



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
DIVISION OF PURCHASING AND COMPLIANCE

NVHA.NV.GOV



Stacie Weeks
Director

Todd Rich
Administrator

NOTICE OF PUBLIC HEARING

INCLINE VILLAGE COMMUNITY HOSPITAL, 880 ALDER AVENUE, INCLINE, NV 89451, IS REQUESTING A VARIANCE, #787, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN THAT INCLINE VILLAGE COMMUNITY HOSPITAL located at 880 ALDER AVENUE, INCLINE VILLAGE, NV 89451, has requested a variance from Nevada Administrative Code (NAC) 449.3154.2 and the Facility Guidelines Institute, *Guidelines for Design and Construction of Outpatient Facilities*, 2018 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 online and at physical locations, listed below.

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_MjVmMTM4MTQtMmYyOC00NmVjLTg4NWQtOTVlZWU1MzUyZGZl%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: 402 212 427#

INCLINE VILLAGE COMMUNITY HOSPITAL, located at 880 Alder Avenue, Incline Village, NV 89451 is requesting a variance from NAC 449.3154 which states:

NAC 449.3154(2) states in pertinent part 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 reference in paragraphs (c) and (d) 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 states in pertinent part as follows:

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

- (c) *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*, 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 AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://shop.fgiguidelines.org/> or by telephone at (800) 242-2626, for the price of \$200.

The Facility Guidelines Institute, *Guidelines for Design and Construction of Hospitals* (2018 Edition) states in pertinent part as follows:

2.4 Specific Requirements for Critical Access Hospitals

2.4-3.4 Imaging Services

See Section 2.2-3.4 (Imaging Services) for facility requirements for the imaging services provided.

Section 2.2-3.4.2 Imaging Rooms

2.2-3.4.2.1 General

(1) The requirements in this section shall apply to imaging rooms for all modalities except where indicated.

*2.2-3.4.2.2 Space requirements. Space shall be provided to accommodate the equipment and staff needed for planned imaging services.

- (1) Imaging rooms shall be sized and configured, at minimum, to comply with the manufacturer's recommendations for installation, service, and maintenance.
- (2) Imaging rooms shall be sized to provide the minimum clearances:
 - (a) 4 feet (122 centimeters) on all circulating sides of the patient table/bed/couch, gantry, or assembly
 - (b) Other clearances in accordance with clinical needs (e.g., medical gas service, anesthesia cart, clinical staff)

Section 2.2-3.4.4 Radiography Facilities

2.2-3.4.4.1 General

- (1) All imaging rooms where radiography services are performed shall meet the requirements in section 2.2-3.4.1 (Imaging Services - General).
- (2) Room design and equipment siting shall accommodate manufacturer's operation, service, and safety clearances for the IMAGING equipment used.

2.2-3.4.4.2 Radiography room

- (1) Radiography rooms shall meet the requirements in Section 2.2-3.4.4.1 (Radiography Facilities-General) and section 2.2-3.4.2 (Imaging Rooms).

Section 2.2-3.4.3 Computed Tomography (CT) Facilities

2.2-3.4.3.1 CT scanner room

(1) The CT scanner room shall meet the requirements in sections 2.2-3.4.1 (Imaging Services-General) and 2.2-3.4.2 (Imaging Rooms) as amended in this section.

INCLINE VILLAGE COMMUNITY HOSPITAL current standards require at least 4 feet of clearance on all circulating sides of the patient table. Applicant claims they have operated with less than the required 4 feet of clearance with no major incidents. The areas were measured in 2025, and it was determined the clearance on one side of the CT scanner and one side of the X-Ray table was less than the required 4 feet and in order for the facility to come into compliance with the 4 feet, the facility would be required to redo the entire project as this project was fully contracted on May 19, 2023. The total project would cost approximately \$3,503,373.86.

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/>



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NEVADA HEALTH AUTHORITY
DIVISION OF PURCHASING AND COMPLIANCE

NVHA.NV.GOV



Stacie Weeks
Director

Todd Rich
Administrator

MEMORANDUM

August 15, 2025

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

From: Todd Rich, Administrator
Division of Purchasing and Compliance

RE: Variance Request # 787, for Incline Village Community Hospital Variance Request to Imaging Room
Space Requirements

Subject: Request for Variance to Nevada Administrative Code (NAC) 449.3154.2, *Guidelines for Design and Construction of Hospitals*, Section 2.2-3.4.2.2 “Imaging Room Space Requirements.”

Staff Review

Nevada Administrative Code (“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 reference in paragraphs (c) and (d) 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 states as follows,

1. The State Board of Health hereby adopts by reference:
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Facility Guidelines Institute at AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://copyfgiguideelines.org/> or by telephone at (800) 242-2626, for the price of \$200.

The Facility Guidelines Institute (FGI), *Guidelines for Design and Construction of Hospitals* (2018 Edition) states in pertinent part as follows:

2.4 Specific Requirements for Critical Access Hospitals

2.4-3.4 Imaging Services

See Section 2.2-3.4 (Imaging Services) for facility requirements for the imaging services provided.

Section 2.2-3.4.2 Imaging Rooms

2.2-3.4.2.1 General

(1) The requirements in this section shall apply to imaging rooms for all modalities except where indicated.

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- (1) Imaging rooms shall be sized and configured, at minimum, to comply with the manufacturer's recommendations for installation, service, and maintenance.
- (2) Imaging rooms shall be sized to provide the minimum clearances:
 - (a) 4 feet (122 centimeters) on all circulating sides of the patient table/bed/couch, gantry, or assembly
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Section 2.2-3.4.4 Radiography Facilities

2.2-3.4.4.1 General

- (1) (All imaging rooms where radiography services are performed shall meet the requirements in section 2.2-3.4.1 (Imaging Services - General).
- (2) Room design and equipment siting shall accommodate manufacturer's operation, service, and safety clearances for the IMAGING equipment used.

2.2-3.4.4.2 Radiography room

- (1) Radiography rooms shall meet the requirements in Section 2.2-3.4.4.1 (Radiography Facilities-General) and section 2.2-3.4.2 (Imaging Rooms).

Section 2.2-3.4.3 Computed Tomography (CT) Facilities

2.2-3.4.3.1 CT scanner room

- (1) The CT scanner room shall meet the requirements in sections 2.2-3.4.1 (Imaging Services-General) and 2.2-3.4.2 (Imaging Rooms) as amended in this section.

STAFF REVIEW

On May 21, 2025, Louis Ward (“Mr. Ward”), on behalf of Incline Village Community Hospital (hereinafter “Applicant”) submitted an application for a variance from Nevada Administrative Code (NAC) 449.3154.2, relating to the imaging room space requirements for a Computed Tomography (CT) Scanner Room and High-Energy Electromagnetic Radiation (X-Ray) Room in Incline Village Community Hospital (IVCH), a Critical Access Hospital (CAH), located at 880 Alder Avenue, Incline Village, NV 89451. Applicant asserts coming into compliance with the required clearances would cause an exceptional and undue hardship from a strict application of the regulation. Mr. Ward asserts that prior to the two rooms being measured, the facility has operated without major incidents

In review of the application, the findings of the circumstances are unique to the Applicant. The Applicant renovated their existing radiology department on the first floor of the hospital, to include the renovation of the existing diagnostic CT Scanner Room, and X-Ray Room, and Nurse Call System. The CT Scanner Room included new equipment and updated finishes. The X-Ray Room included new equipment and updated finishes. This project is essential to serve the needs of the community as a rural healthcare facility is designed to improve access to essential services to the Incline Village Community. Applicant operates twenty-four (24) hours a day, seven (7) days a week.

Applicant is requesting a variance to the requirement of providing four (4) feet of clearance on all circulating sides of the patient tables in the CT Room and X-Ray Room. Due to the existing conditions of the building, the upgraded equipment failed to meet the required clearance on all circulating sides of the two tables.

Granting this variance is necessary as CAH faces substantial limitations and is unable to support structural changes of this scale. In order to meet the clearance requirement, as the project is complete, the Applicant would need to redo the entire project with increased scope. This equipment replacement for both X-Ray and CT scanner was grant funded and the Applicant would otherwise not have been able to fund this project.

Applicant states the regulation would cause significant hardships to the Incline Village Community based on the Applicant’s location. The Applicant’s patients would be forced to travel over Mount Rose Highway to Reno or to Carson City; both of which present logistical and safety challenges, particularly for elderly or medically fragile individuals during winter months or medical emergencies. Additionally, there are significant delays and wait times at the hospitals in those two aforementioned cities. A complete redo of this project would cost Applicant an estimated \$3,503,373.86.

EXCEPTIONAL AND UNDUER HARDSHIP:

The financial hardship as described by Applicant is specific to existing conditions on all sides of the building. The west boundary is directly adjacent to the Emergency Department. The south is an exterior wall which on the other side serves as the facility entry and emergency entry point. The east is bound by an exterior wall, as

well as an access and emergency egress corridor. The north boundary is an access and emergency egress corridor.

