room's toilet rooms on both the third and fourth floors. Handwashing stations were only found within the patient rooms. Part of the third and fourth floors patient rooms (and their associated toilet rooms) that were formerly part of the rehabilitation units (26 total). These former rehabilitation patient rooms' toilet rooms have sufficient space and nearby plumbing to install handwashing stations within their toilet rooms. Those former rehabilitation patient room's toilet rooms would include: all 20 on the fourth floor; only six on the third floor; and each of these toilet rooms were not equipped with showers within them. The other twenty third floor patient toilet rooms (equipped with showers) could not readily add handwashing stations within them.

Las Vegas Recovery Center LLC, would like to not install any handwashing station into any of the patient rooms' toilet rooms (46 toilet room handwashing stations).

The authority of the State Board of Health to consider and grant a variance from the requirements of a regulation is set forth at NRS 439.200 and NAC 439.200 – 439.280.

Persons wishing to comment upon the proposed variance may appear at the scheduled public hearing or may submit written testimony at least five days before the scheduled hearing to:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Anyone wishing to testify for more than five minutes on the proposed variance must petition the Board of Health at the above address. Petitions shall contain the following: 1) a concise statement of the subject(s) on which the petitioner will present testimony; 2) the estimated time for the petitioner's presentation.

This notice has also been posted at the following locations:

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH), 4150 TECHNOLOGY WAY, CARSON CITY, NV

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH WEBSITE:

http://dpbh.nv.gov/Boards/BOH/Meetings/Meetings/

MEMORANDUM

July 17, 2025

To: Jon Pennell, DVM, Chairperson
State Board of Health

From: Cody Phinney, Administrator
Division of Public and Behavioral Health

RE: Variance Request #784, for Las Vegas Recovery LLC Hospital - Missing Handwash Stations in Patient Rooms' Toilet Rooms

REGULATIONS:

Nevada Administrative Code 9 ("NAC") 449.3154 (2) states as follows:

> Except as otherwise provided in this section, any new construction, remodeling or change in the use of a hospital must comply with the applicable provisions of the guidelines adopted by the reference in paragraphs (c) (d) and € of subsection I of NAC 449.0105, unless the remodeling is limited to the refurbishing an area of the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and relacing window or wall coverings in the area.
>
> Further, NAC 449.0105 states,
>
> 1. The State Board of Health hereby adopts by reference:
>
> …
>
> (c) *Guidelines for Design and Construction of Hospitals,* in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the Facility Guidelines Institute at the Internet address **https://shop.fgiguidelines.org** or by telephone at (800) 798-9296, for the price of $235."

Guidelines for Design and Construction of Hospitals (2022 Edition):

> Sections 2.2-2.2.2.6 Patient toilet room. See Section 2.1-2.2.6 (Patient Toilet Room) for requirements.
>
> Section 2.1-.2.2.6 Patient Toilet Room
>
> Section 2.1 – 2.2.6.3 (2) Room features. A handwashing station. See Section 2.1-2.8.7 (Support Areas for Patient Care Units and Other Patient care areas – Handwashing Station) for requirements.

STAFF REVIEW:

Las Vegas Recovery Center LLC is doing business as Las Vegas Recovery Hospital (LVRH). LVRH is planning to be a "guest" hospital within another hospital located at 102 East Lake Mead Parkway, Henderson Nevada 89015, as an acute care hospital for individuals with substance use disorder (SUD). LVRH would like to occupy the third and fourth floors of the "host" hospital. These two floors have 46 total patient bedrooms; 26 bedrooms on the third floor and 20 bedrooms on the fourth floor.

The "host" hospital is Saint Rose Dominican Hospital Rose de Lima (hereinafter to be referred to as SRDHR de Lima). The SRDHR de Lima has been in Southern Nevada for approximately 75 years. The location of the third and fourth floors that LVRH would like to occupy are found in the "1970 building" of the SDHR de Lima campus.

None of the patient toilet rooms are equipped with handwashing stations. Handwashing stations are only found within the patient rooms. Historically, part of the third floor and all of the fourth floor patient rooms (and their associated toilet rooms) were formerly part of rehabilitation units (6 patient rooms on the third floor and 20 patient rooms on the fourth floor (26) total). The codes in effect at the time required handwash sinks in the patient rooms for rehabilitation patient rooms. The rehabilitation toilet rooms were also required to have a handwash sink, but that additional sink in the toilet room, could be omitted if there was a sink within the patient room according to the standards at the time (American Institute of Architects', *Guidelines for the Design and Construction of Health Care Facilities*, 1996-1997 and 2006 editions).

Note: The former rehabilitation patient rooms' toilet rooms have sufficient space and nearby plumbing to install handwashing stations within their toilet rooms. The other twenty patient rooms on the third floor patient toilet rooms (equipped with showers) did not have sufficient space for handwash stations as currently designed. These third floor toilet rooms did have plumbing (showers) installed within them.

LVRH would like to not install any handwashing stations into any of the patient rooms' toilet rooms (46 toilet room handwashing stations) and would manage handwashing through operational policy and by using the handwashing station in the patient room, located outside of the toilet rooms.

INTENT OF THE REGULATION:

The intent of the current regulations is to minimize the occurrence of nosocomial infections (hospital-quired infections). By providing handwash stations both in the patient room for direct patient care and providing a handwashing station in the patient rooms' toilet rooms to allow staff, patients, and visitors the opportunity to conduct hand hygiene prior to exiting the toilet room without spreading contagions onto surfaces equipment, and/or other persons.

DEGREE OF RISK TO PUBLIC HEALTH AND SAFETY:

The degree of risk is related to the possible increased cross-infection between patients (and others) found within two-bed patient rooms. The current code, the 2022 edition of the Facility Guidelines Institute, *Guidelines for the Design and Construction of Hospitals*, requires handwash stations in patient rooms and patient toilet rooms with new construction for medical/surgical units, obstetrical units, and other patient unity types (i.e., psychiatric, rehabilitation, oncology, in-hospital skilled nursing (also used for long-term acute care hospitals and units) and hospice care units). The trend to increase placement of handwashing stations in both the patient rooms and toilet rooms with the current code may suggest indirect effort and evidence for decreasing infectious rates within the hospitals.

LVRH indicated in their Exhibit B (as their variance request) they would take compensatory measures by orientating patients to wash their hands in the patient rooms' handwashing station before going into the toilet rooms and after departing the toilet rooms. The LVRH would also post these instructions in the patient rooms to reinforce the admission orientations. LVRH Staff would also be required to follow

their infection control policies. LVRH also indicated that they would be adding some form of antimicrobial hand rub near the patient room handwashing station.

EXCEPTIONAL AND UNDUE HARDHSIP:

Applicant states strict application of NAC 449.3154(2) and *Guidelines for the Design and Construction of Hospitals* (2022 Edition), Section 2.2-2.2.2.6 would cause an exceptional financial hardship. The applicant indicated in their Exhibit B as part of the variance request, "Based on construction estimates…the addition of in-room handwashing sinks to 46 patient toilet rooms would cost approximately $140,000 in construction cost and $560,000 in rent payments with zero revenue streams due to delayed opening of the facility."

STAFF RECCOMENDATION:

Division of Public and Behavioral Health – Bureau of Health Care Quality and Compliance staff recommends the State Board of Health approve Variance Request #784 as it finds that strict application of NAC 449.3154.2 and *Guidelines for the Design and Construction of Hospitals*, Sections 2.2-2.2.2.6 would result in exceptional or undue hardship on the Applicant.

PRESENTER: Steve Gerleman, Health Facilities Inspection Manager, BHCQC

ATTACHMENTS:

Proposed Floor diagrams of Las Vegas Recovery Hospital to be located within SRD Rose de Lima campus' 3rd and 4th floors, 2 pages.

NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Please check the appropriate box that pertains to the NAC for which you are requesting a variance.

☐ Division Administration
(NAC 439, 441A, 452, 453A, & 629)

☐ Child, Family & Community Wellness
(NAC 392, 394, 432A, 439, 441A, & 442)

☐ Public Health & Clinical Services
(NAC 211, 444, 446, 447, 583, & 585)

☒ Health Care Quality & Compliance
(NAC 449, 457, 459 & 652)

☐ Office of State Epidemiology
(NAC 440,450B, 452, 453, 453A, & 695C)

Date: 5 / 3 / 2 0 2 5

Name of Applicant: Las Vegas Recovery Hospital Phone: 801-516-1747

Mailing Address: 850 Towbin Ave

City: Lakewood State: NJ Zip: 08701

We do hereby apply for a variance to chapter/section NAC 449.3154 of the Nevada Administrative Code (NAC). (For example: NAC 449.204)

1. FGI Guidelines (p. 154) Sections 2.2-2.2.2.6 Patient toilet roo. See Section 2.1-2.2.6 (Patient Toilet Room) for requirements. (p. 79) Section 2.1-2.2.6 Patient Toilet Room. Section 2.1-2.2.6.3(2) Room features. A handwashing station. See (p. 86) Section 2.1-2.8.7 (Support Areas for Patient Care Units and Other Patient care areas – Handwashing Station) for requirements.

Title of section in question: Construction, remodeling, maintenance and change of use: General requirements; prerequisites to approval of licensure

Statement of existing or proposed conditions in violation of the NAC:

Please see the attached Exhibit B for a full response

NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Date of initial operation (if existing): n/a

ATTENTION: Please read this section closely. Your request for variance will be examined against these criteria:

Any person who, because of unique circumstances, is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right may apply for a variance from a regulation. (NAC 439.200(1))

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
    (a) There are circumstances or conditions which:
        (1) Are unique to the applicant;
        (2) Do not generally affect other persons subject to the regulation;
        (3) Make compliance with the regulation unduly burdensome; and
        (4) Cause a hardship to and abridge a substantial property right of the applicant; and
    (b) Granting the variance:
        (1) Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property; and
        (2) Will not be detrimental or pose a danger to public health and safety.

2. Whenever an applicant for a variance alleges that he/she/they suffers or will suffer economic hardship by complying with the regulation, they must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable. (NAC 439.240)

Therefore, it is important for your variance request to be as complete as possible. It is your responsibility to attach documentation supporting your variance request.

Statement of degree of risk of health: Please see the attached Exhibit B for a full response

NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Please state in detail the circumstances or conditions which demonstrate that:

1. An exceptional and undue hardship results from a strict application of the Regulation:

Please see the attached Exhibit B for a full response

2. The variance, if granted, would not:

   A. Cause substantial detriment to the public welfare.

Please see the attached Exhibit B for a full response

   B. Impair substantially the purpose of the regulation from which the application seeks a variance.

Please see the attached Exhibit B for a full response

The bureau may require the following supporting documents to be submitted with and as a part of this application:

Specific Request:

NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

1. Legal description of property concerned

_ 2. General area identification map

_ 3. Plot map showing locations of all pertinent items and appurtenances

_ 4. Well log (if applicable)

_ 5. Applicable lab reports

_ 6. Applicable engineering or construction/remodeling information

_ 7. Other items (see following pages)

This application must be accompanied by evidence demonstrating the costs of your compliance with regulations or specific statutory standards. Your request will be placed on the Board of Health agenda 40 days or more after receipt in this office if accompanied by the required fee (NAC 439.210). The application and supporting documentation will form the basis for the Division of Public and Behavioral Health staff report and recommendation(s) to the Board. Failure to respond to the above statements may cause the Board to deny consideration of the application at the requested Board meeting.

[X] I am/we are requesting this variance request be placed on the next regularly scheduled Board of Health agenda. It is understood that I/we can attend in person at either physical location in Carson City or Las Vegas or we may attend virtual.

Signature: _____

Printed Name: Ben Levin

Title: President

Date: 5/3/2025

NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

PLEASE SUBMIT YOUR APPLICATION FOR VARIANCE BY USING ANY OF THE FOLLOWING METHODS:

MAIL TO:
Secretary, Nevada State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

FAX:
775-687-7570

EMAIL:
DPBH@health.nv.gov
StateBOH@health.nv.gov

Dignity Health – St. Rose Dominican Hospital, Rose De Lima Campus

Third & Fourth Floor Life Safety Plans

1 THIRD FLOOR LIFE SAFETY PLAN
1/8" = 1'-0"

LIFE SAFETY LEGEND

WALL & CEILING BARRIERS & PARTITIONS

	3 HR. FIRE BARRIER
	2 HR. FIRE BARRIER
	1 HR. FIRE BARRIER
	2 HR. SMOKE BARRIER
	1 HR. SMOKE BARRIER
	NON-RATED SMOKE RESISTIVE PARTITION
	1 HR. INTERIOR BEARING WALL
	NON-RATED PARTITION

EGRESS DOOR TAG

HEIGHT RATED SMOKE BARRIER

SMOKE COMPARTMENT BARRIER ZONES ARE HATCHED IN ALTERNATING COLORS FOR CLARITY

TRAVEL DISTANCE LIMITATIONS

250'	BUILDING EXIT (MAXIMUM 250'-0")
150'	SMOKE COMPARTMENT (MAXIMUM 200'-0")
75'	SUITE (MAXIMUM 150'-0")
50'	DEAD END CORRIDOR (MAXIMUM 20'-0")
25'	SLEEPING ROOM EXIT (MAXIMUM 35'-0")

AREA SYMBOLS

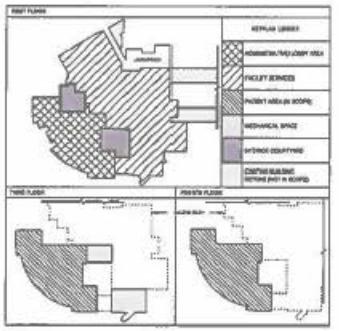
	ELEVATOR
	EGRESS CORRIDOR
	EXIT STAIR (VERTICAL EXIT ENCLOSURE)
	SUITE
	HAZARDOUS ROOMS
	SHAFTS
	ROOF AREA
	COURTYARD

LIFE SAFETY SYMBOLS

	TRAVEL DISTANCE (FT) TO MEANS OF EGRESS
FE	FIRE EXTINGUISHER CABINET
HRS	HORN/STROBE
PS	PULL STATION
	DIRECTIONAL EXIT LIGHT
CO	CARBON MONOXIDE DETECTOR
	EMERGENCY LIGHT
	MEANS OF EGRESS LIGHTING

NOTE:
PLAN TO BE PRINTED IN COLOR TO FACILITATE PROPER COMMUNICATION OF INTENT

KEYPLANS



REVISIONS

GutVann

NAFTOLI GUT, R.A.

DIGNITY HEALTH - ST. ROSE DOMINICAN HOSPITAL, ROSE DE LIMA CAMPUS

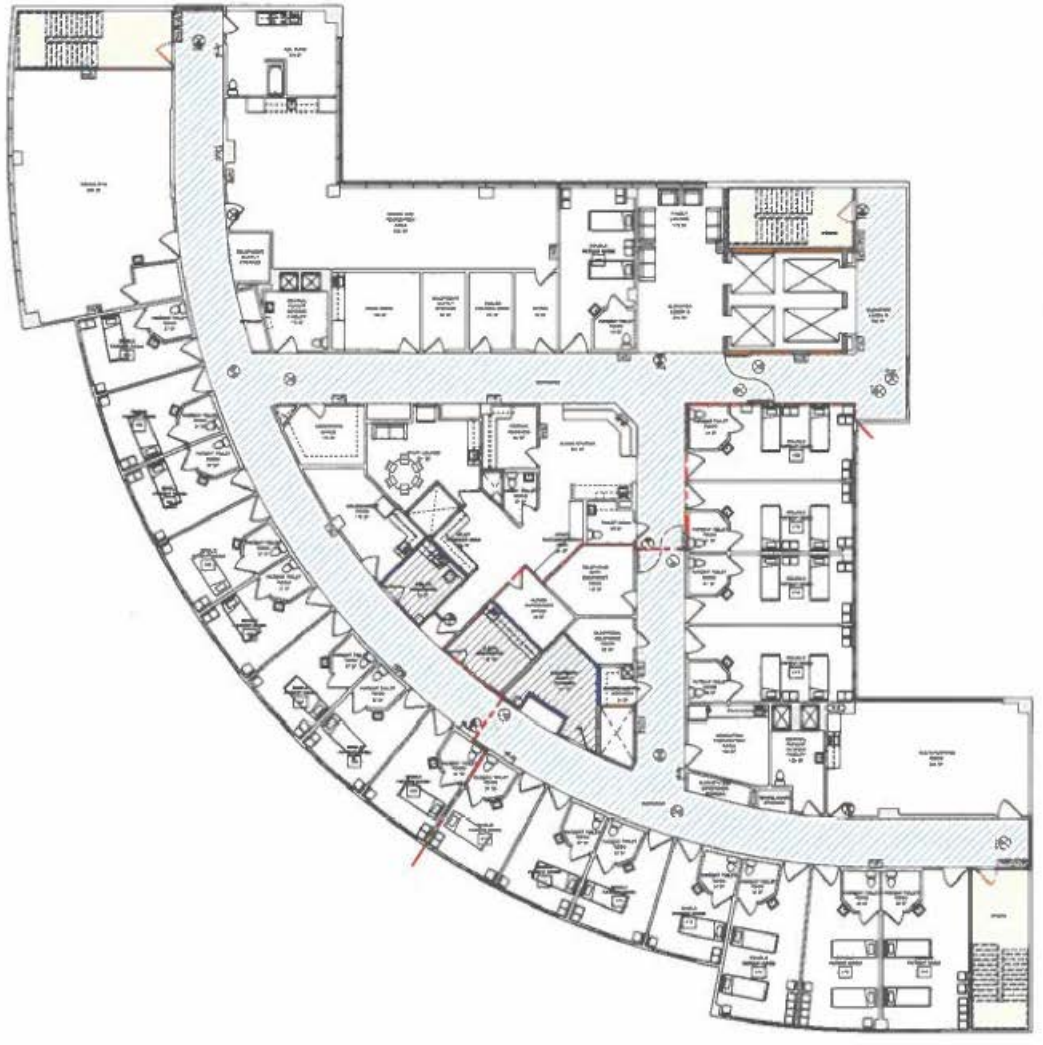
102 S. LAKE MEAD PKWY
HENDERSON, NV 89015

THIRD FLOOR LIFE SAFETY PLAN

DATE	12/26/2024
SCALE	As Indicated
JOB NUMBER	23-690
DRAWN	SL
CHECKED	NG

LS1

2/10/2025 12:54:39 PM



1 FOURTH FLOOR LIFE SAFETY PLAN
1/8" = 1'-0"

LIFE SAFETY LEGEND

WALL & CEILING BARRIERS & PARTITIONS

- 3 HR. FIRE BARRIER
- 2 HR. FIRE BARRIER
- 1 HR. FIRE BARRIER
- 2 HR. SMOKE BARRIER
- 1 HR. SMOKE BARRIER
- NON-RATED SMOKE RESISTIVE PARTITION
- 1 HR. INTERIOR BEARING WALL
- NON-RATED PARTITION

DOOR TAG

TRAVEL DISTANCE LIMITATIONS

- BUILDING EXIT (MAXIMUM 300'-0")
- SMOKE COMPARTMENT (MAXIMUM 200'-0")
- SUITE (MAXIMUM 100'-0")
- DEAD END CORRIDOR (MAXIMUM 20'-0")
- SLEEPING ROOM EXIT (MAXIMUM 50'-0")

AREA SYMBOLS

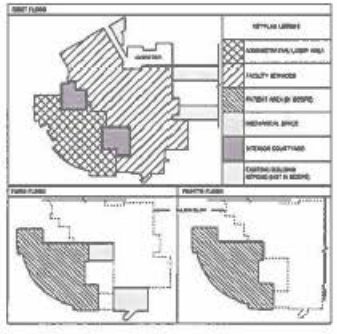
- ELEVATOR
- EGRESS CORRIDOR
- EXIT STAIR (VERTICAL EXIT ENCLOSURE)
- SUITE
- HAZARDOUS ROOMS
- SHAFTS
- ROOF AREA
- COURTYARD

LIFE SAFETY SYMBOLS

- TRAVEL DISTANCE (FT) TO MEANS OF EGRESS
- FE — FIRE EXTINGUISHER CABINET
- HS — HORN/STROBE
- PS — PULL STATION
- DIRECTIONAL EXIT LIGHT
- CO — CARBON MONOXIDE DETECTOR
- EMERGENCY LIGHT
- MEANS OF EGRESS LIGHTING

NOTE
PLAN TO BE PRINTED IN COLOR TO FACILITATE PROPER COMMUNICATION OF INTENT

KEYPLANS



REVISIONS

GutVann

NAFTOLI GUT, R.A.

