



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
DIVISION OF PURCHASING AND COMPLIANCE
NVHA.NV.GOV



Stacie Weeks
Director

Todd Rich
Administrator

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_ZWE1NGZJMDAtM2ImZi00NjVjLWExMzYtNTRjZDFkZGRmY2Iz%40thread.v2/0?context=%7b%22id%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/>



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY
DIVISION OF PURCHASING AND COMPLIANCE
NVHA.NV.GOV



Stacie Weeks
Director

Todd Rich
Administrator

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 ("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) (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.

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 SRDHR 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 toilet rooms on the third floor patient toilet rooms (equipped with showers) did not have sufficient space for a handwash station 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-acquired 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 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 unit 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 HARDSHIP:

Applicant states strict application of NAC 449.3154(2) and *Guidelines for 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 RECOMMENDATION:

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 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.



LIFE SAFETY LEGEND

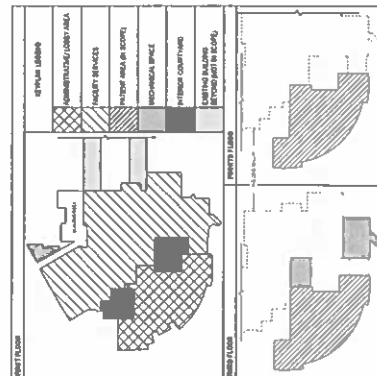
WALL & CEILING BARRIERS & PARTITIONS		EXPRESS DOOR™ LITE	
	1 HR. FIRE BARRIER		1 HR. FIRE BARRIER
	2 HR. FIRE BARRIER		2 HR. FIRE BARRIER
	1 HR. SMOKE BARRIER		1 HR. SMOKE BARRIER
	1 HR. SMOKE BARRIER		1 HR. SMOKE BARRIER
	NO HAZARD ABOVE POSITIVE PARTITION		NO HAZARD ABOVE POSITIVE PARTITION
	1 HR. INTERIOR BEARING WALL		1 HR. INTERIOR BEARING WALL
	NO HAZARD PARTITION		NO HAZARD PARTITION

TRAVEL DISTANCE LIMITATIONS	
BUILDING EXIT (MAXIMUM 200 FT)	
SMOKE COMPARTMENT (MAXIMUM 200 FT)	
STAIRS (MAXIMUM 100 FT)	
CEILING HANG CORRIDOR (MAXIMUM 25 FT)	
SLEEPING ROOM (MAXIMUM 50 FT)	

AREA ENVELOPE		LIFE SAFETY ENVELOPE	
	ELEVATOR		TRANS. DISTANCE (FT.) TO MEANS OF EGRESS
	EGRESS CORRIDOR		FIRE EXTINGUISHER CABINET
	EXIT STAIR, VERTICAL EXIT ENCLOSURE		FIRE ALARM PULL STATION
	SUITE		FIRE EXTINGUISHER CABINET
	HAZARDOUS ROOMS		FIRE ALARM PULL STATION
	3-WAYS		FIRE ALARM PULL STATION
	RFGS AREA		FIRE ALARM PULL STATION
	COURTYARD		FIRE ALARM PULL STATION

NOTES
PLAY TO BE PRINTED IN COLOR TO FACILITATE PROPER COMMUNICATION OF INTENT
RATED ASSEMBLIES AND EIGHT FINE ALARM DEVICES ARE SHOWN PER EXISTING CONDITIONS

KEYPLANS

[illegible]

REVENUES

GutVann

C.O.A. # MAC09120008
90 CEDARWOOD AVENUE
SUITE 44
BLENHEIM, NJ 08724
908-399-7577 | info@cedarwood.co



Journal of Management Education 33(1)