Applicant provided two (2) options in order to meet the required four (4)-foot clearances in each imaging room. These options would require the Applicant to redo the entire project with a total projected estimate of \$3,503,373.86. With the facility being a small Critical Access Hospital, the facility would not be able to take on the financial burden of redoing this project. This would result in significant hardship, further delay, deferred maintenance and planned direct patient care enhancements. Further, this would be a significant hindrance to patients as the X-Ray and CT scanner are the only two available in the Incline Village Community. A temporary solution cannot replicate the services provided by these units.

DEGREE OF RISK TO PUBLIC HEALTH AND SAFETY:

There is a minimal degree of risk with regards to the two imaging rooms not meeting the required clearances. This is due to the facility having a very low patient volume in the two rooms; the patient and clinical staff are always supported in the event of an emergency; outpatients are brought to the Emergency Department for intervention, which is directly adjacent to the CT and X-Ray rooms, and therefore, no resuscitation efforts are ever performed in the exam room or on the CT/X-Ray tables. Due to these factors, the facility has not experienced any current or historical patient safety issues, staff safety concerns, or patient care incidents related to the existing clearances in these rooms.

INTENT OF THE REGULATION:

The intent of the regulation is to provide at least four (4) feet of clearance on all circulating sides of patient tables/beds/couches, gantry, or assembly. The regulation does not state the clearance may only be met on one side; however, this clearance is required to be met on all circulating sides of the table. This is to provide both staff and patients sufficient amount of room to transfer patients on or off the tables/beds/couches. Additionally, the clearances would be necessary for a nonambulatory patient transferred from a wheelchair or gurney. This space would be necessary for staff and the equipment.

STAFF RECOMMENDATION:

Staff recommends that the Board of Health approve the request for variance for the following reasons:

1. Incline Village Community Hospital's remodeling project was limited in scope to only replace their imaging equipment and update the department to provide better quality and care to their patients in the Incline Village Community.
2. The equipment replacement was grant funded and the Critical Access Hospital would not have been able to fund this project.
3. There have been no current or historical patient safety issues, staff safety concerns, or patient care incidents related to the existing clearances in these rooms. Patient safety and accessibility remain central to the Hospital's mission.

Presenter:

Michael Kupper, Acting Health Facilities Inspection Manager

Attachments:

IVCH's Legal Description of Property

IVCH General Area Identification Map

IVCH Plot Map and Applicable Engineering Construction Remodeling Information

IVCH Variance Report on Letterhead



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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)

☒

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

☐

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

☐

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

☐

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

Date: _____

Name of Applicant: Incline Village Community Hospital

Phone: 775-833-4100

Mailing Address: 880 Alder Ave.

City: Incline Village

State: NV

Zip: 89451

We do hereby apply for a variance to
chapter/section NAC 449.3154(2) of the Nevada
Administrative Code (NAC). (For example: NAC 449.204)

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:

CT scanner and X-ray table clearance does not meet the code requirement at Incline

Village Community Hospital (IVCH) a Critical Access Hospital



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

APPLICATION FOR VARIANCE

Date of initial operation (if existing): 12/29/23

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

CT scanner and X-ray exam table clearance is not met due to existing
conditions and space constraints. This has not caused any patient or staff safety risks.



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 attached

2. The variance, if granted, would not:

A. Cause substantial detriment to the public welfare.

Please see attached

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

Please see attached

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

Specific Request:

Variance to allow our current clearance around the CT scanner and X-ray table as they stand due to substantial financial limitations of IVCH, a Critical Access Hospital. Thank you for your consideration.



NEVADA STATE BOARD OF HEALTH
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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.

☒ 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: Louis Ward

Title: Administrator/IVCH, COO

Date: 5/20/25



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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



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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:

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requirement at Incline Village Community Hospital (IVCH),
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not caused any patient or staff safety risks.



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 - A. Cause substantial detriment to the public welfare.

Please see attached

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

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☒ 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: _____

Title: _____

Date: _____

[Handwritten Signature]
Louis Ward

Administrator / NVCH, COO

5/20/25



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and BEHAVIORAL HEALTH



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775-687-7570

EMAIL:

DPBH@health.nv.gov
StateBOH@health.nv.gov



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:

As a Critical Access Hospital, we face substantial financial limitations and are unable to support structural changes of this scale. In order to meet this requirement, as the project is complete, the Hospital would need to redo the entire project with increased scope. This equipment replacement for both X-Ray and CT scanner was grant funded and IVCH would otherwise not have been able to fund this project. Our project was limited in scope to only replace our imaging equipment and update the department to provide better quality and care to our patients and the community.

The team worked diligently to provide adequate clearances and meet the code to the greatest extent possible within the funds available to the project. The project site is extremely constrained by existing conditions on all sides. The west boundary is directly adjacent to the Emergency Department. The south is an exterior wall which on the other side serves as the facility entry and emergency entry point. The east is bound by an exterior wall, as well as an access and emergency egress corridor, and the north boundary is an access and emergency egress corridor. The facility has looked at two (2) potential options in order to meet the four (4) foot clearance, FGI 2018 Edition Section 2.2-3.4.2.2. These options are attached herein and described below.

Financial Feasibility:

As this project is complete, reworking this project to obtain the required clearances would require a complete redo. This project was fully contracted on May 19th, 2023 at a total square footage cost of \$2,727.86/SF fully supported by philanthropic funds. Implementing Option B would increasingly include exterior wall reconfiguration (which is over and above the original scope), CT scanner removal and storage, CT scanner reinstall and temporary CT scanner trailer rental, all of which are not considered within the \$2,727.86/SF. To include these premiums as well as inflation, the facility is estimating an additional \$500,000. Therefore the total project is estimated at \$3,503,373.86 (1,101 SF x \$2,727.86/SF + \$500,000.00). in order to incorporate the code minimums. IVCH being a small Critical Access Hospital could not take on the financial burden of redoing this project. This would result in significant hardship and further delay deferred maintenance and planned direct patient care enhancements. Further, this would be a significant hindrance to patients as this X-Ray and CT scanner are the only ones available in the community and a temporary solution cannot replicate the services provided by these units. In addition, spending another \$3,503,373 to redo the space equates to less available money for other operational patient care needs.

Legal Description of Property
Incline Village Community Hospital
880 Alder Ave. Incline Village, NV 89521

All that certain real property situate in the County of Washoe, State of Nevada, described as follows:

All that real property being a portion of the West ½ of Section 15, Township 16 North, Range 18 East, M.D.B.&M., more particularly described as follows:

Commencing at the most Westerly terminus of that certain curve designated A-165 of the Southwest corner of the intersection of Village Boulevard and Northwood Boulevard as said curve (A-165) and boulevards are shown on the map of FAIRWAY ESTATES NO.2, Washoe County, Nevada, filed in the office of the County Recorder of Washoe County, State of Nevada, on August 28, 1963, thence Westerly along the arc of a curve concave Northerly having a radius of 1840.00 feet, a central angle of 13°14'11" and the tangent to which bears South 68°39'23" West 213.49 feet, and arc distance of 425.08 feet to the Northwest corner of the Bell of Nevada parcel described in Washoe County Records File No. 349565; thence South 04°30'00" West 200.00 feet along the West boundary of said Bell of Nevada parcel to the true point of beginning of this description; thence continuing along said West boundary and the South boundary of said Bell of Nevada parcel, South 04°30'00" West 163.25 feet; thence South 35°30'00" East 150.00 feet; thence leaving said Bell of Nevada parcel South 04°30'00" West 190.87 feet; thence North 88°47'35" West 499.50 feet; thence North 26°10'49" East 168.03 feet; thence North 04°29'26" West 191.59 feet; thence North 09°58'21" East 52.56 feet; thence South 82°45'55" East 311.89 feet to the true point of beginning of this description.

Washoe County Assessor Parcel Number: APN: 132-011-07

All that certain real property situate in the County of Washoe, State of Nevada described as follows:

All that real property being a portion of the West half of section 15, Township 16 North, Range 18 East, M.D.B.&M., more particularly described as follows:

Commencing at the most Westerly terminus of that certain curve designated A-165 of the Southwest corner of the intersection of Village Boulevard and Northwood Boulevard as said curve (A-165) and boulevards are shown on the map of FAIRWAY ESTATES NO.2, Washoe County, Nevada, filed in the office of the County Recorder of Washoe County, State of Nevada, on August 28th, 1963, thence Westerly along the arc of a curve concave Northerly having a radius of 1840.00 feet, a central angle of 13 degrees 14 feet 11 inches and the tangent to which bears South 68 degrees 39 feet 23 inches West 213.49 feet, and arc distance of 425.08 feet to the Northwest corner of the Bell of Nevada parcel described in Washoe County Records File No. 349565; thence South 4 degrees 30 feet 0 inches West 200 feet along the West boundary of said Bell of Nevada parcel to the true point of beginning of this description; thence continuing along said West boundary and the South boundary of said Bell of Nevada parcel, South 4 degrees 30 feet 0 inches West 163.25 feet; thence South 35 degrees 30 feet 0 inches East 150 feet; thence leaving said Bell of Nevada parcel South 4 degrees 30 feet 0 inches West 190.87 feet; thence North 88 degrees 47 feet 35 inches West 499.50 feet; thence North 26 degrees 10 feet 49 inches East 168.03 feet; thence North 4 degrees 29 feet 26 inches West 191.59 feet; thence North 9 degrees 58 feet 21 inches East 52.56 feet; thence South 82 degrees 45 feet 55 inches East 311.89 feet to the true point of beginning of this description.