DIGNITY HEALTH - ST. ROSE DOMINICAN HOSPITAL, ROSE DE LIMA CAMPUS

102 E. LAKE MEAD PKWY
HENDERSON, NV 89015

FOURTH FLOOR LIFE SAFETY PLAN

DATE 12/26/2024
SCALE As indicated
JOB NUMBER 23-690
DRAWN SL
CHECKED NG

LS2

3/26/2025 12:54:49 PM

Statement of Existing or Proposed Conditions in Violation of the NAC:

Las Vegas Recovery Hospital (LVRH) is a new facility located within the existing Dignity Rose de Lima campus in downtown Henderson. While it has not yet opened, market studies project tremendous demand for services. LVRH will provide critical care for patients suffering from medical conditions related to substance abuse, as well as detox and addiction treatment services.

While the Nevada Administrative Code (NAC) does not explicitly require handwashing stations in each patient toilet room, it adopts the Facility Guidelines Institute (FGI) standards, which recommend these features in general acute care hospitals.

Our hospital has been designed with handwashing stations located directly outside each patient bathroom, and not directly in the patient toilet room.

Statement of Degree of Risk to Health

The requested variance does not present a significant risk to patient health or safety, as it is supported by a comprehensive, evidence-based infection prevention program specifically designed to mitigate the absence of handwashing sinks within certain patient toilet rooms. This program is reinforced through clearly defined policies, targeted staff training, strategic environmental controls, and routine compliance monitoring.

Through these coordinated measures, the facility effectively offsets the absence of in-room sinks with a robust infection control infrastructure. Patient safety is protected by a combination of environmental design, staff accountability, and ongoing oversight.

- **Accessible Hand Hygiene Stations:** Although not all toilet rooms contain in-room sinks, accessible handwashing sinks are located immediately outside each patient bathroom.
    - Patients are oriented to hand hygiene expectations upon admission, and staff are required to instruct and remind patients to wash their hands with soap and water both before and after restroom use, in accordance with the Hand Hygiene and Patient Orientation policies.
    - Clear signage is posted inside and outside all patient-accessible toilet rooms reinforcing these instructions, and includes language indicating when soap-and-water is required (e.g., after diarrhea or when *Clostridioides difficile* is present)

- **Supplemental Hand Hygiene Measures:** To support compliance, non-alcohol-based hand sanitizer dispensers are placed in patient-accessible areas, including directly outside bathrooms and throughout common areas. Each patient toilet room is adjacent to a sink located within 3–5 feet of the door, in direct line of sight. Staff shall be trained to escort or redirect patients immediately to the sink when needed, especially after toileting or diarrhea. Alcohol-based hand rubs (ABHR) are installed for staff use in high-traffic clinical areas, per fire code and safety risk assessments. Non-alcohol-based hand sanitizer is provided only as a supplement and not a replacement for soap-and-water handwashing. Staff shall be trained to prioritize and reinforce use of soap and water, particularly in cases of *Clostridioides difficile,* norovirus, or visible soiling. Hand hygiene stations are checked daily by EVS and restocked as needed.
- **Enhanced Fomite Control Protocols:** Recognizing the increased risk of fomite transmission from pathogens such as norovirus and *Clostridioides difficile*, the facility has implemented Enhanced Fomite Control Procedures as outlined in both the Hand Hygiene and Environmental Cleaning policies
    - All high-touch surfaces—including bathroom fixtures, flush handles, doorknobs, and nearby sinks—are disinfected multiple times per day using EPA-registered disinfectants, including sporicidal agents when indicated. Additional cleaning frequency is applied to shared bathrooms, especially during outbreaks or when used by patients under transmission-based precautions.
- **Ongoing Staff Training and Monitoring:** All clinical and support staff receive initial and annual training on hand hygiene protocols, use of disinfectants, and infection prevention procedures. Specific instruction is provided on reinforcing patient compliance with signage, directing patients to sinks, and cleaning high-risk areas Routine audits, spot checks, and environmental monitoring are conducted by the Infection Preventionist and supervisory staff. Noncompliance is addressed through targeted education and performance improvement interventions.

Exceptional and Undue Hardship Resulting from Strict Application of the Regulation

Strict compliance with the requirement for handwashing sinks within patient toilet rooms would impose an exceptional and undue financial and operational hardship on LVRH due to the uniqueness of the facility:

- **Existing Infrastructure Constraints:** Unlike newly built hospitals that are designed to current regulatory specifications, our facility occupies a previously licensed hospital space. The original design does not include handwashing sinks within patient toilet rooms. Retrofitting each of these rooms to include in-situ plumbing for sinks would require invasive structural alterations, including wall demolition, plumbing rerouting, and potential reconfiguration of adjacent systems. The amount of work varies by room.
- **Cost Prohibitive Modifications:** Based on construction estimates obtained during pre-development planning, the addition of in-room handwashing sinks to 46 patient toilet rooms would cost approximately **$140,000 in construction costs and $560,000 in rent payments with zero revenue streams due to the delayed opening of the facility**. These unplanned capital expenditures and lease payments would negatively impact project viability and delay opening by an estimated **4 months**, limiting cash reserves allocated for direct patient care.

<u>The Variance, if granted, would not:</u>

A. **Cause substantial detriment to the public welfare**

The hospital has implemented compensatory infection prevention practices aligned with nationally recognized guidelines. Although patient toilet rooms do not include in-room handwashing sinks, each room is directly connected to a private space with a dedicated handwashing sink located within feet of the toilet entrance. This proximity, combined with visible signage, staff reinforcement, and regular hygiene audits, ensures effective hand hygiene behavior, consistent with the **CDC's Guideline for Hand Hygiene in Health-Care Settings (See attached Policy)**. Hand Sanitizing dispensers will also be placed at bathroom exits, following CDC recommendations for supplemental hand hygiene where sinks are not immediately accessible.

To further mitigate any risk of pathogen transmission, high-touch surfaces near bathrooms will be cleaned multiple times daily using **EPA-registered disinfectants**, in accordance with the **CDC's Environmental Infection Control Guidelines**. In addition, staff training

and patient education efforts will be informed by **APIC guidance**, including behavioral reinforcement strategies and routine infection control audits.

B. Impair substantially the purpose from which the application seeks a variance

The purpose of requiring handwashing sinks inside patient toilet rooms is to support immediate hand hygiene and infection control. While this standard is well-suited to new healthcare construction, LVRH presents an exceptional and narrowly defined case that does not undermine the intent of the regulation.

LVRH will be Nevada's only facility specializing in the treatment of ASAM Level 4.0 patients—the most acute level of inpatient substance use disorder care. Retrofitting the facility to include in-room sinks would require significant structural reconfiguration at a cost of approximately **$140,000**, and would delay the hospital's launch by 4 months, costing the hospital an additional **$560,000** and directly impacting access to care.

This variance will not weaken the enforceability of the regulation because the circumstances surrounding our request are highly specific and unlikely to recur. Other hospitals in Nevada do not specialize in ASAM 4.0 care, nor are they attempting to convert legacy inpatient hospital infrastructure under similarly urgent conditions. Granting this variance would not open the door to widespread exemption requests, because it is not a feasible or relevant precedent for other providers. In addition, LVRH will implement comprehensive CDC- and APIC-aligned infection control measures to fully preserve the regulation's purpose in practice.

Las Vegas Recovery Hospital Introduction

Introduction

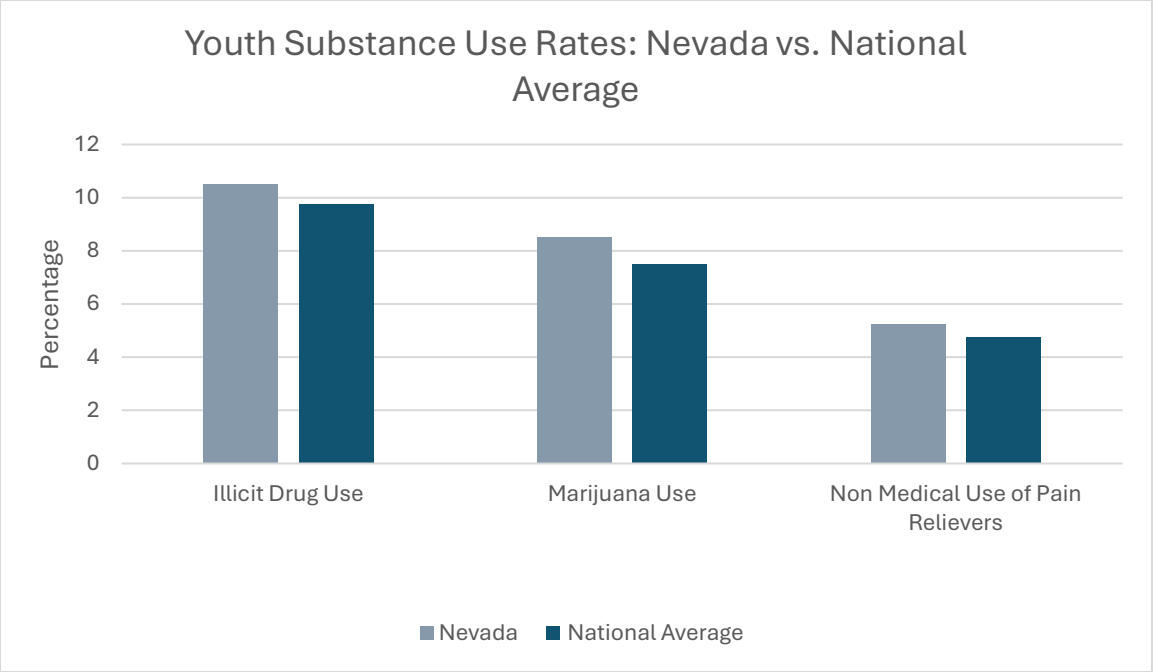
Lion Health System is a leading specialty Hospital group, with a proven track record in addiction treatment, psychiatric care, and comprehensive medical services. Our mission is to provide holistic, patient-centered care that addresses both the physical and psychological aspects of addiction. With successful facilities across various states, we are uniquely positioned to bring effective, integrated addiction treatment to Nevada.

The Issue: Addiction in Nevada

Nevada faces a significant challenge with high rates of substance use disorders and insufficient specialized treatment facilities. The state's current healthcare infrastructure is not adequately equipped to handle the complexities of addiction, resulting in poor patient outcomes and high readmission rates.

Substance Use and Mental Health Statistics:

1. High Drug Use Rates:
    - Approximately 9.7% of Nevada residents reported past-month use of illicit drugs, higher than the national average of 8.82%
    - Nevada has a significantly higher rate of drug-induced deaths, with 555 persons dying annually from drug use.
    - Stimulants, including methamphetamine, are the most cited drugs among primary drug treatment admissions in Nevada.
2. Opioid Crisis:
    - Nevada is severely impacted by the opioid epidemic, with a high number of overdose deaths involving opioids.
    - The state is supported by programs like the Overdose Data to Action Program to improve data collection and develop effective strategies to combat opioid misuse.
3. Youth Substance Abuse:
    - Nevada's youth have significantly higher rates of illicit drug use, marijuana use, and non-medical use of pain relievers compared to the national average.
    - Early intervention and prevention efforts are crucial to help young people in Nevada avoid developing substance use disorder.



4. High Readmission Rates:
    - General hospital in Nevada have high readmission rates for conditions related to addiction, such as alcohol-related disorders with a readmission rate of 22.8%.
    - These high readmission rates contribute to increased healthcare costs and strain on medical resources, additionally many of the medical issues below are intensified by a SUD.

Principal diagnosis at index admission	Number of readmissions
All adult hospitalizations (any diagnosis)	**3,420,000**
Septicemia*	**317,200**
Heart Failure	**202,200**
Diabetes mellites with complication	**115,400**
Acute and unspecified renal failure	**82,300**
Schizophrenia spectrum and other psychotic disorders	**80,500**
Pneumonia (except that caused by tuberculosis)	**80,500**
COVID-19	**75,900**
Cardiac dysrhythmias	**68,500**
Chronic obtrusive pulmonary disease and bronchiectasis	**64,500**
Respiratory failure; insufficiency; arrest	**63,100**
Acute myocardial infarction	**61,000**
Alcohol-related disorders	**60,600**
Urinary tract infections	**58,400**
Fluid and electrolyte disorders	**57,600**
Complication of select surgical or medical care, injury, initial encounter**	**53,100**
Cerebral infarction	**50,700**

Depressive disorders	**46,200**
Gastrointestinal hemorrhage	**45,100**
Skin and subcutaneous tissue infections	**44,900**
Chronic kidney disease	**42,900**

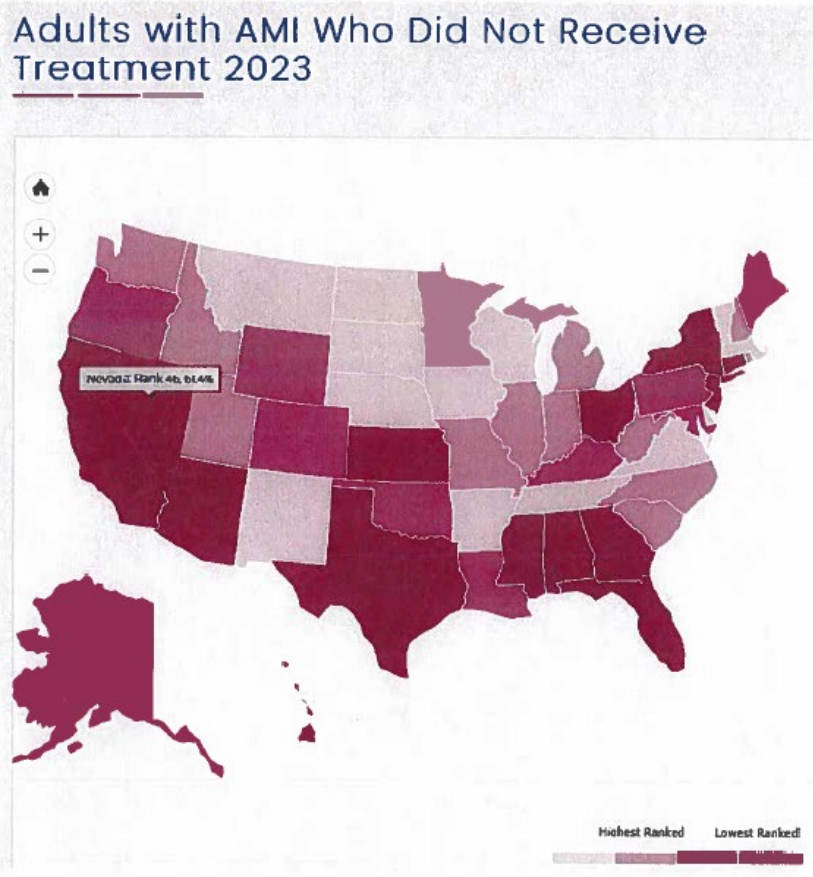
5. Inadequate Care in General Hospitals:
    - Patients with addiction often face stigma and inadequate care in general hospitals, leading to suboptimal outcomes and higher relapse rates.
    - General hospitals lack specialized detoxification protocols and integrated care services, resulting in poor management of withdrawal symptoms and addiction-related health issues.

Cycle of Stigma

- ✓ Public Stigma
- ✓ Discrimination, Prejudice, Fear
- ✓ Damage to Self-Esteem and Hope, Treatment Avoidance
- ✓ Self-Stigma
- ✓ Shame, Self-Doubt
- ✓ Reduced Rates of Recovery, Drop Out of Treatment
- ✓ Use Substances to Avoid or Suppress Negative Effects

Lack of Access to Mental Health and Substance Abuse Treatment in Nevada

Nevada faces a critical shortage of mental health and substance abuse issues are much more likely to end up in general hospitals. These patients are often too medically acute for standard drug and alcohol programs, leading to frequent hospital admissions and readmissions. General hospitals, however are not equipped to provide the specialized care these patients need, resulting in suboptimal treatment outcomes and increased healthcare costs.



The Solution: Lion Health System's Las Vegas Recovery Hospital

Lion Health System proposes to establish a specialized addiction hospital in Nevada to address these critical gaps. Our facility will provide comprehensive, integrated care for individuals struggling with addiction, offering both medical treatment and psychological support.