NAFTOLIN QUT, R.A.
1001 W. 10TH ST. # 1004

1999

IGNITY HEALTH -
T. ROSE
DOMINICAN
HOSPITAL ROSE
E LIMA CAMPUS

THIRD FLOOR LIFE SAFETY

12/26/2024

As indicated
























23-690

SL	NG
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15

This is a detailed architectural floor plan of the 1st floor of a building, identified as the University of Illinois at Chicago. The plan shows a complex arrangement of rooms, corridors, and service areas. A prominent red line is drawn across the plan, starting from the top left, moving horizontally, then turning vertically, and finally following a curved path along the right side of the building. The rooms are labeled with numbers and names, such as 'Room 101', 'Room 102', 'Room 103', 'Room 104', 'Room 105', 'Room 106', 'Room 107', 'Room 108', 'Room 109', 'Room 110', 'Room 111', 'Room 112', 'Room 113', 'Room 114', 'Room 115', 'Room 116', 'Room 117', 'Room 118', 'Room 119', 'Room 120', 'Room 121', 'Room 122', 'Room 123', 'Room 124', 'Room 125', 'Room 126', 'Room 127', 'Room 128', 'Room 129', 'Room 130', 'Room 131', 'Room 132', 'Room 133', 'Room 134', 'Room 135', 'Room 136', 'Room 137', 'Room 138', 'Room 139', 'Room 140', 'Room 141', 'Room 142', 'Room 143', 'Room 144', 'Room 145', 'Room 146', 'Room 147', 'Room 148', 'Room 149', 'Room 150', 'Room 151', 'Room 152', 'Room 153', 'Room 154', 'Room 155', 'Room 156', 'Room 157', 'Room 158', 'Room 159', 'Room 160', 'Room 161', 'Room 162', 'Room 163', 'Room 164', 'Room 165', 'Room 166', 'Room 167', 'Room 168', 'Room 169', 'Room 170', 'Room 171', 'Room 172', 'Room 173', 'Room 174', 'Room 175', 'Room 176', 'Room 177', 'Room 178', 'Room 179', 'Room 180', 'Room 181', 'Room 182', 'Room 183', 'Room 184', 'Room 185', 'Room 186', 'Room 187', 'Room 188', 'Room 189', 'Room 190', 'Room 191', 'Room 192', 'Room 193', 'Room 194', 'Room 195', 'Room 196', 'Room 197', 'Room 198', 'Room 199', 'Room 200'. The plan also shows various corridors, stairs, and service areas. The red line appears to be a boundary or a specific path through the building.

[illegible]

TRAVEL DISTANCE LIMITATIONS	
                      	

AREA STRIKES		LIFE SAFETY SYMBOLS	
	ELEVATOR		TRAVEL, EXIT WAYS (TO) TO MEANS OF EGRESS
	ESPRESSO CORRIDOR		FIRE EXTINGUISHER CABINET
	EXIT STAIR (VERTICAL EXIT ENCLOSURE)		HOMESTROBE
	SUITE		PULL STATION
	HAZARDOUS ROOMS		DIRECTIONAL EXIT LIGHT
	SHAFTS		CARBON MONOXIDE DETECTOR
	POOL AREA		EMERGENCY LIGHT
	COURTYARD		MEANS OF EGRESS LIGHTING

NOTES

- PLAN TO BE PRINTED IN COLOR TO FACILITATE PROPER COMMUNICATION OF INTENT
- RATED ASSEMBLIES AND EXIT FIRE ALARM DEVICES ARE SHOWN PER EXISTING CONDITIONS

Figure 1 is a map of the San Francisco Bay Area showing land use and land cover. The map is divided into several regions, each with a different pattern or color. A legend on the right side of the map identifies the following categories:

- 1. URBAN AREAS (solid black)
- 2. AGRICULTURAL LAND (diagonal lines)
- 3. FORESTED AREAS (cross-hatch)
- 4. OPEN SPACE (white)
- 5. WATER BODIES (blue)
- 6. WETLANDS (wavy lines)
- 7. RURAL RESIDENTIAL (small squares)
- 8. INDUSTRIAL (large squares)
- 9. HIGHWAY CORRIDORS (thick black lines)
- 10. AIRPORTS (large rectangles)
- 11. PORTLAND CEMENT (dotted)
- 12. HIGHWAY CORRIDORS (thick black lines)
- 13. AIRPORTS (large rectangles)
- 14. PORTLAND CEMENT (dotted)

The map also includes a scale bar and a north arrow.

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

[illegible]

GutVann
NJ, CA & International
1000 CEDARPOLE AVENUE
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732-300-0073 | info@gutvann.com



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

12-10-10
 FOURTH FLOOR LIFE SAFETY
 PLAN

QTY	12/26/2024
TRAIL	As indicated
ADD TO ORDER	23-690
30 DAYS	SL NG

22



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: 5/3/2025

Name of Applicant: Las Vegas Recovery Hospital

Phone: 732-714-5551 ext 103

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 room. 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 DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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 DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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 DIVISION of PUBLIC
and BEHAVIORAL HEALTH




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.