Washoe County Assessor Parcel Number: APN: 132-011-07

General Area Identification Map



Upper map section

2. Accessible Path of Travel Plan

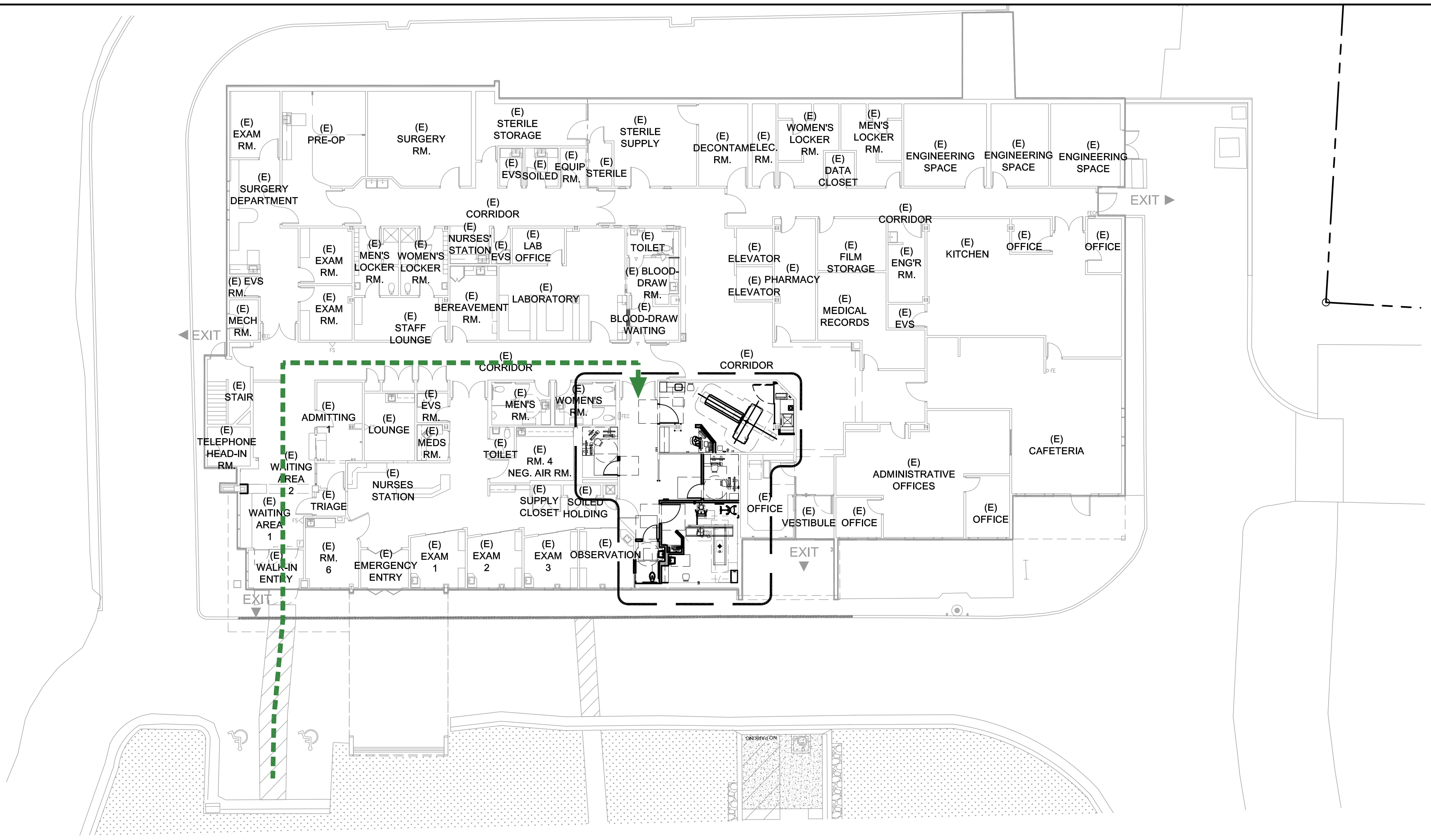
Scale: 1/16 in. = 1 ft.

Lower map section

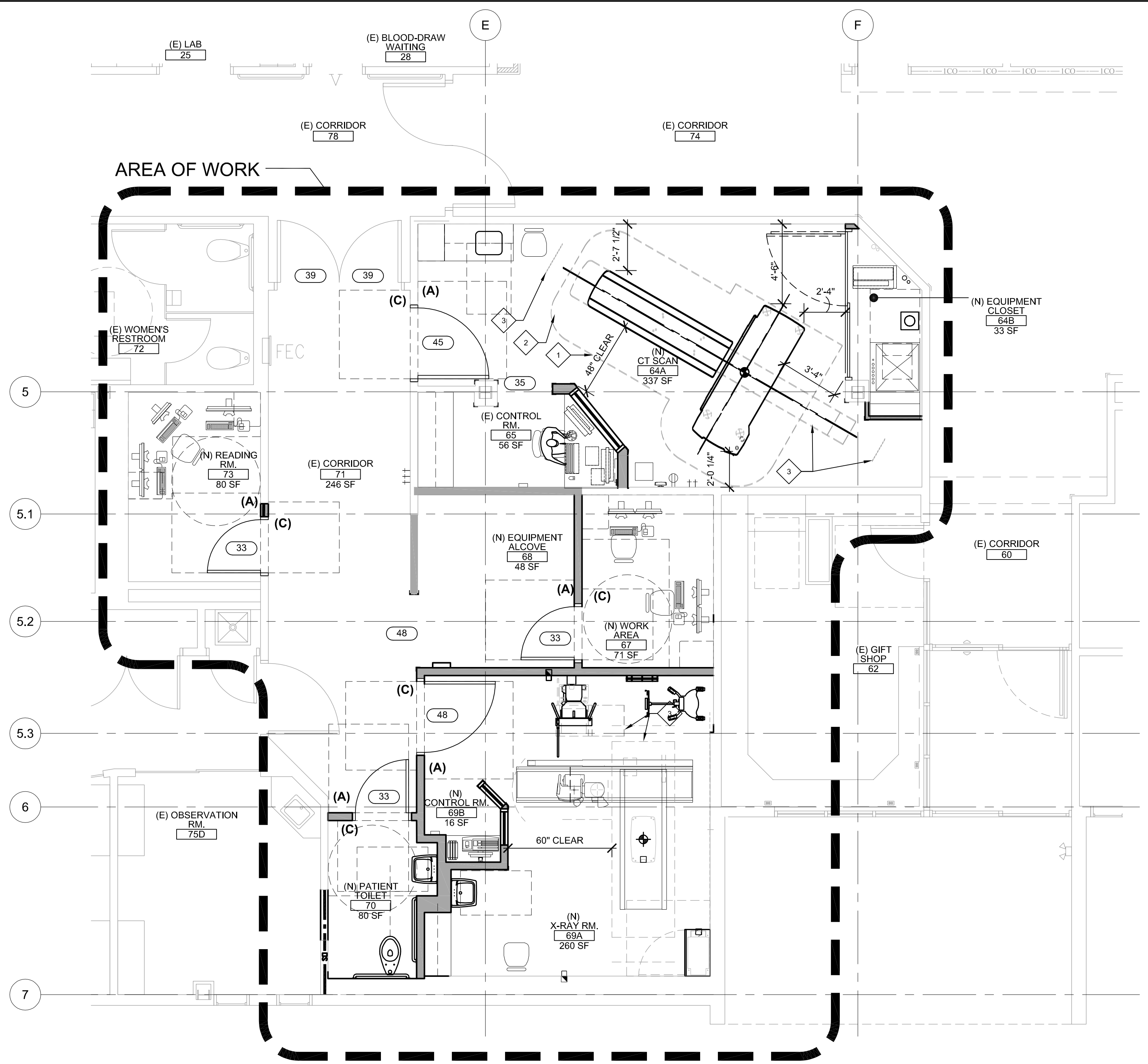
1. ADA & Equipment Clearance Plan

Scale: 1/4 in. = 1 ft.