Key Features and Benefits:

1. Comprehensive Care:
    - Integrated Treatment: Combining medical care with tailored counseling and addiction treatment to address both physical and psychological needs.
    - Specialized Detoxification Protocols: Effective detox protocols to manage withdrawal symptoms and reduce relapse rates.
2. Specialized Staff:
    - Expert Professionals: Trained in addiction treatment and co-occurring disorders, ensuring high-quality, specialized care.
    - 24/7 Medical Supervision: Continuous medical supervision to manage complex cases, including severe addiction and related health issues like fentanyl wounds.
3. Stigma-Free Environment:
    - Respectful Care: providing respectful and effective care without the negative stigma associated with addition.

- Supportive Community: Creating a supportive environment that encourages patients to seek help and engage in their recovery journey.

4. Reduced Readmission Rates:
    - Focused Care: Specialized treatment protocols designed to reduce readmission rates and improve overall patient outcomes.
    - Holistic Approach: Addressing the root causes of addiction and providing ongoing support to ensure sustained recovery.

Proven Success:

1. Reductions in Readmissions:
    - Case studies from our existing facilities show significant reductions in readmission rates due to our integrated care approach.
    - Our facilities have consistently achieved better patient outcomes through comprehensive and specialized treatment.
2. Improved Patient Outcomes:
    - Positive feedback from patients highlights the effectiveness of our holistic treatment approach.
    - Our commitment to patient-centered care has led to improved long-term recovery rates and overall well-being of our patients.

Conclusion

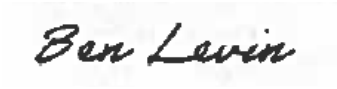
Lion Health System is committed to addressing the critical gaps in addiction care in Nevada. By establishing a specialized addition hospital, we aim to provide comprehensive, integrated treatment that will significantly improve patient outcomes, reduce readmission rates, and contribute to the overall well-being of the Nevada community.

Sincerely,

Ben Levin

President

Lion Health System



Las Vegas Recovery Hospital Introduction

Introduction

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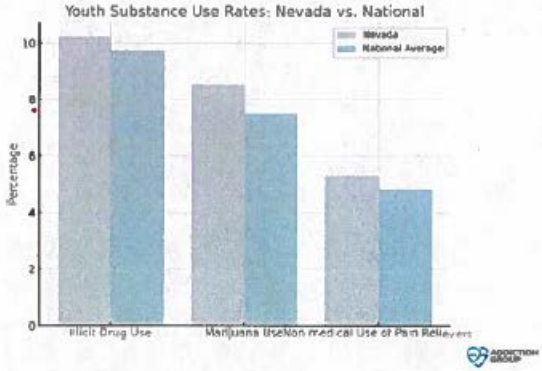

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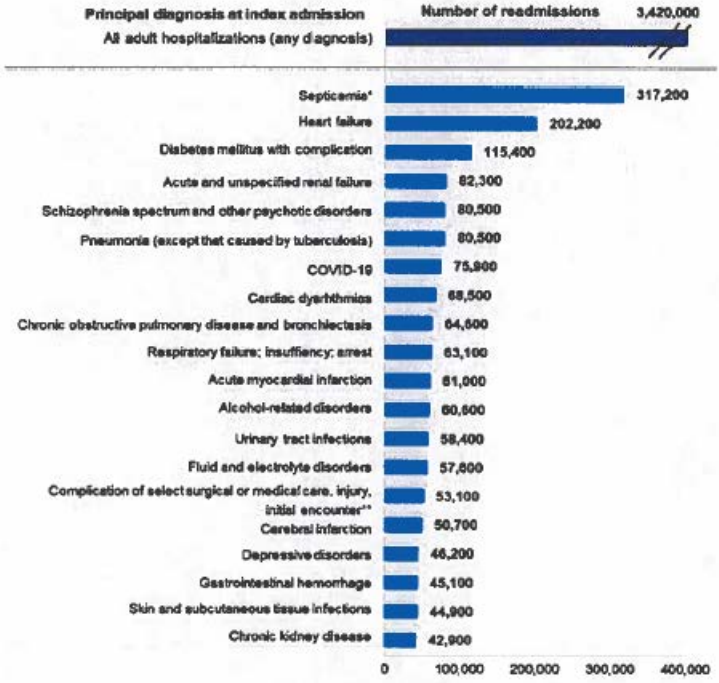

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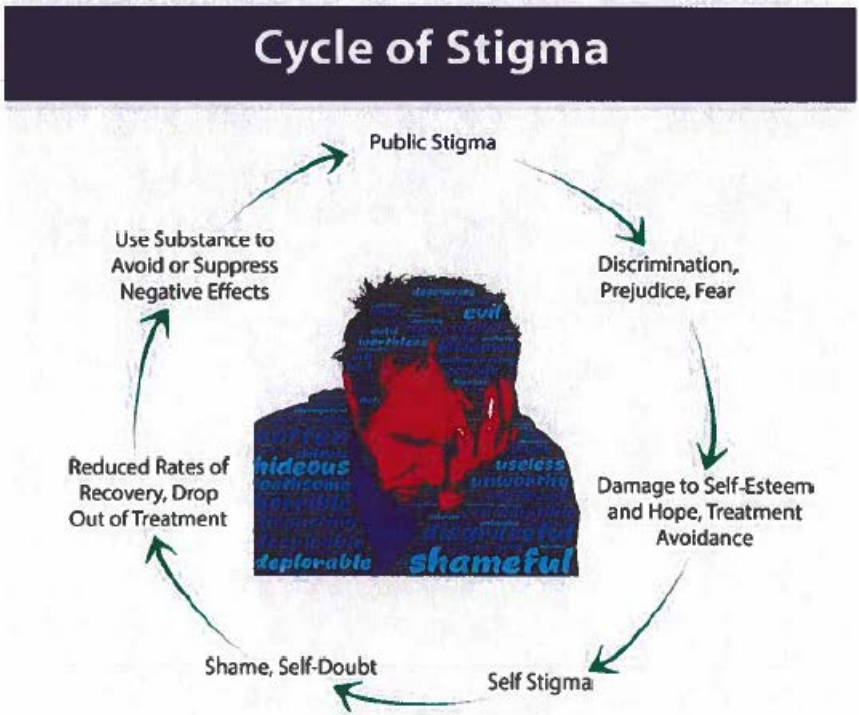

LION HEALTH SYSTEM

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850 TOWBIN AVENUE LAKEWOOD, NJ 08701

Lack of Access to Mental Health and Substance Abuse Treatment in Nevada

Nevada faces a critical shortage of mental health and substance abuse treatment providers, with over 61.4% of adults with a mental illness not receiving treatment, impacting approximately 309,000 individuals.

Untreated individuals with severe mental health and substance abuse issues are much more likely to end up in general hospitals. These patients are often too medically acute for standard drug and alcohol programs, leading to frequent hospital admissions and readmissions. General hospitals, however, are not equipped to provide the specialized care these patients need, resulting in suboptimal treatment outcomes and increased healthcare costs.

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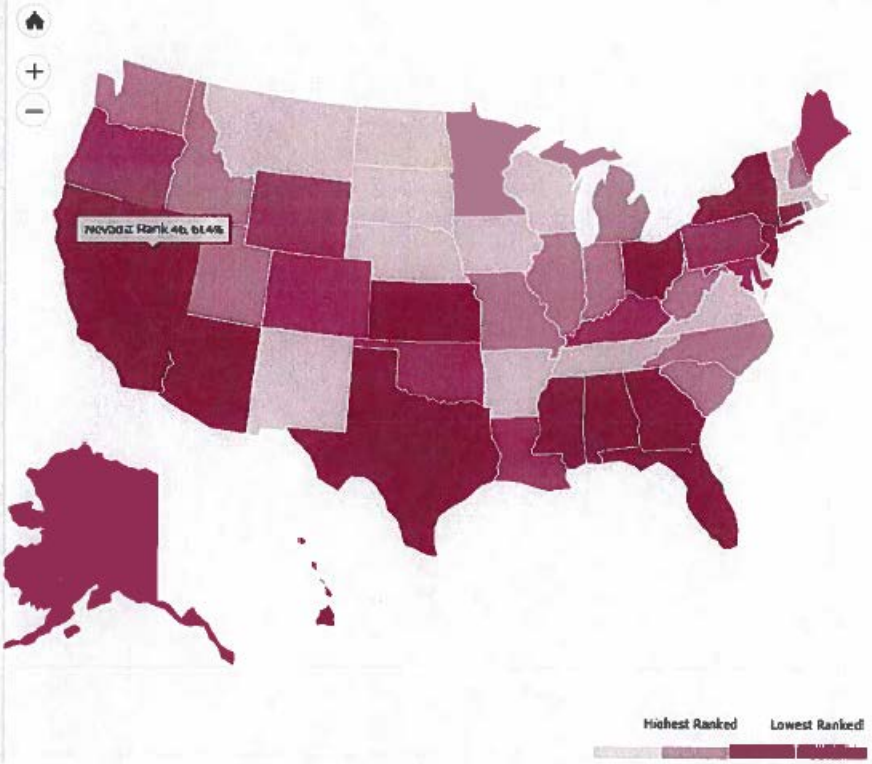
Adults with AMI Who Did Not Receive Treatment 2023



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Subject: Hand Hygiene	**Requiring Agency:**
Most Recent Approval:	**Policy#**

PURPOSE

Hand Hygiene is crucial to maintain a safe healthcare environment for patients and staff and to prevent the transmission of infections within the facility. Handwashing with soap and water or using hand sanitizer are the single most important procedure for preventing the spread of hospital-acquired infections (HAI).

SCOPE

This policy applies to all individuals who have potential occupational exposure to blood and other potential infectious materials while at the hospital. This includes all personnel, contracted employees, physicians, volunteers, students and all healthcare professionals.

This policy applies to all patient care and support areas, including inpatient units, outpatient clinics, laboratory services, food services, environmental services, and administrative areas where patient interaction or contamination risks exist.

AUTHORITY & ACCOUNTABILITY

Infection Prevention is a hospital-wide function and includes all staff. All staff, volunteers, visitors, contracted services, and patients have important responsibilities for following the practices, policies and procedures set out in the documents that comprise the Infection Prevention & Control program. The scope of the program shall encompass the entire facility premises, including all buildings and grounds.

The Multidisciplinary Infection Control Committee (ICC) is granted the authority for oversight of the Infection Prevention & Control Program. The ICC is responsible for reviewing, evaluating, and recommending changes to the program based on data, trends, and best practices to ensure the highest level of patient care and safety. ICC committee is responsible for reviewing and implementing policies and procedures.

The Infection Preventionist (IP) is given the authority for the development, implementation, monitoring, and enforcement of the Infection Prevention & Control Program. The IP will organize and work closely with the ICC and other key stakeholders to ensure that the program aligns with evidence-based practices, national guidelines, and regulatory requirements. The IP is responsible for creating, updating, and enforcing policies and procedures, as well as monitoring and reporting on program outcomes to the ICC and the governing body.

All staff are responsible for complying with infection control and prevention best practices and hospital standards in accordance with policy, procedures, and training in order to ensure the safety of patients, staff, and visitors.

DEFINITIONS

Hand Hygiene - Cleaning one's hands by using soap and water (handwashing) or an alcohol-based hand rub (hand sanitizer) to remove or kill microorganisms. Hand hygiene is a core element of Standard Precautions in healthcare.

Alcohol-Based Hand Rub (ABHR) - A fast-acting hand antiseptic containing 60–90% alcohol (ethanol or isopropanol) intended to reduce the number of microorganisms on the hands. (In this policy, "hand sanitizer" refers to an alcohol-based hand rub for staff use.)

Non-Alcohol Hand Sanitizer - A hand antiseptic that does not contain alcohol (e.g. benzalkonium chloride formulation). In this hospital, non-alcohol sanitizers are provided only for patient use in certain areas, due to patient safety restrictions.

Visibly Soiled - Hands showing visible dirt, blood, body fluids, or other debris. (If hands are visibly soiled, handwashing with soap and water is required.)

HAND HYGEINE POLICY

1. The hospital conforms to the Center for Disease Control (CDC) recommendations for hand hygiene.
2. The hospital provides accessible means of hand washing with soap and water as well as Alcohol-based hand sanitizer (ABHS)
    a. ABHS should be between 70-90% alcohol-based and in a disposable, non-refillable container.
    b. ABHS should be located (unless contraindicated by the risk assessment or guidelines from the Fire Marshall's Office):
        i. Each hallway at the sanitizer station.
        ii. At all points of entrance to each site.
        iii. At the entrance to other locations where activities occur.
3. Cleaning hands is used to describe the act of performing hand hygiene.
4. The essential hand washing indications can be summarized by the Five Moments for Hand Hygiene:
    a. Before touching a patient
    b. Before a clean or aseptic procedure
    c. After body fluid exposure or risk
    d. After touching the patient
    e. After touching the patient's environment

5. There are two methods of performing hand hygiene, and the method is selected based on reason at that given moment. There may be more than one indication in a single episode of care or activity.
6. Hand hygiene with soap and water must be performed when hands are visibly soiled.
    a. Anti-microbial soap must be used after caring for patients with transmission-based precautions.
    b. Plain soap may be used in other areas where low risk of transmission is identified.
    c. Bar soap is acceptable for hand hygiene only for individual patient use. It cannot be shared.
    d. Paper towels are provided for hand drying purposes, and appropriate dispensers are being used.
7. Staff providing direct patient care must keep fingernails short and clean. Artificial nails, nail extenders, and chipped nail polish are prohibited in clinical areas. Hand jewelry (other than a plain wedding band) should not be worn during patient care, as it interferes with effective hand hygiene.
8. Signage placed inside and outside bathrooms will instruct staff, patients, and visitors to wash hands before and after toileting, and indicate when soap-and-water is required (e.g., after diarrhea or for patients with *C. difficile*).
9. During outbreaks (e.g., norovirus, COVID-19) or declared public health emergencies, the hospital may implement heightened hand hygiene protocols, including increased monitoring, enhanced education, and more frequent use of soap and water. Additional signage and supplies may be deployed based on the infection control risk assessment.
10. *See Attachment A for hand-washing procedure.*
11. *See Attachment B for hand-sanitizing procedure.*

HAND HYGIENE SUPPLIES AND ACCESSIBILITY

1. The hospital provides readily accessible hand hygiene supplies in all inpatient care areas to enable compliance with this policy. In accordance with OSHA requirements, handwashing facilities or hand sanitizers are available at the point of need for staff. Key provisions include:
    a. **Sinks and Soap:** Sinks with running water, antibacterial soap dispensers, and paper towels are installed in or near all patient care areas (e.g. patient rooms, exam rooms, medication prep areas, nourishment stations, and restrooms). Staff should know the nearest sink location at all times. Departments must ensure sinks are kept functional and stocked with soap and towels.
    b. **Alcohol-Based Hand Rub Dispensers**: Wall-mounted or pump bottle hand sanitizer dispensers (ABHR) are placed strategically throughout inpatient units for staff use, in accordance with fire safety codes and risk assessments. Typical dispenser locations include: entrances/exits to patient rooms, at nursing stations, in hallways and corridors, staff workrooms, medication prep areas, and other high-traffic clinical areas. Dispensers are installed at convenient height for staff, near points of care, to encourage frequent use. Fire Safety Note: All ABHR dispensers and refill containers meet applicable fire code requirements (e.g., volume limits and placement per NFPA/Life Safety Code). Placement may be adjusted or restricted based on guidance from the Fire Marshal and safety risk

assessments. For example, dispensers will not be placed in locations where they could create a fire hazard or where patients at risk might misuse them.

c. **Non-Alcohol Hand Sanitizer** for Patient Use: To address patient safety concerns, the hospital permits only non-alcohol-based hand sanitizers to be accessible to patients. In areas or units where patients have unmonitored access, non-alcohol hand sanitizer dispensers or bottles are provided for patient use. These are typically placed in patient rooms and common areas where patients can reach them (e.g., day rooms, hallway niches) as needed for their own hand hygiene. Alcohol-based hand rub is intended for staff use only and those dispensers are located in staff work areas or higher on walls out of patient reach. Staff should encourage patient hand hygiene by making the non-alcohol sanitizer or a trip to the sink available to patients when appropriate (e.g., before meals, after toileting), but patients are not given access to ABHR due to safety restrictions. All patient-use hand sanitizer products are FDA approved and hospital-approved for efficacy and safety.

2. **Accessibility**: It is the hospital's policy that hand hygiene supplies are never to be obstructed or empty. Environmental Services (EVS) or designated staff (e.g. unit support techs) will check and refill soap and sanitizer dispensers regularly (at least daily and when low). All staff should promptly report empty dispensers or lack of supplies so they can be replenished. The hospital also conducts routine rounding to ensure each area has required hand hygiene supplies readily available
3. Bathrooms accessible to patients must include soap-and-water handwashing facilities inside the toilet room whenever possible. Where this is not feasible, handwashing with soap and water must occur at the nearest sink immediately after restroom use, and signage must reinforce this requirement.
4. Hand sanitizer dispensers shall be placed at all bathroom exits and in all patient care areas to support hand hygiene compliance and reduce the risk of pathogen transmission. Placement of dispensers will be prioritized in the following locations:
    a. Outside public and staff restrooms
    b. At entrances and exits to patient rooms
    c. In nursing stations, clinical hallways, and procedural areas
    d. Near shared equipment and medication preparation zones

USE OF GLOVES AS PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Gloves shall be provided by the hospital to staff for use.
2. Gloves should be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, or body fluids when indicated by additional precautions required by the individual patient or as recommended by manufacturing guidelines for product use.
3. Hand hygiene must always be performed after removal of gloves and other PPE to prevent the transfer of contaminants.
4. *See Attachment C for glove use procedure.*

PATIENT AND VISITOR HAND HYGIENE EDUCATION

1. In support of hospital-wide infection prevention efforts, patients and visitors should receive education on proper hand hygiene practices upon admission and throughout their stay. Key components may include:
    a. **Signage:** Prominently placed visual cues and instructional signage near bathroom exits, patient rooms, and shared areas to remind patients and visitors to clean their hands before and after toileting, meals, and contact with others.
    b. **Staff Reinforcement:** Nursing and support staff should encourage and model appropriate hand hygiene behaviors, including offering hand sanitizer or escorting patients to nearby sinks when needed.
    c. **Verbal Reminders:** During orientation, patient handbooks, or bedside education, staff may review the importance of hand hygiene in preventing infection and will reinforce these practices routinely, especially during high-risk interactions.
    d. **Behavioral Cues:** Where appropriate, environmental cues such as motion-activated dispensers or strategically placed hygiene prompts may be used to support hand hygiene compliance.
2. All staff shall be responsible for reinforcing the information displayed on hand hygiene signage through direct patient interaction and ongoing education. Staff shall:
    a. Verbally review signage with the patient during admission orientation or when room assignment changes, especially when patients are assigned to rooms with shared bathrooms or toilet rooms without in-room sinks.
    b. Explain when soap-and-water is required (e.g., after diarrhea, when under contact precautions for C. difficile), and physically direct patients to the nearest sink if one is not available inside the bathroom.
    c. Prompt and assist patients in performing hand hygiene after toileting, meals, or contact with shared equipment when appropriate.
    d. Notify the Infection Preventionist or Facilities if hand hygiene signage is missing, damaged, unclear, or not visible at designated locations.