☒ 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 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



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.

The Variance, if granted, would not:

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.

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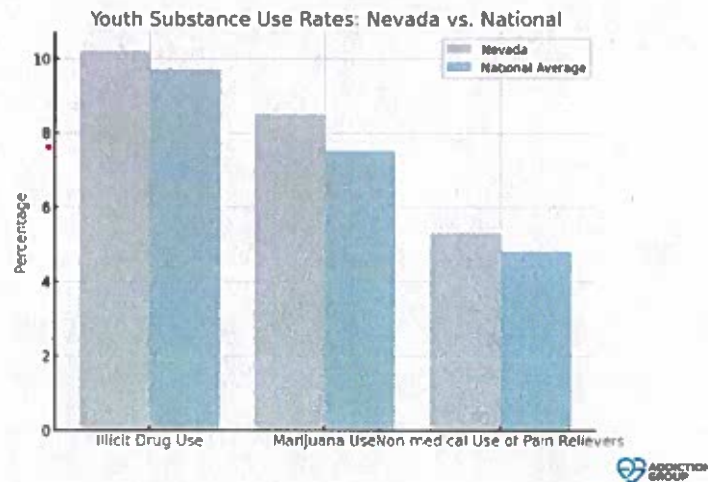


2. Opioid Crisis:

- 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.



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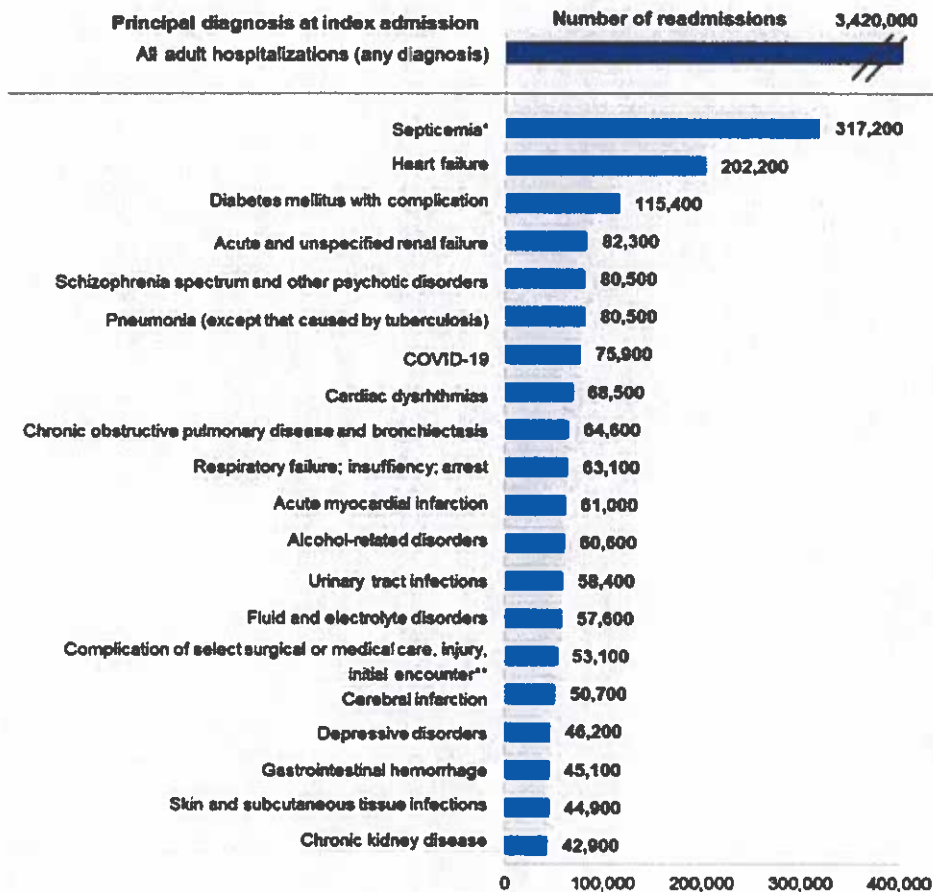
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4. High Readmission Rates:

- General hospitals 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.