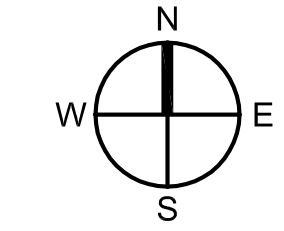
ONE AND ONE-HALF INCH = ONE FOOT
ONE INCH = ONE FOOT
THREE-QUARTERS INCH = ONE FOOT
ONE-HALF INCH = ONE FOOT
ONE-QUARTER INCH = ONE FOOT
ONE-EIGHTH INCH = ONE FOOT
ONE-SIXTEENTH INCH = ONE FOOT
ONE INCH = TWENTY FEET



2 ACCESSIBLE PATH OF TRAVEL PLAN
SCALE: 1/16" = 1'-0"



1 ADA & EQUIPMENT CLEARANCE PLAN
SCALE: 1/4" = 1'-0"



RENOVATION KEYNOTES:

THESE KEYNOTES APPLY TO THIS SHEET ONLY.

- 1 REQUIRED EQUIPMENT ACCESS CLEARANCES (FGI) AS NOTED
- 2 EQUIPMENT SERVICE CLEARANCES REQUIRED BY MANUFACTURER (FGI) AS NOTED
- 3 EQUIPMENT SAFETY & OPERATIONAL CLEARANCES REQUIRED BY MANUFACTURERS (FGI) AS NOTED

SHEET NOTES:

THESE NOTES APPLY TO THIS SHEET ONLY U.O.N.

1. THE CONTRACTOR IS RESPONSIBLE FOR ALL INCIDENTAL WORK NECESSARY TO COMPLETE THE INSTALLATION OF NEW WORK. THIS INCLUDES, BUT IS NOT LIMITED TO THE REMOVAL OF EXISTING PORTIONS OF CONSTRUCTION WHETHER SHOWN OR NOT.
2. TEMPORARY CONSTRUCTION BARRIER WALLS WILL BE REQUIRED AT VARIOUS TIMES DURING THE STAGES OF WORK. COORDINATE WITH THE HOSPITAL TO DETERMINE THE TIMING OR SEQUENCE OF WHEN THE BARRIER WALLS WILL BE REQUIRED IN RELATIONSHIP TO THE STAGING OF WORK.
3. COORDINATE WITH THE HOSPITAL FOR ESTABLISHING TEMPORARY DUST BARRIERS BETWEEN AREAS BEING RENOVATED AND THOSE AREAS REMAINING OCCUPIED DURING RENOVATION WORK.
4. LEAD WEIGHT WILL BE DETERMINED BY PHYSICIST.
5. FOR ACCESSIBLE MOUNTING HEIGHTS, SEE A020.

LEGEND:

- AREA OF WORK.
- PATH OF TRAVEL

ADA ACCESSIBLE ROUTE - WALKWAYS AND SIDEWALKS ALONG ACCESSIBLE ROUTES ARE CONTINUOUSLY ACCESSIBLE. ABRUPT CHANGES IN LEVEL ALONG ROUTE DO NOT EXCEED 1/2". WHEN CHANGES DO OCCUR, THEY ARE BEVELED WITH NO SLOPE GREATER THAN 1/2. EXCEPT THAT LEVEL CHANGES NOT EXCEEDING 1/4" MAY BE VERTICAL. WHEN CHANGES IN LEVEL GREATER THAN 1/2" ARE NECESSARY, THEY COMPLY WITH THE REQUIREMENT OF RAMPS. THERE ARE NO DROP-OFFS OVER 4" AT THE EDGE OF WALK OR LANDING. WHERE GREATER THAN A 4" DROP OCCURS, THERE IS A WARNING CURB 1/4" OR 1/2" OF LEVEL GRADE NEXT TO WALK. ROUTE IS A MIN OF 48" WIDE AND DOES NOT EXCEED A SLOPE OF 1:20. WHERE ROUTE CROSSES A VEHICLE TRAFFIC AISLE, THERE IS A MIN. 48" WIDE PATH STRIPPED WITH 4" DIAGONAL WHITE PAINT STRIPPING AT 3'-0" O.C.

NOTE: DOOR & LANDING GRADES SHALL HAVE SMOOTH TRANSITION TO ADJACENT SURFACE.

- 60" DIAMETER CLEARANCE
- 30" x 48" CLEARANCE, SEE 2/A020 F.A.I.
- (X) MANEUVERING CLEARANCES AT MANUAL SWINGING DOORS, SEE 27/A030 F.A.I.
- 48 CLEAR DOOR OR OPENING WIDTH (INCHES) SEE DOOR SCHEDULE A610 FOR ADD'L INFORMATION



INCLINE VILLAGE COMMUNITY HOSPITAL
CT & X-RAY REPLACEMENT
880 ALDER AVENUE
INCLINE VILLAGE, NEVADA
TAHOE FOREST HOSPITAL DISTRICT

AHJ APPROVAL

CONSULTANT

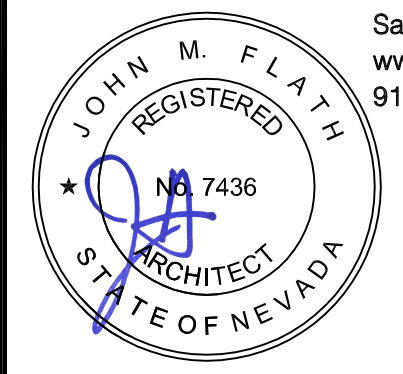


CONTRACTOR

JOHN M. FLATH ARCHITECT

nacht&lewis

600 Q Street, Suite 100
Sacramento, CA 95811
www.nachtlewis.com
916.329.4000



ARCHITECT

REVISIONS

NO.	DESCRIPTION	DATE

DATE 02/17/2023

JOB NO. Y2228-00

SHEET TITLE

ADA & EQUIPMENT
CLEARANCE PLAN

SHEET NO.

A020

December 07, 2023

INCLINE VILLAGE COMMUNITY HOSPITAL

Louis Ward

880 Alder St

Incline Village, NV 89521

Re: INCLINE VILLAGE COMMUNITY HOSPITAL – CT and AX-ray Replacement Reno, Nevada

IN 2 IT Architecture has completed the plan review of the facility project listed above. IN 2 IT Architecture has completed the review of your plans and is attached as an advisory letter for your project.

Any changes made to plans or to the building with the exception of changes made exclusively to floor coverings, window coverings or paint would require another review to ensure compliance with all applicable codes and regulations.

Please be advised that approval for licensing will not be given until a survey at the facility is conducted and/or a plan of correction is accepted for any deficiencies identified during the initial state licensure survey. The facility's state licensure application, if required, must also be completed, including all required supporting documentation.

Enclosed is IN 2 IT Architecture's advisory letter to this office. They have also returned both copies of the reviewed plans to this office. Please arrange to obtain your copy of the returned plans from our office within thirty days of the above date. If you have any questions, please do not hesitate to call our office at (702) 486-6515.

Sincerely,

Laura E Shepard

AAIV, Office Manager

cc: Steve Gerleman, State of Nevada Bureau of Health Care Quality and Compliance

Joe Lombardo
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.



Cody Phinney, MPH
Administrator

Leon Ravin, MD.
Chief Medical Office

December 07, 2023

INCLINE VILLAGE COMMUNITY HOSPITAL

Louis Ward
880 Alder St
Incline Village, NV 89521

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Sincerely,

Laura E Shepard
AAIV, Office Manager

cc: Steve Gerleman, State of Nevada Bureau of Health Care Quality and Compliance

November 30, 2023

State of Nevada

Bureau of Health Care Quality and Compliance

4220 S. Maryland Parkway, Building A, Suite 100

Las Vegas, NV 89119

Re: INCLINE VILLAGE COMMUNITY HOSPITAL – CT and X-ray Replacement Reno, Nevada

IN 2 IT Architecture has reviewed the architectural and engineering drawings for the above referenced project and recommends to the Bureau of Health Care Quality and Compliance (HCQC) that the plans be **accepted**. This plan review was conducted on behalf of HCQC authority to apply prescriptive interpretation to code. The plans for this project must also be reviewed by the Office of the Nevada State Fire Marshall and by the Building Official of the jurisdiction in which the facility is located.

The plan review process was conducted under the direct supervision of a professionally licensed architect and/or engineer. Plans were reviewed to assist the design professional in meeting his/her responsibility for compliance with all applicable codes and ordinances. Any recommended correction provided by IN 2 IT Architecture to the applicant during the plan review process in no way is to be construed as an approval or waiver of any code or ordinance violation not specifically listed. Compliance with all applicable codes and ordinances is the ultimate responsibility of the design professional.