HAND HYGIENE EDUCATION, MONITORING AND FEEDBACK

1. All healthcare providers will receive training on hand hygiene during orientation. Additional training will occur to reinforce proper procedures that will occur minimally annually or more frequently after a significant event (e.g., outbreak). Minimum content will include:
    i. Indications for hand hygiene
    ii. Hand hygiene techniques
    iii. Gaps identified during monitoring.
2. Monitoring of hand hygiene compliance and timely feedback to the individual will be used to promote compliance with hand hygiene practices.
3. Hand hygiene compliance will be monitored through direct observation audits conducted by the Infection Preventionist or designees. Observations will be performed routinely and during targeted surveillance (e.g., outbreaks, high-risk units). Data will be analyzed and shared with the Infection Control Committee and unit leadership. Noncompliance trends will trigger focused education or performance improvement interventions.

REFERENCES

CDC Guidelines for Hand Hygiene in Healthcare Settings (2024)
OSHA 29 CFR 1910.1030 – Bloodborne Pathogens Standard
CMS Conditions of Participation §482.42
Nevada Administrative Code (NAC) Chapter 441A
The Joint Commission IC.02.01.01
CIHQ Infection Prevention and Control Standards

Attachment A: Hand-Washing Procedure

1. Cleaning hands is used to describe the act of performing hand hygiene.
2. The essential hand washing indications can be summarized by the Five Moments for Hand Hygiene:
    a. Before touching a patient
    b. Before a clean or aseptic procedure
    c. After body fluid exposure or risk
    d. After touching the patient
    e. After touching the patient's environment
4. There are two methods of performing hand hygiene, and the method is selected based on reason at that given moment. There may be more than one indication in a single episode of care or activity.
    a. For suspected or confirmed spore-forming organisms such as *Clostridioides difficile*, hand hygiene must be performed with soap and water. Alcohol-based hand rubs are not effective against spores.
5. Hand hygiene with soap and water must be performed when hands are visibly soiled.
    a. Anti-microbial soap must be used after caring for patients with transmission-based precautions.
    b. Plain soap may be used in other areas where low risk of transmission is identified.
    c. Bar soap is acceptable for hand hygiene only for individual patient use. It cannot be shared.
    d. Paper towels are provided for hand drying purposes, and appropriate dispensers are being used.
6. Method:
    a. Hand Washing
        i. Locate the sink and take care not to re-contaminate hands following hand washing.
        ii. If a watch is worn, it must be worn above the wrist and fit snugly; clothing or other items should be pushed back during hand hygiene.
        iii. Turn on the water and wet your hands and wrists.
        iv. Apply soap.
        v. Vigorously lather all surfaces of hands and wrists for a minimum of 20 seconds. Pay particular attention to fingertips, between fingers, backs of hands, between fingers, wrists, and base of the thumbs.
        vi. Rinse the soap from hands and wrists until no suds are seen.
        vii. Dry your hands thoroughly with a paper towel using a blotting motion. Discard the paper towel in an appropriate receptacle.
        viii. Use a new piece of paper towel to turn off the taps to avoid recontamination of the hands. Discard the paper towel in an appropriate receptacle.
7. This method can be chosen for the following indications.
    a. After using the restroom.
    b. Before preparing, handling, or serving food.
    c. Prior to and after eating.
    d. After assisting with toileting.

e. When providing care for a patient who has diarrhea or vomiting.
f. When exiting a room with a contact precaution sign that indicates hand washing must be performed upon exit (e.g., C. difficile, norovirus).

Attachment B: Hand-Sanitizing Procedure

1. Hand Sanitizer is another acceptable method for cleaning hands in the healthcare setting.
    1. Alcohol-based sanitizers are available for all staff.
        i. ABHS should be between 70-90% alcohol-based and in a disposable, non-refillable container.
        ii. ABHS is located at nurses' stations, provider's room and staff offices.
    2. Non-alcohol-based sanitizers are available for the patients.

ii. At points of entrance to each site or hallway

iii. At the entrance to rooms/location where activities occur.

a. Method:

i. Ensure the hands are visibly clean. If soiled, follow hand hygiene with soap and water method.

ii. If a watch is worn, it must be worn above the wrist and fit snugly; clothing or other items should be pushed back.

iii. Apply one full pump onto the palm (there should be enough to remain wet for 15 seconds).

iv. Spread the product over all surfaces of hands/wrists, paying attention to fingertips, between fingers, backs of hands, and base of thumbs.

v. Rub hands until the product is dry (approximately 15 seconds).

b. This method can be chosen for the following indications:

i. Upon entry and exit from all patient's rooms unless placed on Transmission-based precautions.

ii. After coughing, sneezing, blowing of the nose, smoking, or any other task where the hands may become contaminated with secretions or excretions but are not seen.

iii. At any time, hands might be contaminated but not visibly soiled.

iv. Before putting on and after removal of gloves.

v. After care involving contact with body fluids with gloves worn during procedures. Gloves are removed, and hand hygiene is to be performed prior to moving on to another activity.

vi. When moving from a contaminated body site to a clean body site during healthcare activities.

vii. Before putting on gloves to perform an invasive/aseptic procedure.

viii. Before preparing, handling, or serving medication.

Attachment C: Glove Use Procedure

1. Glove Use Considerations:
    a. Gloves should be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, or body fluids when indicated by additional precautions required by the individual patient or as recommended by manufacturing guidelines for product use.
    b. Clean hands before and after glove use, using either method described above.
    c. Hands should be completely dry prior to donning gloves.
    d. Select gloves that are an appropriate fit.
    e. The same pair of gloves is not to be utilized for the care of more than one patient.
    f. Remove gloves immediately and discard them after the activity for which they were used.
    g. Change or remove gloves and perform hand hygiene if moving from a contaminated body site to a clean body site within the same patient.
    h. Change or remove gloves and perform hand hygiene after touching a contaminated environmental surface and before touching a patient or clean environmental surface.
    i. Do not wash or reuse gloves.

Attachment D: Patient and Visitor Education Procedure

PART III: SAFETY RISK ASSESSMENT

Background

The hospital has completed a comprehensive safety risk assessment (SRA) in alignment with the Facility Guidelines Institute (FGI) guidelines to ensure a safe and functional environment for patients, staff, and visitors. This assessment evaluates critical factors associated with the function of a hospital. It addresses potential risks associated with patient care activities, materials management, and physical layout to promote safety and efficiency. By adhering to FGI standards, the hospital demonstrates its commitment to providing a facility designed to meet the highest standards of safety, regulatory compliance, and patient-centered care.

Multi-Disciplinary Team

The hospital assembled a multidisciplinary team to conduct the safety risk assessment, ensuring a comprehensive evaluation of all aspects of the facility's design and operations. This team included representatives from the following departments and disciplines:

- **Medical**: Provided expertise on clinical safety and patient care processes.
- **Infection Control**: Ensured adherence to protocols for preventing healthcare-associated infections.
- **Quality and Compliance**: Reviewed alignment with regulatory and accreditation requirements.
- **Environment of Care and Facilities Management:** Evaluated the physical environment and systems.
- **Management and Administration**: Offered insights on operational policies and resource allocation

Each member contributed their expertise to identify potential risks and develop strategies to mitigate them, ensuring alignment with best practices and regulatory requirements. By leveraging the diverse expertise of this multidisciplinary team, the hospital ensured the assessment addressed all critical factors to create a safe and effective environment for patients, staff, and visitors.

Nature and Scope of Project

The project is for the implementation of a new hospital called Las Vegas Recovery Hospital, which will serve the acute medical and substance treatment needs of Nevada residents suffering from substance use disorder and are in need of acute medical stabilization and treatment. The needs and population characteristics are taken into consideration as part of the assessment process and when evaluating the level of specific risks.

Further, this SRA accounts for the following aspects of the project:

- **Models of Care:** Ensures the hospital design supports evidence-based care practices.
- **Operational Plans:** Evaluates workflow efficiency and resource allocation.
- **Sustainable design elements:** Addresses energy efficiency, waste management, and environmental impact.
- **Performance Improvement:** Initiatives Incorporates continuous safety and quality improvement strategies.

Existing Infrastructure

The hospital will be located within the existing footprint of a currently licensed hospital. Patients were housed and cared for within the space that the new hospital will occupy until May 2020. The existing hospital has maintained the facility in functional condition, meeting the requirements and expectations of the Department of Health (most recent survey: March 2024) and The Joint Commission (most recent survey: March 2024).

Based on the multidisciplinary team's assessment, no structural or functional renovations are required for the facility to safely serve patients, ensuring a cost-effective and expedient opening.

Data Collection

Information needed to complete this review was gathered from the following applicable sources:

- Review of existing facility plans
- Interviews with Dignity Rose de Lima administration
- Documentation provided by Dignity Rose de Lima administration
- Review of operational policies and procedures to be utilized by the facility
- Regulatory compliance standards, including Joint Commission and FGI guidelines
- Patient safety trends and data from Lion Health System and other hospital systems

Environmental Assessment

Physical plant environment is an important consideration in the risk assessment process. Physical plant data was collected by conducting a physical walkthrough of the hospital to identify potential safety hazards and evaluate workflow efficiency. Physical plant assessment includes special consideration of critical areas including:

- **Patient Rooms:** Ensuring a safe and comfortable environment for healing
- **Nursing Stations:** Enhancing visibility and security.
- **Therapy Areas:** Promoting safety during group and individual therapies
- **Storage Spaces:** Securing hazardous materials and maintaining organization
- **Entry/Exit Points:** Ensuring controlled access and emergency egress

Hazard Identification

The identification of hazards was completed. The assessment included potential hazards specific to each part of the project, focusing on risks to patients, caregivers, and other users. This included evaluating circumstances, processes, human activities, physical obstacles, and underlying conditions that might contribute to harm or damage. Both anticipated hazards, such as regional weather events, and unanticipated hazards, such as chemical explosions or security threats, were considered. The assessment also included potential transitions from unanticipated to anticipated hazards, such as the progression of a global pandemic, ensuring a proactive and adaptive approach to safety.

Risk Identification

Risks were systematically identified, calculated, and stratified to ensure a comprehensive understanding of potential safety concerns. Risk identification involved pinpointing hazards and vulnerabilities across operations, while calculation assessed the likelihood and impact of these

risks. Stratification categorized risks based on their severity and urgency, enabling the prioritization of mitigation efforts. This structured approach supports targeted interventions and enhances overall safety and preparedness.

This security risk assessment includes analysis of key risk areas, including:

- Infection control
- Patient handling and mobility
- Medication safety
- Patient falls prevention
- Behavioral health
- Security
- Disaster, emergency and vulnerability

Overall Assessment and Findings

The findings of the safety risk assessment were systematically compiled and documented as part of each individual risk assessment. These findings were integrated into the risk assessment for each component of the project, providing a detailed and actionable framework for mitigating risks and enhancing safety measures. Additionally, each individual risk assessment section included the specific requirements necessary for opening the facility, ensuring that all safety standards and operational criteria were thoroughly addressed and incorporated into the overall project plan.

Key Strengths

The findings of the Safety Risk Assessment confirmed that the hospital has implemented a sufficient number of safety measures across policies, procedures, and environmental designs to ensure a safe environment for patients, staff, and visitors. Key strengths include:

- A robust focus on patient safety, particularly in behavioral health and acute care settings.
- A well-maintained infrastructure requiring no structural renovations.
- Alignment with FGI and Joint Commission standards, ensuring regulatory compliance.
- Comprehensive protocols for infection control, emergency preparedness, and risk mitigation.

Recommendations

The following **minor repairs or modifications** to the facility are needed:

- Repair or replacement of damaged hand hygiene stations, PPE cabinets, sharps lock boxes, paper towel holders, and hand hygiene stations.
- Install aerators or splash guards on sinks to prevent splashing in patient care areas.
- Install eye wash stations or equipment.
- Add cabinets with adjustable shelving in medication preparation rooms for organized storage.

The following **equipment** is needed:

Patient Care Equipment:

- Patient assistive devices to be stored in designated storage areas (e.g., gurney/stretch and wheelchair storage).
- Refrigerators for temperature-sensitive medications.
- Mobile medication carts with secure locking mechanisms.
- Bar-code scanners for bedside medication verification.
- Crash carts equipped with required emergency medications.
- Secure sharps disposal containers, spill kits, and emergency kits for rapid response.

Technology and Systems:

- Workstations with computers for EHR and medication orders.
- Electronic devices (e.g., tablets or workstations on wheels) for documentation.
- Temperature monitoring devices for medication storage areas.
- Label printers for medication identification and bar-code generation.

Emergency Preparedness:

- Stockpile essential medical equipment, medications, food, water, and fuel for sustainability during extended disaster scenarios.

The following **contracts or agreements** are needed:

- Supply agreements for stock medications, emergency medications, and pharmacy services.
- Disposal and removal agreements for expired medications and hazardous materials.
- Agreements for alternative care facilities and emergency preparedness coordination.

Pre-Occupancy Cleaning and Testing is needed:

- Conduct thorough cleaning and disinfecting of patient rooms, common areas, corridors, and other spaces using hospital-grade disinfectants.
- Special attention should be given to high-touch surfaces, patient care areas, floors, walls, and ceilings to ensure a safe and hygienic environment.

By addressing these findings and implementing the recommendations, the hospital will ensure a safe, compliant, and efficient environment for patients, staff, and visitors while maintaining readiness for operational and emergency challenges.

INFECTION CONTROL RISK ASSESSMENT

The infection control risk assessment evaluates potential risks in the prevention, identification, and management of infections within the healthcare setting. It identifies vulnerabilities such as breaches in protocols, environmental contamination, equipment issues, and system failures while proposing proactive measures to mitigate these risks. This assessment ensures the hospital's infection control practices align with regulatory requirements and support the delivery of safe, effective, and patient-centered care.

Hazards & Risk Identification

This risk assessment considers a comprehensive range of potential risks related to infection control, including:

- **Environmental Contamination**: Risks from inadequate cleaning, disinfection, or ventilation systems.
- **Breaches in Aseptic Technique**: Procedural lapses during invasive procedures or sterile equipment handling.
- **Hand Hygiene Compliance**: Gaps in adherence to established hand hygiene protocols.
- **Personal Protective Equipment (PPE)**: Incorrect or inconsistent use of PPE among healthcare workers.
- **Cross-Contamination**: Risks related to patient-to-patient or staff-to-patient transmission.
- **Isolation Precautions**: Inadequate implementation of contact, droplet, or airborne precautions.
- **Waste Management**: Improper disposal of biohazardous materials or sharps.
- **Human Factors**: Challenges such as staff fatigue, inadequate training, or noncompliance with protocols.
- **Emergency Preparedness Gaps**: Risks related to managing infectious disease outbreaks or pandemics.
- **Regulatory Compliance**: Ensuring alignment with local, state, and federal infection control regulations.
- **Patient Identification Errors**: Risks from misidentification impacting infection prevention measures.
- **Supply Chain Issues**: Shortages of critical infection control supplies such as disinfectants, PPE, or sterilization materials.

Addressing these risks proactively is essential to ensuring a robust infection control process and maintaining compliance with healthcare standards.

Existing Infrastructure

The facility is designed to meet infection control and prevention standards:

- Finish materials in all patient care areas are easy to clean, disinfect, and maintain in order to minimize the risk of surface contamination.
- Environmental surfaces are designed to minimize dust catching for the purpose of reducing the risk of contamination.
- Environmental fixtures that that are likely to serve as reservoirs of pathogens are limited to the fullest extent possible.

- Existing furnishings, fixtures and equipment are easy to clean and maintain to minimum pathogen growth and prevent them from becoming pathogen reservoirs
- Hand hygiene devices including sinks are located thorough the facility in easily accessible locations for staff, patients, and visitors.
- The HVAC system is a conventional system featuring HEPA pre-filters and V-Bank post-filters. It includes temperature and pressure controls, with each room having its own dedicated zone.
- The water is treated on site with a water softener and tested by a third-party vendor.

Bedrooms and bathrooms are also designed to meet infection control

- All bedrooms are either single-occupancy or have curtain tracks to allow physical separation /isolation methods in rooms to prevent cross-transmission between patients in double-occupancy rooms.
- All bedrooms are equipped with sinks and hand hygiene equipment to support convenient use by staff, patients and visitors. Room layout allows easy visual and physical access to hand hygiene devices.
- The facility has an adequate number of negative isolation rooms for airborne infectious patients in patient care areas. The facility operates with two negative-pressure rooms, including one AII, and both rooms use ball-in-the-wall gauges to provide visual cue that the negative-pressure is functioning properly.

Other than minor repairs, the facility is in full functional condition and meets the infection control and prevention requirements.

HVAC System

The HVAC systems at the facility have been maintained by the Dignity Rose De Lima facilities team, ensuring optimal performance and compliance with all regulatory and accreditation standards. Regular inspections, filter replacements, and system maintenance have been performed in accordance with industry best practices and infection control requirements. The task of maintaining high-quality air handling systems will continue under Dignity's operational control, with no anticipated disruptions. Documentation of required inspections and maintenance will be made available to the hospital for oversight, regulatory, and accreditation purposes. As a result, there are no concerns that the HVAC systems will pose undue infection control risks, supporting a safe and healthy environment for patients, staff, and visitors.

Water System

The water systems at the facility have been maintained by the Dignity Rose De Lima facilities team, ensuring optimal performance and compliance with regulatory and accreditation standards. Regular inspections, testing, flushing, and system maintenance have been conducted in line with industry best practices and infection control requirements. Chemtex Corp. has been engaged as a third-party vendor to manage the hospital’s water management plan. The responsibility for maintaining high-quality water systems will remain under Dignity's operational control, with no disruptions expected. Documentation of all required inspections and maintenance will be provided to the hospital for oversight, regulatory, and accreditation purposes. Consequently, there are no concerns regarding the water systems posing infection control risks, ensuring a safe and healthy environment for patients, staff, and visitors.