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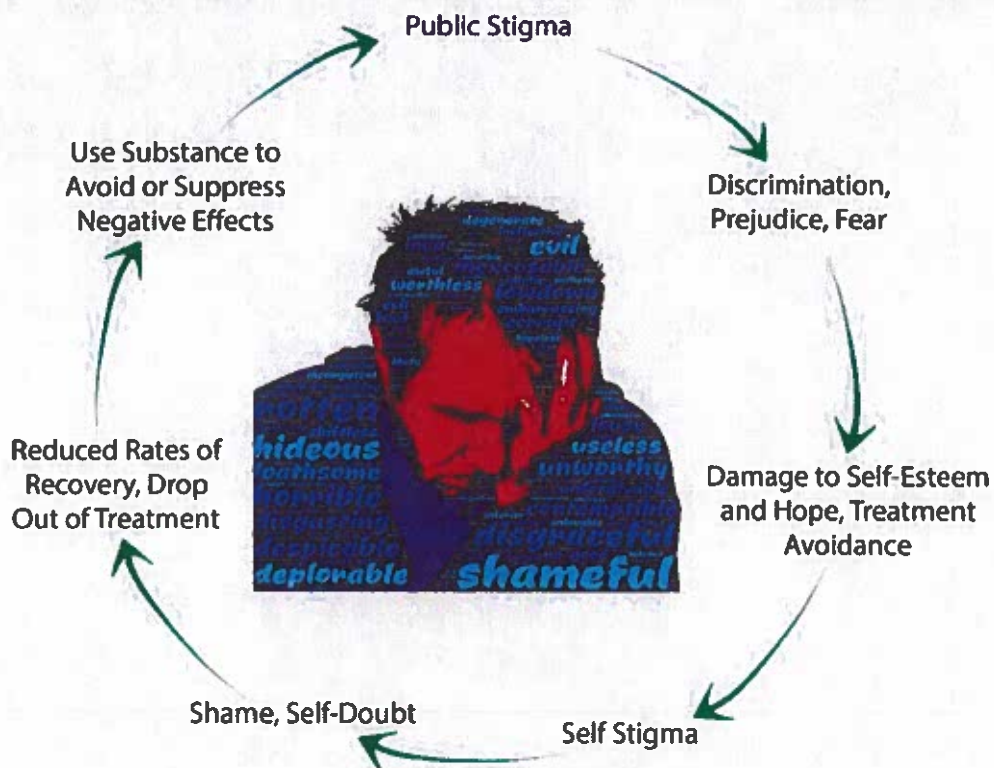
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5. Inadequate Care in General Hospitals:

- 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



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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.