Sincerely,

Larry H. Staples, AIA

IN 2 IT

cc: File

September 27, 2023

John Flath, AIA

Nacht & Lewis

600 Q Street

Suite 100

Sacramento, CA 95811

JFlath@nachtlewis.com

RE: Incline Village Community Hospital – CT & X-ray Replacement, Nurse call upgrade/replacement

Final Comment Letter

Nevada Revised Statutes Chapter 449 – NRS 449, NRS 477

Nevada Administrative Code Chapter 449 – NAC 449, NAC 446

2018 FGI Guidelines for Design and Construction of Hospitals

2018 International Building Code

2012/2018 NFPA Life Safety Code 101

2012 NFPA 99

2011/2015 NFPA 70

This plan review is being conducted on behalf of the State of Nevada Bureau of Health Care Quality and Compliance (HCQC) only. The HCQC, as a regulatory agency, has the authority to apply prescriptive interpretation to code. The plans for this project must also be reviewed by the Office of the Nevada State Fire Marshal and by the Building Official of the jurisdiction in which the facility is located. Codes, standards and regulations adopted by the State Fire Marshal or local authorities may precipitate additional comments. In the event of conflicting codes, the code providing the greatest degree of Life/Safety shall be enforced (NAC 477.280).

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Any comments or deficiencies must be addressed prior to the completion of Plans Review.

Comments:

1	FGI Guidelines	1.2-4.2.3.3 Infection Control	<p>Content of ICRA should address Risk Mitigation.</p> <p>The assessment shall, at minimum, indicate how the following issues will be addressed during construction:</p> <ol style="list-style-type: none"> 1) Patient proximity to construction activities and potential need for patient relocation 2) *Standards for barriers and other protective measures required to protect adjacent areas and susceptible patients from airborne contaminants 3) Temporary provisions or phasing for construction or modification of HVAC and water supply systems 4) Protection from demolition 5) Training for staff, visitors, and construction personnel 6) *The impact of potential utility outages or emergencies, including the need to protect patients during planned and unplanned utility outages and evacuation 7) The impact of movement of debris, traffic flow, cleanup, elevator use for construction materials and construction workers, and construction worker routes 8) Provision for use of bathroom and food facilities by construction workers 9) *Installation of clean materials (particularly ductwork, drywall, and wood/paper/fabric materials) that have not been damaged by water <p>Information provided is incomplete. Provide a corrected ICRA identifying how the above requirements will be met.</p>
			RESOLVED
2	FGI Guidelines	1.2-4.3.1 1.2-4.3.1.2 SRA PHAMA	<p>The PHAMA addresses the specific patient handling and movement needs of all areas affected by a project.</p> <p>PHAMA results and recommendations shall be specific to each patient care area where patient handling and movement occur.</p> <p>The findings and recommendations of the PHAMA shall include consideration of the patient care requirements for all patients, including patients of size.</p> <p>Provide an updated SRA including how this project considers the needs for Patients of Size</p>
			RESOLVED
3	FGI Guidelines	1.2-4.3.2.1 SRA PHAMA	<p>Evaluation of patient handling and movement needs shall include at minimum the following considerations:</p>

			<ol style="list-style-type: none"> 1) *Patient handling, movement, and mobility equipment recommendations based on the following: <ol style="list-style-type: none"> a. *Characteristics of projected patient populations b. Types of high-risk patient handling and movement tasks to be performed c. Knowledge of specific technology to enable physical activity by patients and reduce risk for each patient handling and movement task d. Architectural factors that interfere with use of patient handling equipment or impede mobility 2) *Types of patient handling and movement equipment to be used (e.g. manual or power-assisted fixed ceiling or wall-mounted lifts, manual or power-assisted floor-based aling or sit-to-stand lifts, electric height-adjustable beds, or a combination thereof) 3) *Quantity of each type of patient handling and movement equipment needed for each area under consideration 4) *Required weight-carrying capacities 5) *Locations/rooms/areas where patient handling, movement, and mobility equipment will be used, with installation requirements (if fixed) and storage requirements <p>Incomplete information provided. Update and provide corrected SRA to include information meeting the above requirements</p>
			RESOLVED
4	FGI Guidelines	1.2-4.5 SRA Medication Safety	<p>1.2-4.5.1.1 Number and Location of Medication Safety Zones</p> <p>Identify the number and location of medication safety zones for the project and include them in the SRA report.</p> <p>Incomplete information provided. Update and provide corrected SRA to include information meeting the above requirements.</p>
			RESOLVED
5	FGI Guidelines	Table 2.1-2 Nurse Call	<p>Not all required Nurse Call Device locations have been denoted on plans. For example, first floor Triage does not show a nurse call device and FGI requires a Patient Station and a Staff Assist Station in this room.</p> <p>Identify and verify all nurse call devices and locations on drawings. Refer to the table in the FGI to identify each area requiring a nurse call device. Provide corrected/updated drawings showing all requirements have been met.</p>

			All locations identified in table 2.1-2 of the 2018 FGI for Nurse Call Stations will contain the appropriate device. Provide updated plans showing required devices in all locations within the hospital (i.e. second floor)
			RESOLVED
8	FGI Guidelines	2.2-3.4.2.2(a) Space Requirements	4 feet (122 centimeters) on all circulating sides of the patient table/bed/couch, gantry, or assembly. Verify appropriate clearances in room 69A to meet requirement. Provide all corrected drawings.
			RESOLVED
9	FGI Guidelines	2.2-3.4.8.8 Medication Safety Zone	Verify and identify that this requirement has been met.
			RESOLVED
10	FGI Guidelines	2.2-3.4.8.11 2.1-2.8.11 Clean Supply	Verify and identify that this requirement has been met. Requirement not met. 2.1-2.8.11 Clean Workroom or Clean Supply Room The clean workroom or clean supply room shall be separate from and have no direct connection with the soiled workroom or soiled holding room/ 2.1-2.8.11.2 Clean Workroom A room used only for storage and holding as part of a system for distribution of clean and sterile supplies does not require a work counter or a hand-washing station. FGI Glossary: Room: A space enclosed by hard walls and having a door. Note: Where the word “room” or “office” is used in the Guidelines, a separate, enclosed space for the one named function is intended. Otherwise, the described area may be a specific space in another room or common area.
			RESOLVED
11	FGI Guidelines	2.2-3.4.8.12 Soiled Hold Soiled Workroom	Verify and identify that this requirement has been met. Requirement not met. Cannot be shared with other departments.
			RESOLVED
12	FGI Guidelines	2.2-3.4.8.13 Equipment and Supply Storage	Verify and identify that this requirement has been met.
			RESOLVED
13	FGI Guidelines	2.2-3.4.8.14 EVS	Verify and identify that this requirement has been met.
			RESOLVED

14	FGI Guidelines	2.2-3.4.8.15(1) Pre-Post-Recovery for Class 1 Imaging	<p>Verify and identify that this requirement has been met.</p> <p>Requirement not met.</p> <p>2.2-3.4.8.15 Pre- and Post-Procedure Patient Care Area</p> <p>1) For Class 1 imaging rooms, a minimum of one patient care station shall be provided for every three Class 1 imaging rooms or fraction thereof where patients receive point-of-care lab work or injection preparation with non-radiopharmaceutical contrast agents.</p> <p>3) Where surgery facilities are adjacent to imaging facilities, pre- and post-procedure patient care areas shall be permitted to be shared with surgical services.</p> <p>Only when Surgical services are “adjacent” can the Pre- and Post- be shared.</p> <p>ADJACENT – Located next to but not necessarily connected to the identified area or room.</p>
			RESOLVED
15	FGI Guidelines	2.2-3.4.8.16 Contrast media Prep Area	Verify and identify that this requirement has been met.
			RESOLVED
16	FGI Guidelines	2.2-3.4.9 Image Management System	Verify and identify that this requirement has been met.
			RESOLVED
17	FGI Guidelines	2.2-3.4.9 Support Areas for Imaging Services and Staff	Verify and identify that requirements for Staff support areas have been met.
			RESOLVED
18	FGI Guidelines	2.2-3.4.10 Support Areas for Patients	Verify and identify that requirements for Patient support areas have been met.
			RESOLVED
19	FGI Guidelines	2.2-3.4.2.4 (1) Other design elements Imaging Services Table 1.2-8	<p>e) Protection from vibration and other disturbances. Imaging room(s) shall be protected from environmental vibrations and other disturbances in accordance with the imaging equipment manufacturer’s technical specifications.</p> <p>Verify requirement has been met for vibration protection.</p>
			RESOLVED
20	FGI Guidelines	2.1-7.2.2.8 (2) 2.1-8.4.3.2 Hand-Washing Stations	Sinks. Show compliance for basin size, fitting, and anchoring requirements.

			RESOLVED
21	FGI Guidelines	1.2-8 Commissioning	Commissioning of the facilities systems will be required in accordance with this section. Provide the commissioning requirements on the plans as required in 1.2-8.1.2 thru 1.2-8.1.6. Provide the commissioning note (or a reference to a central location) on the coversheet of each discipline requiring commissioning.
			RESOLVED
22	NFPA 101	Section 18.3.3, 18.7.5, 10.2 & 10.3.	Provide the finish class requirements for all finishes and furnishings in compliance with these sections. A general note will be sufficient.
			RESOLVED

Please submit two (2) copies of revised items along with your written response to IN 2 IT Architecture.