Infection Control Program

The hospital will operate with a full infection control and prevention plan that meets regulatory standards and CDC recommendations. The program will include written policies and procedures, regular staff training, routine surveillance for healthcare-associated infections (HAIs), and established protocols for outbreak prevention and management. It will also encompass measures for environmental cleaning, hand hygiene compliance, waste management, and the appropriate use of personal protective equipment (PPE). The program will ensure adherence to air quality standards, including ventilation, filtration, and pressurization requirements, as well as robust monitoring of disinfection and cleaning practices.

Findings & Recommendations

The facility's current condition and recent history of compliance with regulatory standards indicate a low risk for infection control issues during the transition to operational status. Continued adherence to infection control protocols, minor repairs with appropriate precautions, and pre-occupancy cleaning will ensure a safe environment for patients and staff.

Based on inspection of the facility the following **minor repairs or modifications** are required:

- Any damaged hand hygiene, personal protective equipment (PPE) cabinets, sharps lock boxes, paper towel holders, and hand hygiene stations require repair or replacement.
- Any sinks that cause splashing when turned on to full flow must be equipped with aerators and/or splash guards to prevent water from splashing into areas where direct patient care is provided or where sanitary conditions are required.
- Installation of eye wash stations or equipment

Pre-Occupancy Cleaning and Testing

Prior to occupancy, all patient rooms, common areas, corridors, and other existing spaces on the 3rd and 4th floors of the hospital will undergo comprehensive cleaning and disinfecting to ensure a safe and hygienic environment. This process will include thorough sanitization of all surfaces, fixtures, and high-touch areas using hospital-grade disinfectants that meet infection control standards. Floors, walls, and ceilings will be cleaned to remove dust, debris, and contaminants. Special attention will be given to patient care areas, ensuring compliance with health regulations and creating a sterile environment ready for occupancy. This meticulous cleaning protocol underscores the hospital's commitment to maintaining the highest standards of cleanliness and safety for patients, staff, and visitors.

PATIENT HANDLING & MOBILITY RISK ASSESSMENT

The Patient Handling and Mobility (SPHM) risk assessment evaluates potential risks associated with the handling, movement, and mobilization of patients to ensure the safety of both patients and healthcare workers. This assessment identifies vulnerabilities such as improper techniques, inadequate equipment, system failures, and ergonomic challenges while proposing proactive measures to mitigate these risks. It ensures the hospital's SPHM practices align with regulatory requirements and support the delivery of safe, effective, and patient-centered care.

Hazards & Risk Identification

This risk assessment considers a comprehensive range of potential risks related to patient handling and mobility, including:

- Ergonomic Hazards in Patient Lifting and Repositioning
- Interruptions and Distractions During Patient Transfers
- Equipment Availability, Functionality, and Maintenance Issues
- High-Risk Patient Conditions (e.g., obesity, frailty, cognitive impairment)
- Cross-Contamination Risks from Shared Equipment
- Human Factors, Including Staff Fatigue and Improper Techniques
- Emergency Preparedness Gaps for Safe Evacuations
- Compliance and Regulatory Risks Related to Safe Handling Standards
- Patient Identification Errors Leading to Inappropriate Handling
- Disposal and Maintenance of Obsolete or Damaged Equipment
- Supply Chain Issues Impacting Equipment Availability and Quality

Addressing these risks proactively is essential to ensuring a safe environment for patient handling and mobility and maintaining compliance with healthcare and occupational safety standards.

Existing Infrastructure

The facility is designed to meet patient handling and mobility needs:

- The corridors are eight feet wide and feature handrails to assist with the mobility needs of patients and accommodate patient handling equipment.
- The corridors are wide enough to support the movement of supplies, patient handling equipment, and medical equipment.
- The walls are reinforced with wall protection to prevent damage from equipment.
- Elevators are designed to support the mobility needs of the patients when moving to different floors.
- Emergency equipment is available to assist in evacuating non-ambulatory patients down the stairwell during an emergency.
- Alcoves along the corridors are designated for storing equipment, including patient handling devices, gurneys, stretchers, and wheelchairs.
- The lighting design incorporates both task lighting and overall ceiling lighting to support patient handling, documentation, and care-related tasks, while also providing ambient lighting to create a warm environment.

Bedrooms and bathrooms are also designed to meet patient handling and mobility needs:

- The bedrooms offer ample space on each side of the beds and between beds in semi-private rooms to accommodate patient handling equipment.
- Patient rooms have wide doorways and ample space for medical equipment.
- The bathrooms are equipped with grab bars designed to support patients of varying heights in safely entering the bathroom and using the toilet.

The facility is in full functional condition and meets the medication safety requirements.

Patient Handling and Mobility Safety Program

The hospital's program for reducing risks of injury during patient handling and transfers emphasizes safety, education, and training on proper equipment usage. The program will incorporate patient assessments to determine specific handling needs, with special protocols for high-risk groups, such as bariatric patients. Facilities staff will be tasked with the maintenance of the patient handling equipment. Design and function of the unit and patient care will be enhanced to ensure that workflow supports minimizing patient movement and transfers. Equipment, such as slide sheets will be strategically located for easy access and be subjected to regular maintenance to ensure reliability.

Findings & Recommendations

The existing infrastructure of the hospital, as assessed, is well-suited to meet patient handling and mobility needs, with no structural or functional renovations required. The facility's design includes wide corridors, reinforced walls, dedicated storage alcoves for equipment, and appropriate elevator capacity, all of which support the safe and efficient handling of patients. Additionally, bedrooms and bathrooms are thoughtfully designed to accommodate patient handling equipment and promote patient safety.

The hospital's Patient Handling and Mobility Safety Program complements the infrastructure by focusing on safety, education, and equipment training. With regular assessments and proper maintenance of equipment, the program will help mitigate injury risks and improve patient care. Overall, the hospital is fully functional and compliant with health and safety standards, ensuring a safe environment for both patients and staff.

The following **equipment** is needed:

- Patient assistive devices are not structurally installed (no ceiling mounts). Patient handling devices will be stored in the gurney/stretch and wheelchair storage areas. These devices will have to be purchased.

MEDICATION SAFETY RISK ASSESSMENT

The medication safety risk assessment evaluates potential risks in the medication use process, including preparation, administration, storage, and compliance with safety standards. It identifies vulnerabilities such as errors, interruptions, high-alert medications, and system failures while proposing proactive measures to mitigate these risks. This assessment ensures the hospital's medication safety practices align with regulatory requirements and support the delivery of safe, effective, and patient-centered care.

Hazards & Risk Identification

This risk assessment considers a comprehensive range of potential risks related to medication safety, including:

- **Medication Errors:** Mistakes in prescription, preparation, or administration, including dose calculation errors.
- **Environmental Risks:** Distractions, interruptions, or poorly designed workspaces that contribute to errors.
- **Staff Training and Awareness:** Knowledge gaps in medication protocols, high-alert medication handling, and error prevention strategies.
- **Technology and System Failures:** Malfunctions in electronic prescribing systems, automated dispensing cabinets, or infusion pumps.
- **Storage and Labeling Issues:** Mislabeling, look-alike/sound-alike drugs, or improper storage leading to contamination or potency loss.
- **Human Factors:** Fatigue, multitasking, or lapses in communication during medication handling.
- **High-Alert Medications:** Increased risk of severe harm from errors involving high-risk medications like anticoagulants or opioids.
- **Emergency Preparedness Gaps:** Inefficient medication access or preparation processes during emergency scenarios.
- **Compliance and Regulatory Risks:** Non-adherence to healthcare standards and guidelines for safe medication practices.
- **Patient Identification Errors:** Administering medication to the wrong patient or failure to verify patient identity.
- **Disposal and Waste Management Risks:** Improper handling of expired or unused medications leading to contamination or diversion.
- **Supply Chain Issues:** Delays or shortages impacting medication availability and quality

Addressing these risks proactively is essential to ensuring a safe medication process and maintaining compliance with healthcare standards.

Existing Infrastructure

The facility is designed to meet medication safety standards:

- Each floor has a key-code access-controlled door for a designed medication preparation room. This room is designed to minimize potential distractions and interruptions by providing full walls without windows and a key-code access-controlled door. The rooms are well lit to allow for the safe completion of tasks within the medication safety zone.

- The rooms are spacious and provide adequate space or the installation of well-organized storage spaces/shelves at a height to enable visual differentiation and with a degree of separation to enable the selection of the correct medication.
- Patient bedrooms have task lighting so that visual confirmation of the correct patient (reading arm band), medication and dosage and administration site is not compromised.
- Each floor has storage space for mobile medication carts that allow the carts to be stored in a safe and organized manner.

Other than minor repairs, the facility is in full functional condition and meets the medication safety requirements.

Medication Safety Program

The hospital will operate with a full medication safety program built on robust policies and procedures designed to minimize errors and ensure patient safety. It includes comprehensive staff training on proper medication handling, preparation, and administration techniques, reinforced by regular competency assessments. The program will incorporate technologies such as electronic orders and bar-code scanning for medication verification, ensuring the correct patient, drug, dosage, and administration time. Additionally, standardized storage protocols, controlled access to medication preparation areas, and routine audits will be utilized to ensure compliance.

Emergency Medications

The hospital will need to be equipped with a comprehensive supply of emergency medications to ensure rapid response to critical and life-threatening situations. Emergency medications, including those required for cardiac arrest, anaphylaxis, respiratory distress, and other acute conditions, will need to be readily available in strategically located crash carts and emergency kits throughout the facility. These supplies will be regularly restocked and monitored to ensure availability and compliance with expiration guidelines. Staff will receive training on the proper use, storage, and documentation of emergency medications, ensuring that all protocols align with regulatory and accreditation standards. This preparedness is essential to providing safe, effective, and timely care in emergencies.

Technology Integration

The hospital will require robust technology integration to enhance medication safety and reduce the risk of errors. Key technologies will include electronic health record (EHR) systems with computerized physician order entry (CPOE) to ensure accurate and efficient medication orders. Staff will be trained on the use of these technologies, and regular audits will ensure compliance and effectiveness, promoting a safe and efficient medication process throughout the hospital.

Findings & Recommendations

The following **minor repairs or modifications** to the facility are needed:

- Installation of additional cabinets in medication preparation rooms to well-organized storage with adjustable, well-organized shelving for medication separation

The following **equipment** is needed:

- Refrigerators for temperature-sensitive medications
- Workstations with computers for access to EHR and medication orders

- Mobile medication carts with secure locking mechanisms
- Bar-code scanners for bedside medication verification or other technology
- Electronic devices (tablets or workstations on wheels) for medication administration documentation
- Crash carts equipped with required emergency medications (e.g., epinephrine, naloxone, atropine)
- Label printers for medication identification and bar-code generation
- Temperature monitoring devices for medication storage areas

The following **supplies** are needed:

- Secure sharps disposal containers
- Spill kits for medication handling accidents
- Emergency kits for rapid response
- PPE (gloves, gowns, masks) for medication preparation and administration
- Cleaning supplies for maintaining sterile preparation areas

The following **contracts or agreements** are needed:

- Supply of stock medications including emergency medications
- Pharmacy services for prescribed medications not included in stock medications
- Disposal and removal of expired medications and other waste

PATIENT FALL RISK ASSESSMENT

The Patient Falls Prevention Risk Assessment evaluates potential risks in the care environment and processes that may contribute to patient falls. This includes identifying hazards in facility design, patient handling practices, environmental factors, and compliance with safety standards. It identifies vulnerabilities such as environmental hazards, staff training gaps, patient-specific risks, and system failures while proposing proactive measures to mitigate these risks. This assessment ensures the hospital's fall prevention practices align with regulatory requirements and support the delivery of safe, effective, and patient-centered care.

Hazards & Risk Identification

This risk assessment considers a comprehensive range of potential risks related to patient falls, including:

- **Environmental Hazards:** Slippery floors, uneven surfaces, poor lighting, and cluttered pathways.
- **Patient-Specific Risk Factors:** Mobility impairments, confusion, medications affecting balance, and history of falls.
- **Staff Training and Awareness:** Knowledge gaps in fall prevention protocols and improper patient handling techniques.
- **Technology and System Failures:** Malfunctioning bed alarms, inadequate monitoring systems, or lack of fall prevention equipment.
- **Furniture and Equipment Design:** Unsafe bed heights, unstable chairs, and improper use of assistive devices.
- **Human Factors:** Fatigue, lapses in communication, and workload pressures.
- **Compliance and Regulatory Risks:** Failure to adhere to fall prevention guidelines outlined by accrediting and regulatory bodies.
- **Patient Identification and Risk Stratification Errors:** Failing to accurately assess and document a patient's fall risk level.
- **Inadequate Signage and Communication:** Missing or unclear alerts about high fall risk patients.
- **Supply Chain Issues:** Insufficient availability of fall prevention equipment such as grab bars, non-slip mats, and bed alarms.

Addressing these risks proactively is essential to ensuring a safe environment, minimizing patient falls, and maintaining compliance with healthcare standards. By systematically identifying and mitigating these risks, the hospital supports a culture of safety and promotes better patient outcomes.

Existing Infrastructure

The facility is designed to minimize the risk and impact of patient falls:

- Exterior entrances are protected from weather to reduce the likelihood of falls from rain, snow, and dust storms.
- Lighting is designed to work together in each space/room. In the event of a power outage every other light fixture in the corridor is powered by the generator. This guarantees a uniformed level of lighting.

- Commercial-grade flooring throughout, designed to clearly differentiate between floors and walls while minimizing glare to enhance visibility.
- Seamless transitions between different floor types and rooms.
- Corner mirrors are positioned in the corridors to cover the blind spots.

Bedrooms and bathrooms are also designed to minimize the risk and impact of patient falls:

- Patient rooms are designed with an unobstructed path of travel to ensure ease of movement and safety.
- Patient rooms are designed to allow staff outside the room to maintain clear visibility of patients, enhancing safety and monitoring.
- Each bed and bathroom is equipped with a call bell featuring a cord long enough to be accessible to a patient lying on the floor in the event of a fall.
- Bed side tables and nightstands are provided to support the daily life and mobility of the patients.
- Patient rooms are designed with recessed in wall light for nighttime low-level lighting.
- Beds are equipped with brakes to prevent the bed from moving around.
- Some of the beds have the ability to be on a low-level that can be used for patients with an extreme fall risk.
- Each room includes a bathroom with a door that is clearly identifiable from the patient's bed.
- Adequate space on the opening side of the bathroom door to accommodate equipment usage.
- Horizontal and vertical grab bars are mounted on the walls in the bathrooms to support patients of different heights.

Patient Falls Prevention Program

The hospital will operate with a patient fall prevention program designed to reduce the risk of falls and enhance patient safety through a combination of pro-active measures and staff education. The program will include comprehensive fall risk assessments for all patients upon admission and at regular intervals, with personalized care plans for high-risk individuals. Staff will receive ongoing training in fall prevention strategies, including proper patient mobility assistance and the use of supportive equipment.

Findings & Recommendations

The hospital has taken a proactive and thorough approach to minimizing patient fall risks through thoughtful design and operational measures. From the physical layout of the building to specialized features in patient rooms and bathrooms, every aspect of the infrastructure is intended to enhance patient safety. Furthermore, the Patient Falls Prevention Program ensures that staff are continuously trained to identify risks and respond effectively. Together, these measures create a safe environment that prioritizes patient well-being and reduces the likelihood of falls.

BEHAVIORAL HEALTH RISK ASSESSMENT

The Behavioral Health Risk Assessment evaluates potential risks in the provision of care for patients, including the physical environment, patient interactions, care processes, and compliance with safety standards. This includes assessing the environment, staff practices, and patient-centered interventions to identify vulnerabilities such as unsafe design, communication breakdowns, or gaps in monitoring. Proactive measures are proposed to mitigate these risks, ensuring that the hospital's practices align with regulatory requirements and prioritize the safety and well-being of patients.

Hazards & Risk Identification

This risk assessment considers a comprehensive range of potential risks related to behavioral health safety, including:

- **Environmental Hazards**
  - Ligature Risks
  - Unsafe furniture or fixtures
  - Inadequate lighting or visibility
- **Patient Interactions and Behaviors**
  - Risk of self-harm or harm to others
  - Disruptive or aggressive behaviors
  - Vulnerabilities in group therapy settings
- **Communication and Coordination Gaps**
  - Miscommunication between providers
  - Barriers to patient and family understanding of care plans
- **Staff Preparedness and Training**
  - Insufficient de-escalation or crisis intervention training
  - Gaps in recognizing warning signs of mental health crises
- **Technology and System Failures**
  - Delays in accessing electronic health records or safety alerts
  - Malfunctions in security systems or monitoring equipment
- **Compliance and Regulatory Risks**
  - Failure to adhere to FGI Guidelines or Joint Commission standards
  - Gaps in documentation of behavioral health assessments
- **Emergency Preparedness Gaps**
  - Lack of protocols for handling violent incidents or elopement
  - Insufficient training for responding to natural disasters in a behavioral health setting
- **Human Factors**
  - Burnout or stress affecting staff performance
  - Bias or stigma impacting patient care
- **Storage and Access to Hazardous Materials**
  - Inappropriate storage of sharps, cleaning supplies, or medications
- **Patient Identification Errors**
  - Misidentification of patients during transitions of care
- **Discharge and Continuity of Care Risks**
  - Lack of follow-up planning or coordination with community resources
- **Supply Chain and Resource Issues**

- Limited access to behavioral health-specific resources or equipment

Addressing these risks proactively is essential to ensuring a safe hospital environment, protecting both patients and staff, and maintaining compliance with healthcare standards and FGI Guidelines.

Existing Infrastructure

The facility is designed to prevent and mitigate potential harms for at-risk patients:

- The facility is designed in a semi-circular manner to optimize visibility. All corridors are directly visible from nurse stations or corner mirrors are installed to provide visual coverage of all blind spots.
- The nurse station desk serves as a barrier between the staff and patients with a higher counter to communicate with ambulatory patients and a lower counter for non-ambulatory patients. Staff lounge, documentation areas, and staff storage areas are not accessible to patients**.**
- Access to units is through the elevators which are badge/key access only. Unit support rooms (e.g., utility, environmental services, administrative, exam rooms, staff lounges, storage) have keyed and/or keypad entry.
- The existing building allows for patients to feel connected with nature while providing a safe and contained environment. The hospital contains a fully enclosed courtyard with plants and other natural elements that provide physical access to nature as well as views of nature. Windows on the 3rd and 4th floors also provide ample views of the skyline and mountains surrounding the region.
- The existing facility structure does not provide any access to roofs, fences, or walls that could lead to elopement.