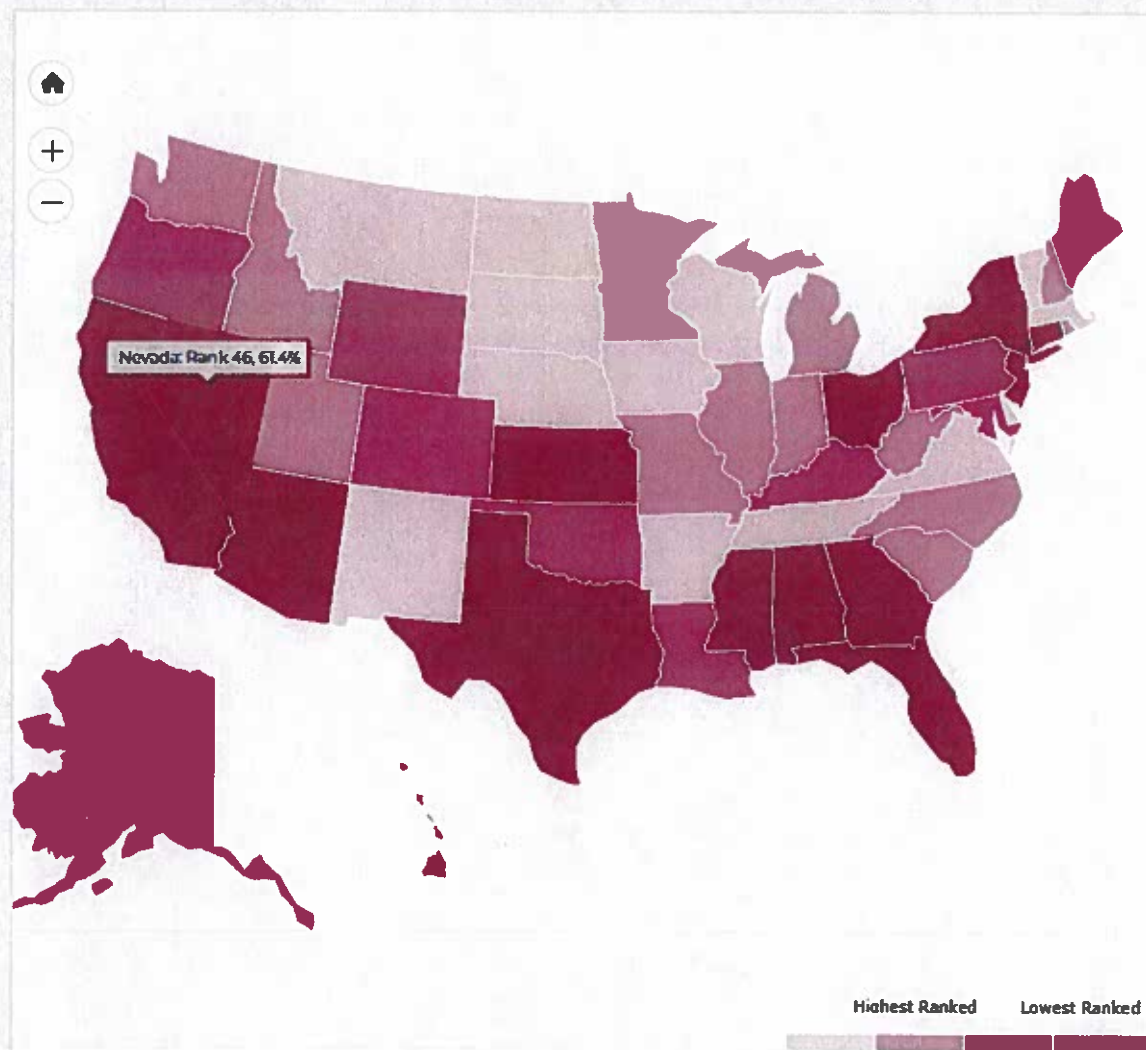
Untreated individuals with severe mental health and substance abuse issues are much more likely to end up in general hospitals. These patients are often too medically acute for standard drug and alcohol programs, leading to frequent hospital admissions and readmissions. General hospitals, however, are 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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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 addiction.

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- **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. Reduction 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.

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Conclusion

Lion Health System is committed to addressing the critical gaps in addiction care in Nevada. By establishing a specialized addiction 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