Larry H. Staples, AIA

President

cc: Steve Gerleman



November 30, 2023

State of Nevada
Bureau of Health Care Quality and Compliance
4220 S. Maryland Parkway, Building A, Suite 100
Las Vegas, NV 89119

Re: **Incline Village Community Hospital – CT and X-ray Replacement**
Reno, Nevada

In2it Architecture has reviewed the architectural and engineering drawings for the above referenced project and recommends to the Bureau of Health Care Quality and Compliance (HCQC) that the plans be **accepted**. This plan review was conducted on behalf of HCQC only. We have advised the applicant that the HCQC, as a regulatory agency, has the authority to apply prescriptive interpretation to code. The plans for this project must also be reviewed by the Office of the Nevada State Fire Marshall and by the Building Official of the jurisdiction in which the facility is located.

The plan review process was conducted under the direct supervision of a professionally licensed architect and/or engineer. Plans were reviewed to assist the design professional in meeting his/her responsibility for compliance with all applicable codes and ordinances. Any recommended correction provided by In2it Architecture to the applicant during the plan review process in no way is to be construed as an approval or waiver of any code or ordinance violation not specifically listed. Compliance with all applicable codes and ordinances is the ultimate responsibility of the design professional.

Sincerely,

Larry H. Staples, AIA
In2it Architecture

Cc: File

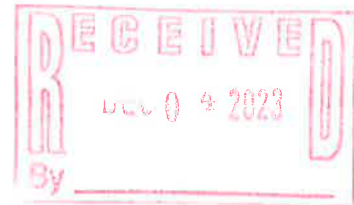


Final
Resolved



September 27, 2023

John Flath, AIA
Nacht & Lewis
600 Q Street
Suite 100
Sacramento, CA 95811



JFlath@nachtlewis.com

RE: Incline Village Community Hospital – CT & X-Ray Replacement, Nurse call upgrade/replacement

Final Comment Letter

Nevada Revised Statutes Chapter 449 – NRS 449, NRS 477
Nevada Administrative Code Chapter 449 – NAC 449, NAC 446
2018 FGI Guidelines for Design and Construction of Hospitals
2018 International Building Code
2012/2018 NFPA Life Safety Code 101
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listed. Compliance with all applicable codes and ordinances is the ultimate responsibility of the design professional.

Any comments or deficiencies must be addressed prior to the completion of Plans Review.

Comments:

1	FGI Guidelines	1.2-4.2.3.3 Infection Control	<p>Content of ICRA should address Risk Mitigation.</p> <p><i>The assessment shall, at minimum, indicate how the following issues will be addressed during construction:</i></p> <p><i>(1) Patient proximity to construction activities and potential need for patient relocation</i> <i>*(2) Standards for barriers and other protective measures required to protect adjacent areas and susceptible patients from airborne contaminants</i> <i>(3) Temporary provisions or phasing for construction or modification of HVAC and water supply systems</i> <i>(4) Protection from demolition</i> <i>(5) Training for staff, visitors, and construction personnel</i> <i>*(6) The impact of potential utility outages or emergencies, including the need to protect patients during planned and unplanned utility outages and evacuation</i> <i>(7) The impact of movement of debris, traffic flow, cleanup, elevator use for construction materials and construction workers, and construction worker routes</i> <i>(8) Provision for use of bathroom and food facilities by construction workers</i> <i>*(9) Installation of clean materials (particularly ductwork, drywall, and wood/paper/fabric materials) that have not been damaged by water</i></p> <p>Information provided is incomplete. Provide a corrected ICRA identifying how the above requirements will be met.</p> <p>RESOLVED</p>

2	FGI Guidelines	1.2-4.3.1 1.2-4.3.1.2 SRA PHAMA	<p>The PHAMA addresses the specific patient handling and movement needs of all areas affected by a project.</p> <p><i>PHAMA results and recommendations shall be specific to each patient care area where patient handling and movement occur.</i></p> <p><i>The findings and recommendations of the PHAMA shall include consideration of the patient care requirements for all patients, including patients of size.</i></p> <p>Provide an updated SRA including how this project considers the needs for Patients of Size</p>
			RESOLVED
3	FGI Guidelines	1.2-4.3.2.1 SRA PHAMA	<p><i>Evaluation of patient handling and movement needs shall include at minimum the following considerations:</i></p> <p><i>*(1) Patient handling, movement, and mobility equipment recommendations based on the following:</i></p> <p><i>*(a) Characteristics of projected patient populations</i></p> <p><i>(b) Types of high-risk patient handling and movement tasks to be performed</i></p> <p><i>(c) Knowledge of specific technology to enable physical activity by patients and reduce risk for each patient handling and movement task</i></p> <p><i>(d) Architectural factors that interfere with use of patient handling equipment or impede mobility</i></p> <p><i>*(2) Types of patient handling and movement equipment to be used (e.g., manual or power-assisted fixed ceiling or wall-mounted lifts, manual or power-assisted floor-based sling or sit-to-stand lifts, electric height-adjustable beds, or a combination thereof)</i></p> <p><i>*(3) Quantity of each type of patient handling and movement equipment needed for each area under consideration</i></p> <p><i>*(4) Required weight-carrying capacities</i></p> <p><i>*(5) Locations/rooms/areas where patient handling, movement, and mobility equipment will be used, with installation requirements (if fixed) and storage requirements</i></p>

			Incomplete information provided. Update and provide corrected SRA to include information meeting the above requirements
			RESOLVED
4	FGI Guidelines	1.2-4.5 SRA Medication Safety	<p>1.2-4.5.1.1 Number and Location of Medication Safety Zones. <i>Identify the number and location of medication safety zones for the project and include them in the SRA report.</i></p> <p>Incomplete information provided. Update and provide corrected SRA to include information meeting the above requirements</p>
			RESOLVED
5	FGI Guidelines	Table 2.1-1 Receptacles	<p>Class 1 Imaging require 8 receptacles (reference FGI Table). Room 69A does not show the required amount.</p> <p>Identify and verify all required receptacles, new and existing, on drawings.</p>
			RESOLVED
6	FGI Guidelines	Table 2.1-3 Med Gas Outlets	<p>Class 1 Imaging require 1 Oxygen, 1 Vacuum and 1 Medical Air outlet (reference FGI Table).</p> <p>Identify and verify required Med Gases on plans. Provide corrected/updated drawings showing requirements have been met.</p>
			RESOLVED
7	FGI Guidelines	Table 2.1-2 Nurse Call	<p>Not all required Nurse Call Device locations have been denoted on plans. For example, first floor Triage does not show a nurse call device and FGI requires a Patient Station and a Staff Assist Station in this room.</p> <p>Identify and verify <u>all</u> nurse call devices and locations on drawings. Refer to the table in the FGI to identify each area requiring a nurse call device. Provide corrected/updated drawings showing all requirements have been met.</p>

			All locations identified in table 2.1-2 of the 2018 FGI for Nurse Call Stations will contain the appropriate device. Provide updated plans showing required devices in all locations within the hospital (i.e., second floor).
			RESOLVED
8	FGI Guidelines	2.2-3.4.2.2(2)(a) Space Requirements	<p>4 feet (122 centimeters) on all circulating sides of the patient table/bed/couch, gantry, or assembly.</p> <p>Verify appropriate clearances in room 69A to meet requirement. Provide all corrected drawings.</p>
			RESOLVED
9	FGI Guidelines	2.2-3.4.8.8 Medication Safety Zone	Verify and identify that this requirement has been met.
			RESOLVED
10	FGI Guidelines	2.2-3.4.8.11 2.1-2.8.11 Clean Supply	<p>Verify and identify that this requirement has been met.</p> <p>Requirement not met.</p> <p>2.1-2.8.11 Clean Workroom or Clean Supply Room</p> <p>The clean workroom or clean supply room shall be separate from and have no direct connection with the soiled workroom or soiled holding room.</p> <p>2.1-2.8.11.2 Clean Workroom</p> <p>Where the room is used for preparing patient care items, it shall contain the following:</p> <ol style="list-style-type: none"> 1. Work counter 2. Hand-washing station 3. Storage facilities for clean and sterile supplies <p>2.1-2.8.11.3 Clean Supply Room</p> <p>A room used only for storage and holding as part of a system for distribution of clean and sterile supplies does not require a work counter or a hand-washing station.</p>