Bedrooms and bathrooms are also designed to prevent and mitigate potential harms for at-risk patients:

- All windows have a maximum opening of 3 inches which is sufficient to not allow room for elopement.
- Outlets are hospital grade and installed with ground up to act as a buffer if a metal object were to fall on a plug that its prongs are not secured in the outlet.
- Patient room doors do not have locks. Bathrooms are designed to be unlocked from the outside to allow emergency access.

High-Risk Behavioral Risk Intervention Program

The hospital will implement a comprehensive security management plan to ensure a safe environment for all patients, including those at risk for suicide or self-harm. This plan will build on existing safety measures, including robust policies, procedures, and environmental risk assessments, as well as patient screenings at admission and ongoing as needed. High-risk patients will continue to receive individualized safety monitoring and, when necessary, transfers to psychiatric treatment facilities for specialized care.

RESPONSE TO PATIENTS AT HIGH RISK FOR SUICIDE

Policies and Procedures

The hospital has implemented policies and procedures that guide how the hospital screens for and responds to risk of self-harm/suicide in patients. The following policies and procedures are in place:

- Protecting Patients from Self-Harm
- High-Risk Behavioral Assessments
- Patient Safety Monitoring
- Psychiatric Treatment Protocols

The hospital ensures that staff receive ongoing training regarding policies and procedures, as well as their applicable duties and responsibilities associated with the written protocols.

High Risk Behavioral Assessments

The hospital has implemented multiple measures to identify patients at increased risk of self-harm in order to pro-actively implement measures to ensure the safety of patients.

High risk behavioral assessments [specifically The Columbia-Suicide Severity Rating Scale (C-SSRS) and Patient Health Questionnaire – 9 (PHQ-9)] are completed at time of admission for all individuals, regardless of risk, including the screening for suicidality and homicidally; bio-medical/physical concerns. Additionally, Nurse shift assessments include assessment of current SI, appearance, orientation, speech, eye contact, mood, behavior, cognition, and aggression.

If an individual shows any new or worsening signs of depression and/or SI/HI at any time during their admission, assessments should be completed at that time. A screening is also be completed prior to routine discharge.

Increased Safety Monitoring

The hospital has implemented safety monitoring standards for patients who are deemed to be at high risk for self-harm. Safety monitoring processes have been established to ensure patient safety, prevent self-harm, and provide immediate intervention in case of any adverse events. Patients who are at increased risk of self-harm are placed on close monitoring for the duration of their increased SI/HI, provided that the Medical Staff and treatment team determine that the hospital continues to remain the correct level of care and placement for the patient.

Safety Mitigation for At-Risk Locations

The hospital evaluates the behavioral and safety risks of each location, considering factors such as the level of supervision and whether the patient is alone or accompanied by other patients or staff. Measures are implemented to mitigate risks associated with identified high-risk areas.

Hospital spaces are classified into four categories based on these assessments: high level, moderate-high level, moderate-low level, and low level. Below is a detailed breakdown of the safety risk mitigation measures and locations associated with each category.

High	Moderate-High	Moderate-Low	Low
Hourly safety monitoring Weekly environmental monitoring Ligature risk assessment Patient safety protocols including high-risk behavioral assessments and safety monitoring	Hourly safety monitoring Weekly environmental monitoring Ligature risk assessment Patient safety protocols including high-risk behavioral assessments and safety monitoring Security Cameras where permissible within patient privacy limitations Locking of rooms during nighttime hours, as applicable Phones for use in emergencies	Hourly safety monitoring Weekly environmental monitoring Ligature risk assessment Patient safety protocols including high-risk behavioral assessments and safety monitoring Security Cameras where permissible within patient privacy limitations Locking of rooms during nighttime hours, as applicable Phones for use in emergencies Continuous staff monitoring	No patient access Security Cameras where permissible within patient privacy limitations Phones for use in emergencies Badge access only

1. High Level Spaces:

   Areas where patients are alone or under minimal supervision.

   A. Patient Bedrooms
   B. Patient Room Bathrooms
   C. Patient Public Bathrooms
   D. Patient Shower Room

2. Moderate-High Level Spaces:

   Areas where patients interact with less direct supervision.

   A. Recreation/Activity Rooms
   B. Group Rooms
   C. Quite Rooms

3. Moderate-Low Level Spaces:

Areas where patients are supervised and/or under direct supervision.

A. Dining Room
B. Gym
C. Counseling/Consultation Rooms
D. Exam/Wound Care Rooms
E. Lobby/Waiting Area
F. Corridors
G. Stairwells

4. Low Level Spaces:

Areas where patients are not allowed.

Findings & Recommendations

Based on the hospital's Behavioral Health and Safety Risk Assessment, anti-ligature measures are not required. The hospital's comprehensive screening and monitoring protocols—including pre-admission, admission, and ongoing assessments using tools like the C-SSRS and PHQ-9—effectively identify high-risk individuals and ensure appropriate interventions. Additionally, the hospital has implemented enhanced safety monitoring for at-risk patients, ensuring continuous oversight by the Medical Staff and treatment team. Established environmental design features, policies, and safety protocols further strengthen patient safety and regulatory compliance. Furthermore, the proven success of these measures in our other hospitals demonstrates their effectiveness in maintaining a secure and supportive environment. Given these safeguards, the hospital's current approach adequately mitigates risk, eliminating the need for additional anti-ligature modifications.

The Behavioral Health Risk Assessment highlights the hospital's proactive efforts to ensure a safe and therapeutic environment for patients. By identifying potential hazards across physical spaces, patient interactions, communication, and emergency preparedness, the hospital demonstrates a commitment to mitigating risks and enhancing patient and staff safety. The existing policies, environmental design features, and safety protocols provide a strong foundation for addressing high-risk behaviors and maintaining compliance with regulatory standards.

SECURITY RISK ASSESSMENT

The security risk assessment evaluates potential risks to the safety and security of the healthcare environment, including facility access, emergency preparedness, asset protection, and compliance with security standards. It identifies vulnerabilities such as unauthorized access, interruptions to critical operations, high-risk areas, and system failures while proposing proactive measures to mitigate these risks. This assessment ensures the hospital's security practices align with regulatory requirements and support the delivery of a safe, secure, and patient-centered environment.

Hazards & Risk Identification

This risk assessment considers a comprehensive range of potential risks related to security, including:

- **Unauthorized Access and Trespassing:** Risks associated with inadequate access control measures.
- **Interruptions and Disruptions to Critical Operations:** Vulnerabilities from disturbances in care-delivery or administrative processes.
- **Storage and Asset Protection:** Issues related to securing sensitive materials, equipment, or pharmaceuticals.
- **High-Risk Areas:** Identification and protection of areas such as maternity wards, pharmacies, and data centers.
- **Technology and System Failures:** Risks from malfunctioning or inadequate security systems (e.g., surveillance, access control).
- **Cross-Contamination of Secure and Non-Secure Areas:** Breaches in maintaining separate zones for secure operations.
- **Human Factors:** Risks from staff actions, negligence, or insufficient training in security protocols.
- **Emergency Preparedness Gaps:** Lack of effective planning for security threats during emergencies.
- **Compliance and Regulatory Risks:** Noncompliance with FGI guidelines or other relevant security standards.
- **Visitor and Patient Identification Errors:** Risks from insufficient identification and verification protocols.
- **Disposal and Waste Management Risks:** Security vulnerabilities in handling sensitive waste, such as medical records.
- **Supply Chain Security Issues:** Risks related to unauthorized access or theft within the supply chain process.

Addressing these risks proactively is essential to ensuring a secure facility and maintaining compliance with healthcare standards.

Existing Infrastructure

Below is the scope of the assessed current infrastructure and processes that ensure and maintain a safe and secure hospital environment for patients, staff, and visitors.

- Plans and procedures are in place to respond to both internal and external emergencies. These include the emergency management and continuity of operations plan, as well as evacuation standard operating procedures. The safety committee regularly evaluates and implements these policies.
- Security officers are equipped with walkie-talkies, powered by their own batteries, and additional walkie-talkies are stationed at each nurse station for use if standard communication channels become unavailable.
- Security officers maintain a visible presence throughout the hospital by consistently patrolling the corridors.
- Wayfinding and room ID signs are designed to avoid blocking the line of sight and visibility in common areas and corridors, ensuring clear and unobstructed views.
- Distress buttons and/or phones are provided to staff in their offices and workstations to be used in the event of patient violence targeting staff members.
- The parking lot is located in front of the hospital to eliminate concealed parking spaces, enhancing safety.
- The parking lot entrance on E Lake Mead Parkway can be monitored and controlled by security personnel during emergency or heightened security situations.
- Pole lights and aerial lights are strategically placed around the building and in the parking lot, providing clear and unobstructed lighting of the grounds and surrounding areas.
- Vegetation around the hospital is kept to a minimum and is not clustered together, reducing potential hiding spots.
- A secure courtyard, visible from inside the hospital, is provided for additional safety.
- Security stations are positioned at the ER entrance and main entrance to monitor activity around and entering the hospital.
- Access to security-sensitive areas, such as utility rooms and hazardous materials storage, is restricted by code or badge to prevent unauthorized entry.
- Public paths are designed to avoid passing through designated staff-only zones, ensuring clear separation between public and restricted areas.
- Workstations/Nurses Stations are either positioned out of patients' reach or have counter heights raised to prevent patients from harming staff.

Security Management Program

The Security Management Program is designed to manage the security risks that the environment of the hospital may present to patients, staff, and visitors. The Security Management Plan describes the methods of providing security for people, equipment and other material through risk assessment and management for the hospital. Security incidents are often intentional. The Security program protects individuals and property against harm or loss, including workplace violence, theft, and unrestricted access to areas of concern. The program is applied to the hospital in entirety. The program is designed to assure identification of general and high security risks and to develop effective responses.

The order of security management, from patient admission to discharge, is divided into five categories. Below is a breakdown of these categories, along with a summary of the appropriate measures implemented at each stage.

Admission	Patient Storage	Rounding	Room Searches	Discharge
Upon new admission, a body search and scan, along with a search and scan of patient belongings, are conducted to ensure safety and compliance with hospital policies. Any drug paraphernalia is discarded following the required method to ensure proper handling and compliance with safety regulations.	Patients' belongings, phones, and any non-permissible items are securely stored in a locked storage room and will be returned to the patient upon discharge.	Security personnel maintain a visible presence by rounding the corridors and patient-accessible areas to ensure safety and deter unauthorized activity. Provide timely response to reports of violent activity or requests for assistance in restraining violent or aggressive patients or visitors.	Room searches are conducted periodically and whenever there is suspicion of illegal paraphernalia to ensure a safe and secure environment.	Patients receive all their belongings that were stored during their stay and are accompanied by staff to ensure they leave the property safely and securely.

Findings & Recommendations

The hospital's Security Management and infrastructure highlights a robust and comprehensive approach to ensuring safety for patients, staff, and visitors. The facility's existing infrastructure is well-maintained and compliant with regulatory standards, allowing for smooth operations without the need for structural changes. The security management program effectively identifies and mitigates risks through detailed measures across all stages of patient care, from admission to discharge.

Key initiatives such as secured access to sensitive areas, continuous surveillance, strategic lighting, clear wayfinding, and robust emergency response procedures underline the hospital's commitment to safety. Visible patrols, distress communication devices, and separation of public and staff zones enhance overall security. Moreover, the focus on preventing unauthorized access and addressing incidents of workplace violence ensures a secure environment conducive to patient care.

DISASTER, EMERGENCY AND VULNERABILITY RISK ASSESSMENT

The purpose of a Disaster, Emergency, and Vulnerability Risk Assessment is to systematically evaluate potential hazards, vulnerabilities, and risks that may impact the safety, continuity, and functionality of a new hospital. This assessment ensures the hospital's emergency management plan addresses critical factors such as natural disasters, technological failures, infectious disease outbreaks, and other emergencies specific to the hospital's location and design. By identifying potential risks early, the risk assessment supports the development of mitigation strategies, preparedness measures, and response protocols tailored to the hospital's unique operational profile. This comprehensive process ensures the hospital aligns with FGI guidelines, safeguarding patient care, protecting staff, and ensuring the facility's ability to serve the community during and after emergencies.

The Hazard Vulnerability Assessment (HVA) is an exploratory planning component used to key in on the hospital's vulnerabilities and outline the steps needed to mitigate the impact of the perceived risks. Hospital leadership shall complete the hazard vulnerability analysis process by first identifying the hazardous most likely to be faced by the hospital. This approach is specific to the location of the hospital and considers particular hazards most likely to occur in the surrounding area.

Hazards & Risk Identification

Hazards considered include , but are not limited to:

- Natural disasters
- Man-made disasters
- Emerging infectious diseases
- Facility-based disasters that include but are not limited to:
    - Care-related emergencies
    - Equipment and utility failures, including but not limited to power, water, gas, etc.
    - Interruptions in communication, including cyber-attacks
    - Emerging infectious diseases
    - Loss of all or portion of a facility
    - Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable)

This risk assessment considers a comprehensive range of potential risks related to disaster emergencies, including:

- **Infrastructure and Facility Failures**: Structural integrity, utility outages (e.g., power, water, HVAC).
- **Communication Breakdowns**: Failures in internal and external communication systems.
- **Resource Shortages**: Insufficient supplies, equipment, or staff to manage disaster scenarios.
- **Patient Surge Capacity**: Challenges in accommodating and managing large influxes of patients.

- **Evacuation Risks**: Inadequate planning or execution of patient and staff evacuation.
- **Technology and System Failures**: Breakdowns in electronic health records, alarm systems, or critical medical devices.
- **Cross-Contamination**: Risks associated with infectious disease outbreaks or hazardous materials exposure.
- **Human Factors**: Staff fatigue, stress, or insufficient training during emergencies.
- **Emergency Preparedness Gaps**: Insufficient drills, untested emergency plans, or unclear chain of command.
- **Compliance and Regulatory Risks**: Misalignment with emergency management regulations and standards.
- **Waste Management and Contamination**: Risks related to proper disposal of hazardous materials or waste during disasters.
- **Supply Chain Disruptions**: Delays or shortages of critical supplies due to disaster conditions.

Existing Infrastructure

Below is the scope of the assessed current infrastructure and processes that ensure hospital environment is adequately prepared for disasters and emergencies:

- The hospital features negative pressure isolation rooms designed to manage internal contamination, and in the event of external contamination, the units can be securely sealed off to ensure safety.
- The emergency generator provides power to emergency outlets, emergency lighting, life safety systems, refrigeration, hot water boiler controls, security access controls, IT/data systems, and cameras.
- Slip boards are strategically placed in each unit to ensure quick access in case of an emergency.
- All life safety systems, including fire alarms, sprinklers, fire extinguishers, smoke doors, and fire walls, have been maintained and inspected in compliance with their specific requirements.
- The hospital's utility systems include secure electrical panels locked or housed in secure electrical rooms, a diesel generator, natural gas hot water boilers for water heating, and a conventional HVAC system not connected to the generator, supplemented by portable units for use during power outages. An emergency water supply is stored to address potential water shortages or contamination.
- IT and data systems are secured in locked rooms and supported by the generator to ensure functionality during power outages.
- Real-time monitoring is conducted through a camera system covering entrances and corridors, supported by both a generator and battery backup to ensure continuous operation.

Hazard Vulnerability Assessment (HVA)

The new hospital will utilize the most recent Hazard Vulnerability Analysis (HVA) completed by Dignity Rose de Lima Hospital as the foundation for its emergency preparedness planning. This HVA provides a comprehensive assessment of hazards and risks relevant to the region, including

natural disasters, utility failures, infectious disease outbreaks, and other potential emergencies, making it highly reflective of the risks faced by the new hospital. The primary difference is that the new hospital does not face radiological risks, which were included in the Dignity Rose de Lima analysis. This alignment ensures the new hospital's emergency management plan is rooted in a proven, localized risk assessment while allowing for tailored adjustments to reflect its specific operational profile.

Emergency Management Program

The Emergency Management Program ensures the maintenance of essential healthcare functions during emergencies and the swift restoration of full operations afterward. It addresses threats such as natural disasters, technological failures, and public health emergencies, outlining procedures for mitigation, preparedness, response, and recovery. The plan includes hazard vulnerability analysis, relocation if needed, and robust communication and resource management strategies. Regular training, testing, and coordination with community partners enhance readiness and interoperability. By prioritizing patient safety, critical systems, and staff support, the program ensures resilience and continuity in delivering vital healthcare services.

Findings & Recommendations

The hospital leadership should actively engage with local emergency management planning support groups and associations to ensure alignment with community-wide emergency preparedness and response strategies. Participation in these groups will enhance collaboration, resource sharing, and interoperability with local, state, and regional emergency systems.

The hospital's emergency management plan and systems should be rigorously tested through drills and exercises conducted in accordance with the emergency management program to identify and address any gaps.

Additionally, the hospital must establish a comprehensive stockpile of emergency supplies, including essential medical equipment, medications, food, water, and fuel, to ensure sustainability during extended disaster scenarios.

The following **minor repairs or modifications** to the facility are needed:

- Installation of eye wash stations or equipment

The following **contracts or agreements** are needed:

- Alternative facilities location agreement
- Emergency Preparedness Group

Subject: Standard and Transmission-Based Precautions	**Requiring Agency:** CIHQ; TJC; DPBH
Most Recent Approval:	**Policy#**

PURPOSE

The purpose of this policy is to define and standardize the use of Standard Precautions and Transmission-Based Precautions within the hospital setting in order to prevent the transmission of infectious agents among patients, staff, visitors, and the broader healthcare environment. By articulating clear responsibilities, criteria, and procedures, this policy promotes early identification and containment of infectious threats, protects vulnerable populations, reduces the risk of cross-contamination, and supports regulatory compliance and performance improvement efforts across the organization.

AUTHORITY & ACCOUNTABILITY

The Infection Control Committee (ICC) is responsible for overseeing the infection prevention program. It reviews and approves this policy annually, evaluates infection control performance metrics, and recommends changes to improve safety and compliance. The ICC also guides organizational planning for emerging infectious threats.