Ben Levin

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Appendix 2: Project Implementation Plan				
Activity	Start Date/Period	End Date/Period	Duration	Notes
Project Initiation	01/01/2023	01/01/2023	1	Project Initiation Report - 1000 P and 1000 P and 1000 P
Project Planning	01/01/2023	01/01/2023	1	Project Planning Report - 1000 P and 1000 P
Project Execution	01/01/2023	01/01/2023	1	Project Execution Report - 1000 P and 1000 P
Project Monitoring	01/01/2023	01/01/2023	1	Project Monitoring Report - 1000 P and 1000 P
Project Closure	01/01/2023	01/01/2023	1	Project Closure Report - 1000 P and 1000 P
Project Review	01/01/2023	01/01/2023	1	Project Review Report - 1000 P and 1000 P
Project Reporting	01/01/2023	01/01/2023	1	Project Reporting Report - 1000 P and 1000 P
Project Evaluation	01/01/2023	01/01/2023	1	Project Evaluation Report - 1000 P and 1000 P
Project Improvement	01/01/2023	01/01/2023	1	Project Improvement Report - 1000 P and 1000 P
Project Sustainability	01/01/2023	01/01/2023	1	Project Sustainability Report - 1000 P and 1000 P
Project Impact	01/01/2023	01/01/2023	1	Project Impact Report - 1000 P and 1000 P
Project Legacy	01/01/2023	01/01/2023	1	Project Legacy Report - 1000 P and 1000 P
Project Success	01/01/2023	01/01/2023	1	Project Success Report - 1000 P and 1000 P
Project Future	01/01/2023	01/01/2023	1	Project Future Report - 1000 P and 1000 P
Project Vision	01/01/2023	01/01/2023	1	Project Vision Report - 1000 P and 1000 P
Project Mission	01/01/2023	01/01/2023	1	Project Mission Report - 1000 P and 1000 P
Project Values	01/01/2023	01/01/2023	1	Project Values Report - 1000 P and 1000 P
Project Principles	01/01/2023	01/01/2023	1	Project Principles Report - 1000 P and 1000 P
Project Standards	01/01/2023	01/01/2023	1	Project Standards Report - 1000 P and 1000 P
Project Guidelines	01/01/2023	01/01/2023	1	Project Guidelines Report - 1000 P and 1000 P
Project Policies	01/01/2023	01/01/2023	1	Project Policies Report - 1000 P and 1000 P
Project Procedures	01/01/2023	01/01/2023	1	Project Procedures Report - 1000 P and 1000 P
Project Methods	01/01/2023	01/01/2023	1	Project Methods Report - 1000 P and 1000 P
Project Techniques	01/01/2023	01/01/2023	1	Project Techniques Report - 1000 P and 1000 P
Project Tools	01/01/2023	01/01/2023	1	Project Tools Report - 1000 P and 1000 P
Project Equipment	01/01/2023	01/01/2023	1	Project Equipment Report - 1000 P and 1000 P
Project Materials	01/01/2023	01/01/2023	1	Project Materials Report - 1000 P and 1000 P
Project Supplies	01/01/2023	01/01/2023	1	Project Supplies Report - 1000 P and 1000 P
Project Services	01/01/2023	01/01/2023	1	Project Services Report - 1000 P and 1000 P
Project Personnel	01/01/2023	01/01/2023	1	Project Personnel Report - 1000 P and 1000 P
Project Contractors	01/01/2023	01/01/2023	1	Project Contractors Report - 1000 P and 1000 P
Project Suppliers	01/01/2023	01/01/2023	1	Project Suppliers Report - 1000 P and 1000 P
Project Partners	01/01/2023	01/01/2023	1	Project Partners Report - 1000 P and 1000 P
Project Stakeholders	01/01/2023	01/01/2023	1	Project Stakeholders Report - 1000 P and 1000 P
Project Community	01/01/2023	01/01/2023	1	Project Community Report - 1000 P and 1000 P
Project Society	01/01/2023	01/01/2023	1	Project Society Report - 1000 P and 1000 P
Project Culture	01/01/2023	01/01/2023	1	Project Culture Report - 1000 P and 1000 P
Project Environment	01/01/2023	01/01/2023	1	Project Environment Report - 1000 P and 1000 P
Project Context	01/01/2023	01/01/2023	1	Project Context Report - 1000 P and 1000 P
Project Background	01/01/2023	01/01/2023	1	Project Background Report - 1000 P and 1000 P
Project History	01/01/2023	01/01/2023	1	Project History Report - 1000 P and 1000 P
Project Evolution	01/01/2023	01/01/2023	1	Project Evolution Report - 1000 P and 1000 P
Project Development	01/01/2023	01/01/2023	1	Project Development Report - 1000 P and 1000 P
Project Growth	01/01/2023	01/01/2023	1	Project Growth Report - 1000 P and 1000 P
Project Expansion	01/01/2023	01/01/2023	1	Project Expansion Report - 1000 P and 1000 P
Project Innovation	01/01/2023	01/01/2023	1	Project Innovation Report - 1000 P and 1000 P
Project Creativity	01/01/2023	01/01/2023	1	Project Creativity Report - 1000 P and 1000 P
Project Imagination	01/01/2023	01/01/2023	1	Project Imagination Report - 1000 P and 1000 P
Project Inspiration	01/01/2023	01/01/2023	1	Project Inspiration Report - 1000 P and 1000 P
Project Motivation	01/01/2023	01/01/2023	1	Project Motivation Report - 1000 P and 1000 P
Project Determination	01/01/2023	01/01/2023	1	Project Determination Report - 1000 P and 1000 P
Project Persistence	01/01/2023	01/01/2023	1	Project Persistence Report - 1000 P and