			<p>FGI Glossary:</p> <p>Room: A space enclosed by hard walls and having a door. Note: Where the word "room" or "office" is used in the <i>Guidelines</i>, a separate, enclosed space for the one named function is intended. Otherwise, the described area may be a specific space in another room or common area.</p>
			RESOLVED
11	FGI Guidelines	2.2-3.4.8.12 Soiled Hold Soiled Workroom	<p>Verify and identify that this requirement has been met.</p> <p>Requirement not met. <u>Cannot be shared with other departments.</u></p>
			RESOLVED
12	FGI Guidelines	2.2-3.4.8.13 Equipment and Supply Storage	<p>Verify and identify that this requirement has been met.</p>
			RESOLVED
13	FGI Guidelines	2.2-3.4.8.14 EVS	<p>Verify and identify that this requirement has been met.</p>
			RESOLVED
14	FGI Guidelines	2.2-3.4.8.15 (1) Pre- Post- Recovery for Class 1 Imaging	<p>Verify and identify that this requirement has been met.</p> <p>Requirement not met.</p> <p>2.2-3.4.8.15 Pre- and Post-Procedure Patient Care Area</p> <p>(1) For Class 1 imaging rooms, a minimum of one patient care station shall be provided for every three Class 1 imaging rooms or fraction thereof where patients receive point-of-care lab work or injection preparation with non-radiopharmaceutical contrast agents.</p> <p>(3) Where surgery facilities are <u>adjacent</u> to imaging facilities, pre- and post-procedure patient care areas shall be permitted to be shared with surgical services.</p> <p>Only when Surgical services are "Adjacent" can the Pre- and Post be shared.</p> <p>ADJACENT - Located <u>next to</u> but not necessarily connected to the identified area or room.</p>
			RESOLVED

15	FGI Guidelines	2.2-3.4.8.16 Contrast media Prep Area	Verify and identify that this requirement has been met.
			RESOLVED
16	FGI Guidelines	2.2-3.4.8.17 Image Management System	Verify and identify that this requirement has been met.
			RESOLVED
17	FGI Guidelines	2.2-3.4.9 Support Areas for Imaging Services Staff	Verify and identify that requirements for Staff support areas have been met.
			RESOLVED
18	FGI Guidelines	2.2-3.4.10 Support Areas for Patients	Verify and identify that requirements for Patient support areas have been met.
			RESOLVED
19	FGI Guidelines	2.2-3.4.2.4 (1) Other design elements Imaging Services Table 1.2-8	<i>(e) Protection from vibration and other disturbances. Imaging room(s) shall be protected from environmental vibrations and other disturbances in accordance with the imaging equipment manufacturer's technical specifications.</i> Verify requirement has been met for vibration protection.
			RESOLVED
20	FGI Guidelines	2.1-7.2.2.8 (2) 2.1-8.4.3.2 Hand-Washing Stations	Sinks. Show compliance for basin size, fitting, and anchoring requirements.
			RESOLVED
21	FGI Guidelines	1.2-8 Commissioning	Commissioning of the facilities systems will be required in accordance with this section. Provide the commissioning requirements on the plans as required in 1.2-8.1.2 thru 1.2-8.1.6. Provide the commissioning note (or a reference to a central location) on the coversheet of each discipline requiring commissioning.
			RESOLVED

22	NFPA 101	Section 18.3.3, 18.7.5, 10.2 & 10.3.	Provide the finish class requirements for all finishes and furnishings in compliance with these sections. A general note will be sufficient
			RESOLVED

Please submit two (2) copies of revised items along with your written response to In2it Architecture.



Larry H. Staples, AIA
President

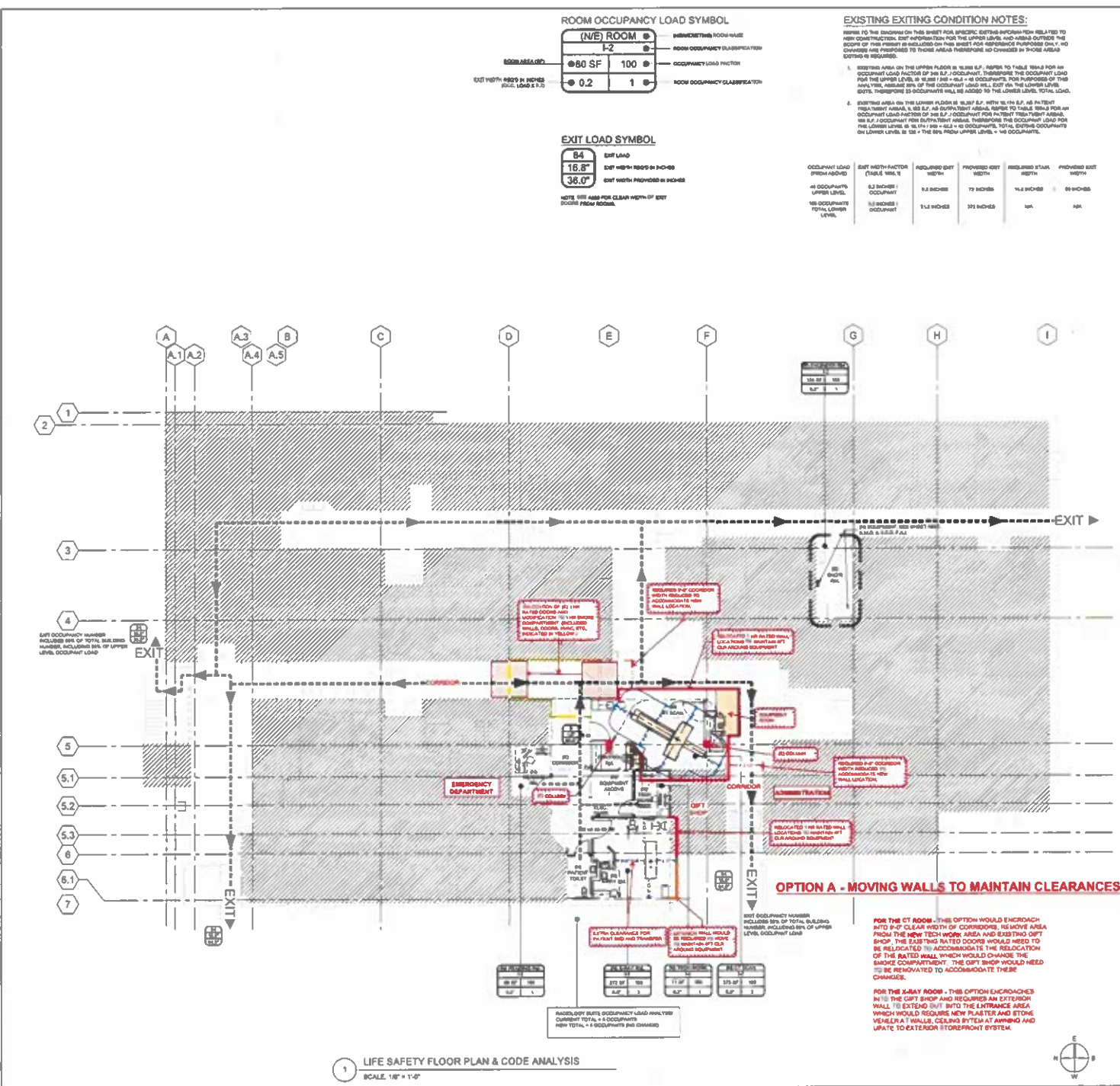
Cc: Steve Gerleman

OPTION A – MOVING WALLS TO MAINTAIN CLEARANCES


Life Safety Floor Plan & Code Analysis

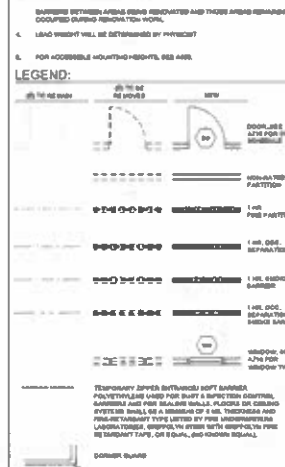
Scale: 1/8 in = 1 ft

ONE INCH - TWENTY FEET



LEGEND:
THESE NOTES APPLY TO THIS SHEET ONLY UNLESS

	NON-RATED PARTITION
	1 HR. FIRE PARTITION
	1 HR. OCC. SEPARATION
	1 HR. SMOKE BARRIER
	1 HR. OCC. SEPARATION / SMOKE BARRIER
	1 HR. CONSTRUCTION BARRIER
	(E) PATH OF TRAVEL
	(E) BUILDING EXIT
	(E) 1 HR. EXIT CORRIDOR

[illegible]

FOR THE CT ROOM - THIS OPTION WOULD ENCRUSCH INTO 8'-0" CLEAR WIDTH OF CORRIDORS, AS MOVE AREA FROM THE NEW TECH WORK AREA AND EXISTING GIFT SHOP. THE EXISTING RATED DOORS WOULD NEED TO BE RELOCATED TO ACCOMMODATE THE RELOCATION OF THE RATED WALL, WHICH WOULD CHANGE THE SAUSAGE CONTOURMENT. THE GIFT SHOP WOULD NEED TO BE REMOVED TO ACCOMMODATE THESE CHANGES.