The Infection Preventionist (IP) leads implementation of this policy. The IP monitors for potential outbreaks, evaluates symptoms and lab results, and determines when to initiate Contact, Droplet, or Airborne Precautions. The IP provides staff education, ensures regulatory alignment, oversees surveillance and auditing, and advises on the use of PPE, isolation placement, and environmental controls.

This policy applies to all hospital employees, licensed independent practitioners, contracted staff, students, and volunteers ("staff") within all areas of the facility where patient care is provided or where patients may be present. This includes inpatient detoxification and residential treatment units, nursing stations, medical examination rooms, group therapy rooms, and ancillary service areas such as dietary, housekeeping, maintenance, and transportation.

All hospital staff are expected to consistently follow Standard Precautions, including proper hand hygiene and use of PPE, and to apply Transmission-Based Precautions as required. Staff are responsible for recognizing when isolation is needed, using PPE correctly, maintaining appropriate signage, and reporting any exposures or safety concerns.

DEFINITIONS

Standard Precautions - A set of infection prevention practices applied to all patient care, regardless of suspected or confirmed infection status. These include hand hygiene, the use of personal protective equipment (PPE) such as gloves and masks, respiratory hygiene and cough etiquette, safe injection practices, and proper handling of contaminated equipment or surfaces.

Transmission-Based Precautions - Additional precautions used in combination with Standard Precautions for patients known or suspected to be infected with pathogens that require extra measures to prevent spread. These are categorized as Contact, Droplet, or Airborne Precautions based on the mode of transmission.

Contact Precautions - Measures used to prevent the spread of infections that are transmitted by direct physical contact or through contact with contaminated objects. These include the use of gloves and gowns when entering a patient's room and dedicated or disinfected equipment for each patient.

Droplet Precautions - Used for diseases that are spread through respiratory droplets produced by coughing, sneezing, or talking. These precautions require wearing a surgical mask when within six feet of the patient and placing a mask on the patient when transporting them outside the room.

Airborne Precautions - Required for pathogens that remain infectious over long distances when suspended in the air. Patients are placed in Airborne Infection Isolation Rooms (AIIRs), and staff must wear NIOSH-approved N95 respirators or higher-level protection. A portable HEPA filter may be used when AIIRs are unavailable.

Airborne Infection Isolation Room (AIIR) - A single-occupancy room with negative pressure relative to surrounding areas, equipped with at least 12 air changes per hour (ACH) and direct exhaust of air to the outside or through HEPA filtration. AIIRs are used for patients requiring Airborne Precautions.

Portable HEPA Filtration Unit - A mobile high-efficiency particulate air (HEPA) filter that removes at least 99.97% of airborne particles ≥0.3 microns. It may be used when an AIIR is not available or during patient transport to reduce the risk of airborne transmission.

Source Control - Practices used to limit the spread of respiratory secretions from individuals who may be infectious. This includes providing masks to symptomatic patients and encouraging appropriate covering of coughs and sneezes.

Personal Protective Equipment (PPE) - Clothing and equipment worn by healthcare personnel to protect against exposure to infectious materials. PPE includes gloves, gowns, masks, respirators, and eye protection, selected based on the level of risk and type of precautions required.

Cohorting - The practice of placing two or more patients with the same confirmed infectious condition in the same room or designated care area when private rooms are not available. Cohorting is only permitted when patients are infected with the same organism, do not pose additional risk to one another, and are managed under the same type of Transmission-Based Precautions.

Hand Hygiene - The act of cleaning hands by washing with soap and water or using alcohol-based hand rub (ABHR) to remove microorganisms.

Fomites - high-touch objects or surfaces that may become contaminated with infectious materials and serve as vectors for disease transmission. Examples include bed rails, doorknobs, call buttons, light switches, toilet flush handles, faucet levers, grab bars, and shared medical equipment.

STANDARD PRECAUTIONS

1. Standard Precautions are mandatory for every patient interaction, from the time of admission through discharge, regardless of whether the patient is known or suspected to be infectious. These precautions are the minimum standard for infection prevention and must be consistently followed in all care settings.
2. Standard Precautions include the following core practices
    a. Proper hand hygiene before and after all patient contact or contact with the patient environment.
    b. Use of appropriate personal protective equipment (PPE) based on the task and exposure risk (e.g., gloves, gowns, masks, eye protection).
    c. Respiratory hygiene and cough etiquette for patients and staff, including the use of masks for symptomatic individuals.
    d. Safe injection practices, includising aseptic technique and never reusing needles or syringes.
    e. Safe handling of contaminated equipment and surfaces, with proper disinfection between uses.
    f. Routine environmental cleaning of patient care areas and high-touch surfaces using approved disinfectants.
    g. Proper handling of linens and laundry to prevent contamination, including use of leak-proof bags and minimal handling.
    h. Sharps safety practices such as using puncture-resistant sharps containers, avoiding needle recapping, and immediately disposing of used sharps.

TRANSMISSION-BASED PRECAUTIONS

1. Transmission-Based Precautions (TBP) are used in addition to Standard Precautions when a patient is known or suspected to be infected with certain pathogens that require extra measures to prevent spread. TBPs are categorized into Contact, Droplet, and Airborne Precautions, based on the mode of transmission.
    a. **Contact Precautions** are required for organisms spread through direct contact (e.g., MRSA, C. difficile).
        i. Staff must wear gloves and gowns upon room entry, dedicate or disinfect equipment between patients, and perform hand hygiene with soap and water after caring for C. difficile patients.
        ii. Patients may be cohorted if they are confirmed to have the same infection (e.g., MRSA or *C. difficile*) and do not have other conditions requiring different isolation. Equipment must be dedicated to the cohort or thoroughly disinfected between uses.

iii. For suspected or confirmed spore-forming organisms such as Clostridioides difficile, hand hygiene must be performed with soap and water. Alcohol-based hand rubs are not effective against spores.

b. **Droplet Precautions** are used for illnesses transmitted by respiratory droplets (e.g., influenza, pertussis).
    i. Patients are placed in a single room, and staff must wear a surgical mask within six feet of the patient; the patient should wear a mask during transport.
    ii. Cohorting is allowed for patients with the same laboratory-confirmed pathogen (e.g., influenza), provided there is at least 3 feet of separation between beds and a curtain or barrier is used. Staff must wear a mask and follow all droplet PPE requirements in the shared space.

c. **Airborne Precautions** are required for pathogens transmitted through airborne particles (e.g., tuberculosis, measles, varicella).
    i. Patients are placed in an Airborne Infection Isolation Room (AIIR) with negative pressure, and staff must wear a fit-tested N95 respirator or higher-level protection.
    ii. Portable HEPA filtration is required whenever an airborne-isolation patient must leave an AIIR and remains in use until the patient is back in a negative-pressure environment.
    iii. Cohorting is generally not recommended due to the high transmission risk. In rare, approved cases, patients with the same airborne infection (e.g., tuberculosis) may be cohorted in an AIIR with negative pressure, under Infection Preventionist and Medical Director oversight, and with HEPA filtration if needed.

2. Initiation of Transmission-Based Precautions (TBP) should begin as soon as a patient presents with signs or symptoms suggestive of a transmissible infection, even before a confirmed diagnosis.
    a. Patients meeting these criteria must be placed on isolation protocols immediately, using the appropriate level of precaution (Contact, Droplet, or Airborne) based on their symptoms or known exposure.
    b. Nursing staff may initiate precautions under protocol, with provider order to follow, and must post the correct TBP signage outside the room, ensure PPE is stocked at the point of care, and notify the Infection Preventionist for further guidance.
3. Patient transport for individuals on Transmission-Based Precautions shall be limited to medically necessary procedures that cannot be performed at the bedside. The receiving department must be notified in advance so that appropriate precautions can be prepared.
4. Patients under Droplet or Airborne Precautions must wear a surgical mask during transport. For patients on Airborne Precautions, a portable HEPA filtration unit must be used during transport if the patient will remain in a neutral-pressure area (e.g., hallway, elevator, or imaging suite) for more than 15 minutes.

5. Dietary services must deliver meals to isolation rooms using single-use disposable dishware, which shall be discarded in the patient's room after use. Staff delivering food shall follow appropriate PPE protocols based on the level of precautions in effect.
6. Discontinuation of transmission-based precautions and isolation must follow CDC's pathogen-specific guidelines (e.g., 10 days for COVID-19; 2 negative sputa for TB). Final decision must be documented in the EHR by the treating provider in consultation with the Infection Preventionist.

SPECIAL PATHOGENS & EMERGING INFECTIONS

1. High-consequence pathogens or multidrug-resistant organisms (e.g., Candida auris, CP-CRE) require additional containment, screening, or environmental decontamination per CDC and Nevada Division of Public and Behavioral Health (DPBH) guidance. The Infection Preventionist will provide direction based on the organism and risk factors.

PATIENT PLACEMENT AND COHORTING

1. All patients shall be screened for communicable diseases prior to assignment to a double-occupancy (semi-private) room. This screening includes a review of clinical symptoms, prior infection history, recent exposures, and any alerts for reportable or multidrug-resistant organisms (e.g., MRSA, C. difficile, Candida auris).
2. Patients with suspected or confirmed transmissible infections shall not be placed in shared rooms unless cohorting criteria are met.
3. Cohorting may occur only when the following conditions are met:
    a. Patients are confirmed to have the same pathogen requiring the same level of Transmission-Based Precautions (e.g., both patients have influenza and require Droplet Precautions).
    b. Patients have no conflicting medical isolation needs or additional conditions requiring different or higher-level precautions.
    c. Patients are behaviorally compatible, meaning they are unlikely to pose a safety risk to one another (e.g., no history of aggression, wandering, or inability to comply with infection control measures).
4. When cohorting occurs:
    a. A minimum of 3 feet must be maintained between beds.
    b. A privacy curtain must remain drawn between patients.
    c. Dedicated or disinfected equipment must be used between patient interactions.
    d. Room placement must be clearly documented in the patient's medical record and flagged in the electronic system for monitoring.
        i. Patients on Contact Precautions for *C. difficile* or other spore-formers shall not use shared bathrooms unless no other option is available. If shared bathrooms are used, enhanced fomite disinfection must occur after each use.

5. Patients with suspected or confirmed *Clostridioides difficile i*nfection (CDI) shall be assigned to single-occupancy rooms with dedicated bathroom facilities to prevent environmental contamination and transmission of spores to other patients.
    a. Shared bathrooms shall not be used by patients with CDI unless medically necessary, in which case enhanced cleaning and disinfection protocols must be implemented after each use. Hand hygiene with soap and water is required for both staff and patients following contact with the CDI care environment.

SIGNAGE AND ISOLATION CART REQUIREMENTS

1. Signage indicating the type of Transmission-Based Precautions in effect (Contact, Droplet, or Airborne) must be clearly posted at eye level on the outside of the patient's door before room entry. Signage must specify the PPE required prior to entering and include pictorial instructions when appropriate.
2. Isolation signs must be laminated or printed on brightly colored cardstock and replaced if damaged or missing. Sign templates approved by the Infection Preventionist shall be used consistently throughout the facility.
3. An isolation cart must be placed outside each room where Transmission-Based Precautions are in effect. The cart must be stocked with appropriate PPE (e.g., gloves, gowns, surgical masks, N95 respirators, face shields), hand sanitizer, disinfectant wipes, and laminated PPE donning and doffing instructions.
4. Nursing staff are responsible for ensuring signage is properly posted and isolation carts are stocked at the time precautions are initiated. Compliance is monitored during routine infection control rounds.
5. Supplies must be replenished as needed and restocked after terminal cleaning to ensure readiness for the next isolation case.

ENVIRONMENTAL CLEANING

1. At the time of patient discharge or discontinuation of isolation precautions, a terminal cleaning of the room shall be conducted using an EPA-registered hospital-grade disinfectant appropriate for the pathogen of concern. For pathogens such as Clostridioides difficile and other spore-forming organisms, EPA-registered sporicidal disinfectants (e.g., sodium hypochlorite–based) must be used.
    a. **Enhanced Fomite Control Protocols:** High-touch surfaces (fomites) such as toilet flush handles, door knobs, faucet levers, and grab bars are disinfected frequently in shared or high-use bathrooms and patient rooms.
    b. Staff must reinforce the importance of soap-and-water handwashing before touching shared surfaces to minimize fomite contamination. Cleaning protocols and hand hygiene signage must be maintained at all such locations.
2. Soiled linen must be handled with minimal agitation and rolled inward to contain potentially contaminated surfaces. It shall be placed in leak-proof, labeled bags and transported in covered

carts along the designated "dirty" route to the laundry holding area. Linen from isolation rooms shall never be placed on clean surfaces or stored with other materials.

3. Privacy curtains must be removed and laundered upon discharge of patients on Contact or Airborne Precautions involving spore-forming or multidrug-resistant organisms. All reusable patient care equipment must be cleaned and disinfected per manufacturer instructions before reuse.
4. For rooms under Airborne Precautions, Facilities staff must verify that negative pressure airflow (≥12 air changes per hour) is functioning and properly restored prior to admitting a new patient. Airflow data must be documented and reviewed by the Infection Preventionist if deficiencies are identified.

COMMUNICABLE DISEASE REPORTING

1. The hospital shall comply with Nevada Revised Statutes (NRS) 441A and Nevada Administrative Code (NAC) 441A by reporting suspected or confirmed communicable diseases to the Nevada Division of Public and Behavioral Health (DPBH) within the required timeframes.
2. The Infection Preventionist or designee is responsible for submitting all mandated reports, including those for tuberculosis, measles, COVID-19, and other notifiable diseases.
3. Outbreaks or unusual clusters of infections must be reported immediately to DPBH in accordance with state law

STAFF EDUCATION AND COMPETENCY

1. All staff shall receive infection prevention and control training during initial onboarding and on an annual basis. Training content must include proper hand hygiene techniques, appropriate PPE selection and use, recognition of isolation indications, and adherence to Standard and Transmission-Based Precautions.
2. Completion of mandatory infection control training is a condition of employment. Failure to complete required training or demonstrate competency may result in corrective action.

MONITORING AND PERFORMANCE IMPROVEMENT

1. The Infection Preventionist shall conduct ongoing monitoring and unannounced audits of compliance with this policy, including hand hygiene, PPE use, signage placement, cohorting practices, and terminal cleaning.
2. Noncompliance or deviation from this policy will be addressed through direct feedback, targeted re-education, and, if necessary, escalation through departmental leadership for disciplinary action.
3. Audit results and HAI surveillance data will be reviewed by the Infection Control Committee to identify trends and prioritize improvement initiatives.
4. Any failure of isolation procedures resulting in confirmed or suspected healthcare-associated transmission will prompt an immediate review and a corrective action plan overseen by the Infection Preventionist in collaboration with leadership.

REFERENCES

- Centers for Disease Control and Prevention. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (updated 2024).
- OSHA 29 CFR 1910.1030 (Bloodborne Pathogens) and 1910.134 (Respiratory Protection).
- CMS Conditions of Participation for Hospitals § 482.42, Infection Prevention and Control.
- Nevada Administrative Code (NAC) Chapter 441A – Communicable Diseases.
- Nevada Revised Statutes (NRS) Chapter 441A – Communicable Disease Reporting Requirements.
- CIHQ Hospital Accreditation Standards, Infection Prevention & Control Chapter (2025 edition).
- The Joint Commission, Hospital Accreditation Manual, Infection Prevention and Control and Performance Improvement standards (IC 01–06 series, 2025).

Subject: Standards for Patient Bedrooms and Bathrooms	**Requiring Agency:**
Most Recent Approval:	**Policy#**

PURPOSE

Las Vegas Recovery Hospital ("Hospital") sets forth this policy to establish clear standards for the assignment, configuration, use, and maintenance of patient bedrooms and bathrooms that support safety, privacy, infection prevention, accessibility, and regulatory compliance.

ACCOUNTABILITY & AUTHORITY

The Nursing Department is responsible for assigning patients to appropriate bedrooms based on clinical need, behavioral considerations, infection control status, and operational availability. Nursing staff also perform routine safety checks of bedrooms and bathrooms, respond to patient-reported concerns, and ensure that patient rights to privacy, dignity, and safe living conditions are upheld.

The Facilities Department is accountable for maintaining the physical integrity and functionality of all patient bedrooms and bathrooms. This includes completing routine preventive maintenance, responding to work orders, and ensuring all infrastructure—such as lighting, HVAC, plumbing, and call systems—is in safe working order.

The Infection Control Committee oversees the implementation and monitoring of infection prevention practices in patient bedrooms and bathrooms. This includes ensuring compliance with cleaning protocols, placement of hand hygiene supplies, and appropriate use of transmission-based precautions in room assignments and bathroom access.

Environmental Services is responsible for the routine cleaning and disinfection of patient bedrooms and bathrooms according to established protocols. EVS staff must ensure that all areas are stocked with necessary hygiene supplies and are maintained to reduce the risk of infection transmission.

The Safety Committee is responsible for monitoring environmental safety risks in patient bedrooms and bathrooms, reviewing trends identified through safety rounds, and verifying the timely completion of corrective actions. The committee ensures that conditions meet regulatory standards and internal safety expectations.

ROOM ASSIGNMENT CRITERIA

1. **Room Assignments.** Room assignments shall be based on clinical need, behavioral risk, infection control requirements, trauma history, gender identity considerations, and operational availability. Patients requiring isolation, enhanced monitoring, or who pose a safety risk shall be prioritized for single-occupancy rooms.
2. **Patient Orientation.** Patient rooms and bathrooms shall be prepared prior to admission, including confirming cleanliness, functioning equipment, and stocked hygiene supplies. Upon admission, patients shall be oriented to their bedroom, bathroom access, call system, and safety expectations.

ACCESSIBILITY AND ADA COMPLIANCE

1. Patient bedrooms and bathrooms shall be designed or adapted to meet the needs of individuals with mobility, sensory, or cognitive impairments.
2. Accessible rooms shall include features such as widened doorways, reachable call systems, grab bars, non-slip flooring, and clear turning space for mobility aids.
3. Adaptive equipment such as raised toilet seats, shower chairs, and portable ramps shall be made available upon request or as assessed by the clinical team.
4. Room assignments shall take patient mobility and accessibility needs into consideration during the admission and reassignment process.
5. Staff shall be trained to recognize and accommodate accessibility barriers and report any environmental limitations to Nursing or Facilities leadership.