A010

OPTION B – MAINTAINING (E) COORDIOR WALLS

Life Safety Floor Plan & Code Analysis

Scale: 1/8 in = 1 ft



INCLINE VILLAGE COMMUNITY HOSPITAL

What it would take to meet the requirements:

Option A:

X-Ray: This options considers the impact of moving the eastern wall of the X-Ray room further east to provide a four (4) foot clearance of the patient table, on the left side. This change was considered as five (5) feet is required on the west end of the table, patient right side for gurney access and operational needs. Further assessment would be needed for code compliance in regards to fixed equipment clearance, note the equipment in the south east corner of the X-Ray room, likely the wall would need to move further east to avoid conflict with fixed equipment within the four (4) feet clearance section. This would require a remodel of the existing Auxiliary Gift Shop as well as reconstructing the exterior wall of the hospital.

CT scanner: This option considers the impact of expanding the CT scanner room on the north, east and southern boundary. This option impedes the eight (8) feet clear width on two (2) corridors and conflicts with emergency egress code requirements. Additionally, the change would impede on the technologist work room, a required component of the department, and reduce the available square footage to less than would work operationally. For these reasons, and conflicts with code requirements, this option had no further consideration.

Option B:

Option B impacts a total area of 1,101 SF (Area in light Orange, Option B).

X-Ray: This options considers the impact of moving the eastern wall of the X-Ray room further east to provide a four (4) foot clearance of the patient table, on the left side. This change was considered as five (5) feet is required on the west end of the table, patient right side for gurney access and operational needs. Further assessment would be needed for code compliance in regards to fixed equipment clearance, note the equipment in the south east corner of the X-Ray room, likely the wall would need to move further east to avoid conflict with fixed equipment within the four (4) feet clearance section. This would require a remodel of the existing Auxiliary Gift Shop as well as reconstructing the exterior wall of the hospital.

CT scanner: This option considers the impact of expanding the CT scanner room to the south. In this configuration, the combined options would drastically impact the current Auxiliary Gift Shop and further create an island of this space with no interior public access. The Technologist work area would be completely removed and since there is no further space in the department, the equipment alcove would be reduced. This option seems feasible spatially, however there would be significant challenges to fit department required services within the space.

We have evaluated potential adjustments, but any changes would either reduce compliance elsewhere or create additional conflicts.



INCLINE VILLAGE COMMUNITY HOSPITAL

It is also important to note that there have been no current or historical patient safety issues, staff safety concerns, or patient care incidents related to the existing clearances in these rooms. Patient safety and accessibility remain central to our mission.

For these reasons, we respectfully request a variance for the clearance requirements in both the X-ray and CT scanner rooms. We believe that granting this request will enable us to continue providing vital imaging services safely and effectively without disruption to care.

We are happy to provide additional documentation, diagrams, or supporting information as needed.

2. The variance, if granted, would NOT:

A. Cause substantial detriment to the public welfare.

Based on IVCH's remote location, providing diagnostic imaging services would prevent significant hardships to the community. Our patients would be forced to travel over the Mount Rose Highway to Reno or to Carson City—both of which present logistical and safety challenges, particularly for elderly or medically fragile individuals during winter months or medical emergencies. We have also heard directly from patients who come to IVCH from Carson City and Reno due to significant delays and wait times in those areas.

It is also important to note that there have been no current or historical patient safety issues, staff safety concerns, or patient care incidents related to the existing clearances in these rooms. Patient safety and accessibility remain central to our mission. In addition, we take all outpatients directly to the ED if there is a medical emergency in CT scan or X-Ray for continued resuscitation efforts.

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

The project site is extremely constrained by existing conditions on all sides. The west boundary is directly adjacent to the emergency department. The south is an exterior wall which on the other side serves as the facility entry and emergency entry point. The east is bound by an exterior wall as well as an access and emergency egress corridor and the north boundary is an access and emergency egress corridor. The facility has looked at two (2) potential options in order to meet the four (4) foot clearance on all circulating sides, FGI 2018 Edition Section 2.2-3.4.2.2. These options have been reviewed on page 1 of this attachment.

BEFORE THE STATE BOARD OF HEALTH

IN THE MATTER OF)
INCLINE VILLAGE COMMUNITY HOSPITAL)
VARIANCE REQUEST: CASE # 787)

The Nevada State Board of Health ("Board"), having considered the application of Incline Village Community 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. On May 21, 2025, the Division of Public and Behavioral Health ("Division") received a request for variance from Nevada Administrative Code (NAC) 449.3154.2.
2. NAC 449.3154 (2) states:

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) and (d) 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.

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

Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 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 AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://www.fgiguideines.org/> or by telephone at (800) 242-2626, for the price of \$200.

The Facility Guidelines Institute (hereinafter referred to as "FGI"), *Guidelines for Design and Construction of Hospitals* (2018 Edition)

2.4 Specific Requirements for Critical Access Hospitals

2.4-3.4 Imaging Services

See Section 2.2-3.4 (Imaging Services) for facility requirements for the imaging services provided.

Section 2.2-3.4.2 Imaging Rooms

2.2-3.4.2.1 General

(1) The requirements in this section shall apply to imaging rooms for all modalities except where indicated.

*2.2-3.4.2.2 Space requirements. Space shall be provided to accommodate the equipment and staff needed for planned imaging services.

(1) Imaging rooms shall be sized and configured, at minimum, to comply with the manufacturer's recommendations for installation, service, and maintenance.

(2) Imaging rooms shall be sized to provide the minimum clearances:

(a) 4 feet (122 centimeters) on all circulating sides of the patient table/bed/couch, gantry, or assembly

(b) Other clearances in accordance with clinical needs (e.g., medical gas service, anesthesia cart, clinical staff)

Section 2.2-3.4.4 Radiography Facilities

2.2-3.4.4.1 General

(1) (All imaging rooms where radiography services are performed shall meet the requirements in section 2.2-3.4.1 (Imaging Services - General).

(2) Room design and equipment siting shall accommodate manufacturer's operation, service, and safety clearances for the IMAGING equipment used.

2.2-3.4.4.2 Radiography room

(1) Radiography rooms shall meet the requirements in Section 2.2-3.4.4.1 (Radiography Facilities-General) and section 2.2-3.4.2 (Imaging Rooms).

Section 2.2-3.4.3 Computed Tomography (CT) Facilities

2.2-3.4.3.1 CT scanner room

(1) The CT scanner room shall meet the requirements in sections 2.2-3.4.1 (Imaging Services-General) and 2.2-3.4.2 (Imaging Rooms) as amended in this section.

3. Incline Village Community Hospital has requested a variance from the requirements of NAC 449.3154 (2). Incline Village Community Hospital is requesting a variance from the code that there be at least 4 feet of clearance around all circulating sides of the patient table, gantry, or assembly. This regulation exists to ensure patients and staff have a sufficient amount of space for the necessary scans. Additionally, the clearance

requirement exists for patients who are nonambulatory and require staff assistance to be placed on and removed from the imaging table.

4. NAC 449.3154(2) requires hospitals to comply with the most current construction standards when a hospital conducts any new construction or remodeling. FGI requires a minimum of 4 feet of clearance on all circulating sides of the patient table/bed/couch, gantry or assembly. In meeting the clinical needs of patients, staff may be required to assist a patient on and/or off, thus requiring the 4 feet around all circulating sides of the table, gantry, or assembly. Additionally, in the event of a medical emergency, resuscitation may be required on the imaging table/bed/couch.
5. In March 2025, the Nevada Health Authority's Division of Purchasing and Compliance completed an onsite construction standards and Life Safety Code survey and measured the renovated imaging areas at Incline Village Community Hospital and found the 4-foot clearances were not met in the CT Scanner and X-Ray rooms. In the CT Scanner room; anatomical patient left of the table clearance measured 2 feet 1.5 inches, and patient foot clearance measured 3 feet 7.5 inches. In the X-Ray room, anatomical patient left of the table clearance measured 2 feet 11 inches. In May 2025, the Nevada Health Authority's Division of Purchasing and Compliance met with representatives from Incline Village Hospital, where the representatives provided two options to meet the required 4-foot clearances in each room; however, these options would create an exceptional and undue hardship. Incline Village Community Hospital is a Critical Access Hospital and faces substantial financial limitations. The Incline Village Community Hospital would be required to redo the entire project with increased scope to come into compliance with the required clearances.

CONCLUSIONS OF LAW

1. This matter is properly before the board pursuant to 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 to NAC 449.3154(2) is APPROVED as presented; specifically, the hospital will be allowed to have clearances around the CT Scanner table and X-Ray table less than the required 4 feet.

DATED this 5 day of September, 2025

Jon Pennell, DVM, Chairperson

Department of Health and Human Services

CERTIFICATE OF MAILING

I hereby certify that I am employed by the Nevada Health Authority, Division of Purchasing and Compliance, and that on the 5 day of September, 2025, I served the foregoing FINDINGS OF FACT AND DECISION by mailing a copy thereof to:

Incline Village Community Hospital
C/O: Louis Ward
880 Alder Avenue
Incline Village, Nevada 89451