EMERGENCY ACCESS AND EGRESS

1. All patient bedrooms and bathrooms shall maintain clear and unobstructed pathways to exits and emergency equipment at all times.
2. Furniture and personal belongings shall be arranged to ensure safe and immediate staff access to the patient and room exits in the event of an emergency.
3. Exit doors must remain fully functional, free of locks or blockages that could prevent evacuation or staff entry.
4. Staff shall ensure that no equipment, carts, furniture, or storage items obstruct egress routes inside patient rooms or in hallways outside of patient bedrooms.
5. During safety rounds, Nursing and Facilities staff shall verify that egress pathways are clear and accessible. Any obstructions or hazards must be immediately corrected or reported.

PATIENT BEDROOMS

1. All patient bedrooms shall support a safe, clean, and therapeutic environment that promotes patient recovery, privacy, and dignity.
2. Each bedroom shall be equipped with a nurse call system, appropriate lighting, adequate ventilation, and climate control.
3. Patients shall be provided with a comfortable bed and mattress in good condition, individual storage space, and a means for personal lighting and power access.
4. Furniture and room layout shall allow for safe movement of patients and staff, and enable emergency access.

5. Bedrooms shall be maintained in a clean and orderly condition, free of unnecessary clutter or hazards.
6. Rooms shall be assessed regularly for environmental risks, maintenance needs, and infection control compliance.

MULTI-OCCUPENCY BEDROOMS

1. The organization shall ensure that the use of multi-occupancy (shared) patient rooms maintains patient safety, privacy, dignity, and infection prevention expectations.
2. All rooms designated for multi-occupancy must meet or exceed the required square footage per patient as defined by applicable healthcare facility guidelines.
3. Each patient shall have individual access to storage, lighting, and power sources.
4. Bedroom layout and furniture arrangements shall allow for safe navigation by staff and equipment, with unobstructed egress paths.

1. **Privacy and Dignity**. Patients placed in shared rooms shall be provided with appropriate visual and auditory privacy, including privacy curtains and confidential communication practices. Acoustic materials and visual barriers (beyond curtains) may be used where feasible to enhance privacy and reduce sensory intrusion in shared rooms.
2. **Safety and Risk Mitigation**. Patients assigned to shared rooms must be clinically appropriate for cohorting. Staff shall assess for behavioral compatibility, risk of harm to self or others, and any contraindications to room sharing (e.g., history of aggression, vulnerability to exploitation, trauma history).
3. **Infection Control**. Room assignments shall adhere to infection prevention and control protocols
    a. Patients requiring transmission-based precautions (e.g., airborne, droplet, contact) shall not be placed in shared rooms unless cohorting with another patient with the same pathogen, in compliance with CDC and facility infection control guidelines.
    b. Patients with suspected or confirmed *Clostridioides difficile* infection (CDI) shall be assigned to single-occupancy rooms with dedicated bathroom facilities to prevent environmental contamination and transmission of spores to other patients.
    c. Shared bathrooms shall not be used by patients with CDI unless medically necessary, in which case enhanced cleaning and disinfection protocols must be implemented after each use. Hand hygiene with soap and water is required for both staff and patients following contact with the CDI care environment.
    d. Multi-occupancy rooms shall be equipped with adequate hand hygiene supplies and cleaned per environmental cleaning schedules.
4. **Environmental Conditions**. Multi-occupancy rooms must support safe physical conditions, including adequate space, ventilation, lighting, and emergency access. Each patient shall have their own designated bed, storage space, and access to a call system.
5. **Patient Rights and Preferences**. Whenever possible, patient preferences regarding shared accommodations shall be considered. Patients may request a room reassignment if concerns about safety, privacy, or compatibility arise.
6. **Documentation** The care team shall document room assignments and reassess as needed based on changes in clinical status or patient concerns.

ISOLATION ROOMS

1. Isolation rooms shall be used for patients who require transmission-based precautions due to suspected or confirmed infectious diseases. Room assignment decisions shall be made in coordination with Infection Control and Nursing leadership, based on clinical assessment and current guidelines.
2. **Room Type and Assignment.**
    a. Patients requiring airborne, droplet, or contact precautions shall be placed in a single-occupancy room whenever possible.
    b. Cohorting may only occur if patients are confirmed to have the same pathogen and are deemed clinically and behaviorally compatible.'
    c. Isolation room assignments must be clearly documented in the medical record and communicated to all staff involved in the patient's care.
3. **Environmental Requirements**
    a. Isolation rooms shall contain a functioning nurse call system, hand hygiene supplies, appropriate PPE storage, and a dedicated waste receptacle.
    b. Rooms shall have proper ventilation and airflow in accordance with facility HVAC design; airborne isolation rooms (if available) shall meet negative pressure standards.
    c. Visual signage indicating required precautions must be posted outside the room entrance.
4. **Cleaning and Disinfection**
    a. Isolation rooms shall be cleaned using enhanced disinfection protocols. EVS staff must wear appropriate PPE during cleaning and dispose of materials properly.
    b. Terminal cleaning must be performed upon discharge or discontinuation of isolation, with documentation maintained per EVS procedures.
5. **Access and Supply Management**
    a. Supplies should be minimized inside isolation rooms and replenished as needed using proper infection control techniques.
    b. Staff must don appropriate PPE prior to entering and dispose of PPE per posted protocols upon exit.
    c. Reusable medical equipment must be disinfected after each use or dedicated to the patient during the isolation period.
6. **Monitoring and Oversight.** Infection Control shall review the use of isolation rooms during rounds and ensure adherence to PPE, signage, and cleaning protocols. Nursing and EVS leaders shall monitor compliance and report any deviations or breaches in protocol to the Infection Control Committee for follow-up.

ROOM FURNISHINGS AND EQUIPMENT

1. Each patient bedroom shall contain, at minimum, a hospital-grade bed and mattress in good condition, personal storage (e.g., closet, cabinet, or drawers), a bedside chair, and appropriate lighting.

2. All furnishings shall be clean, in safe working condition, and free from damage or hazards such as sharp edges or loose parts.
3. Furniture shall be arranged to allow clear egress and safe staff access for emergency response and routine care.
4. Broken, damaged, or missing furnishings must be reported to the Facilities Department for prompt repair or replacement.

CLIMATE CONTROL AND VENTILATION

1. Patient bedrooms shall have operational heating, ventilation, and air conditioning (HVAC) systems to maintain a safe and comfortable environment.
2. Temperature and airflow settings shall be maintained within therapeutic ranges defined by facility engineering and patient comfort standards.
3. HVAC systems shall be subject to regular preventive maintenance and inspection by the Facilities Department.
4. Patients may request reasonable adjustments to room temperature. Nursing and Facilities staff shall coordinate to address such requests when clinically appropriate and operationally feasible.
5. Ventilation must support air exchange requirements and infection prevention guidelines, particularly in rooms housing patients on precautions.
6. Portable HEPA filtration units may be placed in multi-occupancy rooms to reduce airborne transmission risk, especially in rooms used for cohorting or during high-alert respiratory seasons.

LIGHTING AND NOISE CONTROL

1. Bedrooms shall include ambient lighting, task lighting (e.g., reading lights), and night lighting to support safety, visibility, and patient comfort.
2. Lighting shall be sufficient to perform care activities while minimizing disruption to the patient's rest and recovery.
3. Malfunctioning light fixtures shall be reported to the Facilities Department and addressed promptly.
4. Staff shall minimize unnecessary noise in patient bedroom areas, particularly during designated rest periods or nighttime hours.
5. The use of televisions, radios, or other electronic devices shall be managed to ensure they do not interfere with other patients' rest or therapeutic environment in shared rooms.

PATIENT BATHROOMS

1. Patients must have access to bathrooms in a timely, equitable manner regardless of room assignment or mobility status. Patient bathrooms may include full bathrooms (toilet, sink, shower), toilet-and-sink combinations, or access to shared/common-area toilet rooms.
2. **Infection Control**.
    a. All toilet rooms that do not contain a sink must have a hand hygiene station (e.g., non-alcohol-based hand rub or adjacent sink) located within the toilet room.
    b. All bathrooms shall be cleaned and disinfected regularly per Environmental Services protocols.

c. High-touch surfaces (e.g., faucets, handles, toilet seats) must be disinfected frequently, with increased attention during outbreaks or when used by patients on precautions.
d. Bathrooms must be stocked with:
    i. Toilet paper
    ii. Hand soap
    iii. Paper towels or air dryers
    iv. Hand sanitizer if soap and water are not readily available

3. **Safety and Accessibility**.
    a. Bathrooms must include
        i. Slip-resistant flooring
        ii. Adequate lighting
        iii. Grab bars where needed
        iv. Emergency call systems within reach of the toilet and shower
    b. Doors must permit access by staff in the event of an emergency.
    c. Bathroom design and equipment must accommodate patients with mobility, sensory, or cognitive impairments when applicable.

CLEANING OF PATIENT BEDROOMS

1. **Routine Cleaning.** Patient bedrooms shall be cleaned daily by Environmental Services (EVS) staff using approved cleaning agents and procedures. Cleaning shall include high-touch surfaces (e.g., bedrails, call buttons, door handles), floors, windowsills, and patient furniture. Trash shall be removed daily, and linen changed as needed.
2. **Terminal Cleaning.** Upon patient discharge, transfer, or room change, EVS shall perform terminal cleaning of the bedroom. This includes thorough disinfection of all surfaces, removal of any debris or patient belongings, cleaning of vents and fixtures, and replacement of linens and supplies. Terminal cleaning must be documented per departmental protocols.
3. **Enhanced Cleaning Protocols.** When a patient is on transmission-based precautions (e.g., contact, droplet, airborne), enhanced cleaning protocols must be followed. Frequency and methods shall be guided by the Infection Control Committee and based on CDC and facility standards. Additionally, cleaning protocols shall address both single and multi-occupancy bedrooms.
    1. **Enhanced Fomite Control Procedures:** For high-touch environmental surfaces, especially in bathrooms used by multiple patients or those under transmission-based precautions, frequent disinfection with EPA-registered disinfectants (including sporicidal agents when indicated) shall be performed. This includes toilet flush handles, sink faucets, doorknobs, grab bars, and call buttons. Cleaning frequency shall increase during outbreaks or for bathrooms shared by patients with infectious diarrhea.
4. **Hand Hygiene Supplies.** EVS shall ensure that all hand hygiene supplies in patient rooms (e.g., soap, hand sanitizer, paper towels) are restocked during each cleaning. Nursing staff shall notify EVS or restock directly if supplies are depleted between cleanings.
5. **Documentation and Oversight .**EVS shall maintain cleaning logs for daily and terminal cleaning activities. Supervisory staff will conduct regular audits to verify compliance with cleaning

schedules and protocols. The Infection Control Committee shall review compliance trends and make recommendations as needed.

6. **Collaboration with Nursing.** Nursing staff shall support cleaning activities by communicating any safety concerns or isolation needs, and coordinating cleaning during patient care routines when necessary.

CLEANING OF PATIENT BATHROOMS

1. **Routine Cleaning**. Patient bathrooms shall be cleaned and disinfected at least once daily by Environmental Services (EVS) using approved hospital-grade disinfectants. Cleaning shall include all fixtures and surfaces, including toilets, sinks, showers (if applicable), floors, mirrors, and high-touch surfaces such as grab bars, faucet handles, call buttons, toilet flush handles, and door hardware..
    a. Toilet rooms that lack in-room sinks shall have their high-touch surfaces (e.g., doorknobs, flush handles, locks) cleaned at increased frequency, due to the elevated risk of fomite transmission and the delay in hand hygiene until exiting the area.
2. **Increased Frequency for Shared or High-Use Bathrooms**. Shared or high-traffic bathrooms, including those not directly connected to patient bedrooms, shall be cleaned multiple times daily based on patient census and usage patterns. EVS shall adjust cleaning frequency in collaboration with Nursing and Infection Control as needed.
3. **Enhanced Cleaning for Isolation Rooms**. For patients on transmission-based precautions, bathrooms shall be cleaned using enhanced disinfection procedures and frequency as outlined in the facility's infection control protocols. For patients with spore-forming infections (e.g., Clostridioides difficile), the following additional measures shall apply:
    a. All surfaces, especially high-touch fomites, shall be disinfected with EPA-registered sporicidal agents (e.g., sodium hypochlorite-based products).
    b. Soap-and-water handwashing shall be reinforced for both staff and patients after bathroom use.
    c. Disposable cleaning materials or dedicated equipment shall be used when required by isolation protocol.
    d. All PPE worn during bathroom cleaning must be donned and doffed per transmission-based precautions and disposed of or disinfected appropriately.
4. **Supply Replenishment**. During each cleaning, EVS staff shall check and restock all bathroom supplies, including toilet paper, hand soap, paper towels or air dryers, and hand sanitizer (where applicable). Nursing staff shall monitor supplies between cleanings and notify EVS of immediate restocking needs.
5. **Terminal Cleaning**. Upon patient discharge or transfer, bathrooms connected to or assigned to the patient room shall be terminally cleaned following the same procedures used for the bedroom. This includes deep cleaning of all surfaces and fixtures, with documentation in cleaning logs.
6. **Monitoring and Oversight**. Cleaning activities shall be documented in EVS logs and verified through routine supervisory checks. The Infection Control Committee and Safety Committee shall monitor compliance and address any identified deficiencies.

MONITORING AND MAINTENANCE

1. **Safety Rounds.** Routine safety rounds shall be conducted to assess patient rooms and bathrooms for hazards or environmental concerns. Any identified issues shall be reported to the Facilities Department for corrective action. The Safety Committee is responsible for monitoring and ensuring compliance with facility repair protocols.
2. **Preventive Maintenance.** The Facilities Department shall perform preventive maintenance on HVAC systems, plumbing, lighting, and other critical infrastructure in accordance with established maintenance schedules. The Safety Committee is responsible for overseeing compliance with these schedules.
3. **Infection Control Rounds.** Infection Control rounding shall include a monthly sample of patient bedrooms to identify and address infection control concerns (e.g., cleanliness, PPE availability, hand hygiene supplies). The Infection Control Committee is responsible for ensuring adherence to infection control standards and addressing identified deficiencies.

Item	Quantity	Unit Cost ($)	Total Cost ($)
Labor (Sink Installation)	46	$800	$36,800
Sinks (Units)	46	$250	$11,500
Piping (Per Room)	46	$1,200	$55,200
Misc. Materials	46	$150	$6,900
Wall Repairs	46	$400	$18,400
Contingency (10%)			$12,880
Rent Loss	4	$140,000	$560,000
Total			**$701,680**

BEFORE THE STATE BOARD OF HEALTH

IN THE MATTER OF)

LAS VEGAS RECOVERY HOSPITAL)

VARIANCE REQUEST: CASE #784)

The Nevada State Board of Health ("Board"), having considered the application of Las Vegas Recovery Hospital for a variance and all other related documents submitted in support of the application in the above referenced matter, makes the following Findings of Fact, Conclusions of Law and Decision.

FINDINGS OF FACT

1. The Division of Public and Behavioral Health received a request from Las Vegas Recovery Hospital for a variance from Nevada Administrative Code (NAC) 449.3154(2).

2. NAC 449.3154(2) states: […]

> "2. Except as otherwise provided in this section, any new construction, remodeling or change in use of a hospital must comply with the applicable provisions of the guidelines adopted by reference in paragraphs (c) (d) and (e) of subsection 1 of NAC 449.0105, unless the remodeling is limited to refurbishing an area within the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows area, and replacing window or wall coverings."

Further, NAC 449.0105(1)(c) states:

> "1. The State Board of Health hereby adopts by reference: […]

(c) *Guidelines for Design and Construction of Hospitals*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the guidelines may be obtained from the Facility Guidelines Institute at the Internet address https://shop.fgiguideline.org or by telephone at (800) 798-9296, for the price of $235."

The Facility Guidelines Institute, "*Guidelines for Design and Construction of Hospitals,*" the 2022 Edition, provides:

> Sections 2.2-2.2.2.6 Patient toilet room. See Section 2.1-2.2.6 (Patient Toilet Room) for requirements.
> Section 2.1-2.2.6 Patient Toilet Room.
> Section 2.1-2.2.6.3(2) Room features. A handwashing station. See Section 2.1-2.8.7 (Support Areas for Patient Care Units and Other Patient care areas – Handwashing Station) for requirements.

3. Las Vegas Recovery Hospital proposes to be a guest hospital within another hospital, Saint Rose Dominican Hospital Rose de Lima located in Henderson, Nevada. Las Vegas Recovery Hospital is applying for 67 beds, in 46 patient rooms on the third and fourth floors. Each patient rooms has its own toilet room. The patient rooms are equipped with handwashing stations, while the patient rooms' toilet rooms are not equipped with handwashing stations.

4. By granting this variance, the Las Vegas Recovery Hospital would be allowed to operate without toilet room handwashing stations on the third and fourth floors of the host hospital.

5. Compliance with the NAC 449.3154(2) would cause exceptional and undue hardship for the applicant. The applicant indicated the hardship would be $140.000.00 in construction cost and $560.000.00 in rent payments with zero revenue streams due to delay opening of the facility.

CONCLUSIONS OF LAW

1. This matter is properly before the Nevada State Board of Health pursuant to Nevada Revised Statutes (NRS) 439.200 and determination of the matter on the merits is properly within the subject matter jurisdiction of the board.

2. NRS 439.200 provides:

> The State Board of Health may grant a variance from the requirements of a regulation if it finds that:
>
> > (a) Strict application of that regulation would result in exceptional and undue hardship to the person requesting the variance; and
> >
> > (b) The variance, if granted, would not:
> >
> > > (1) Cause substantial detriment to the public welfare; or
> > >
> > > (2) Impair substantially the purpose of the regulation.

3. The Board finds that strict application of the regulation would result in an exceptional and undue hardship.

4. The Board finds that granting this variance would not impair the purpose of the regulation or cause a substantial detriment to the public welfare.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing, therefore, IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that the variance from NAC 449.3154(2) is APPROVED as presented; specifically, that Las Vegas Recovery Hospital will be allowed to operate without having to handwashing stations in the 46 patient rooms' toilet rooms on the third and fourth floors of the host hospital.

DATED this _____ day of_____, 2025

_____

Jon Pennell, DVM, Chairperson

Nevada State Board of Health

CERTIFICATE OF MAILING

I hereby certify that I am employed by the Department of Health & Human Services, Division of Public and Behavioral Health, and that on the _____day of_____, 2025, I served the foregoing FINDINGS OF FACT AND DECISION by mailing a copy thereof to:

Las Vegas Recovery Hospital

850 Towbin

Lakewood, New Jersey 08701

_____