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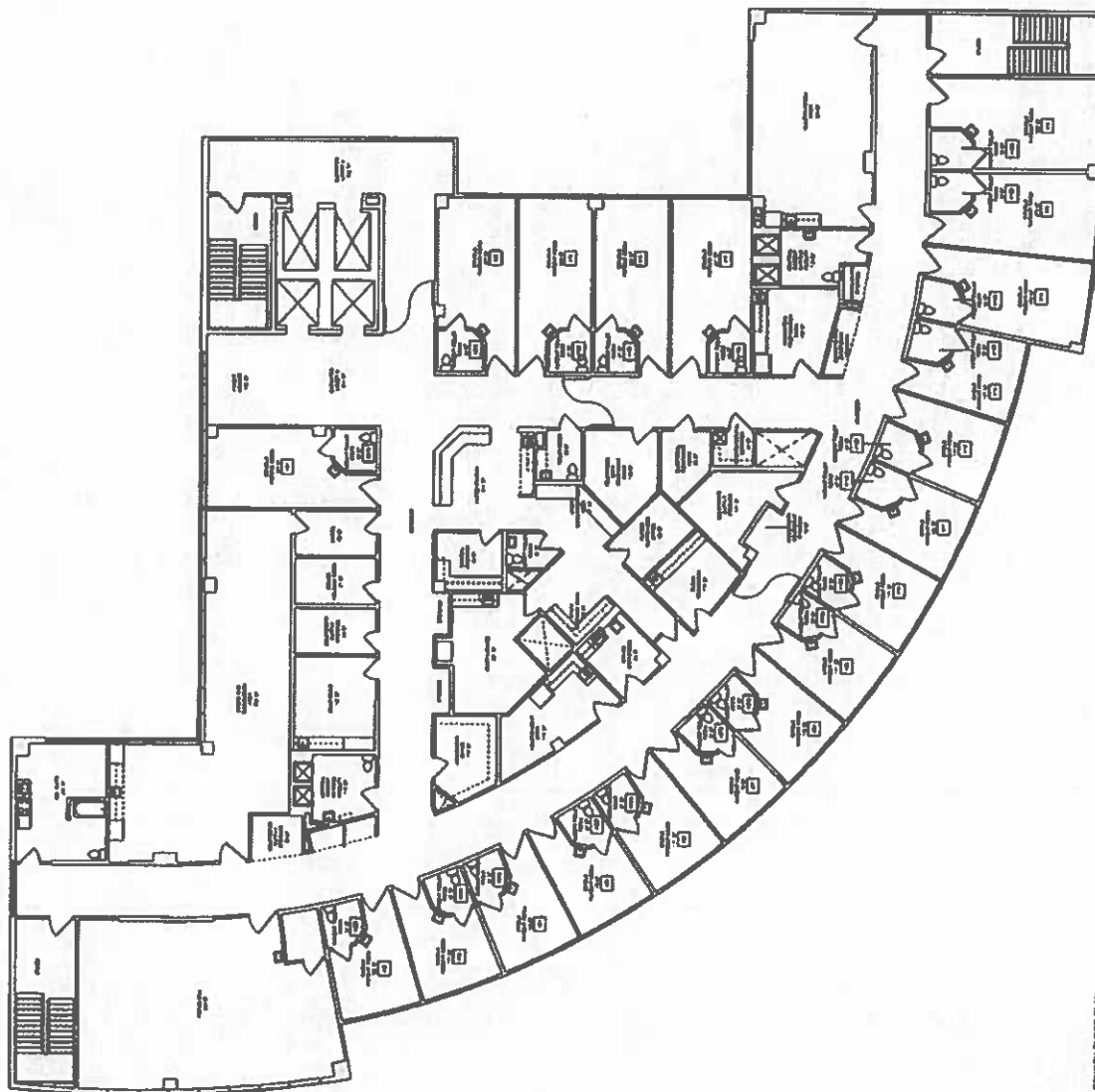
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102	Receptionist Room - Area 102.00 sq. ft.	102.00	102.00
103	Receptionist Room - Area 103.00 sq. ft.	103.00	103.00
104	Receptionist Room - Area 104.00 sq. ft.	104.00	104.00
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107	Receptionist Room - Area 107.00 sq. ft.	107.00	107.00
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130	Receptionist Room - Area 130.00 sq. ft.	130.00	130.00

PATIENT ROOM SCHEDULE

Room	Room Name	Area	Room Number
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130	Receptionist Room - Area 130.00 sq. ft.	130.00	130.00



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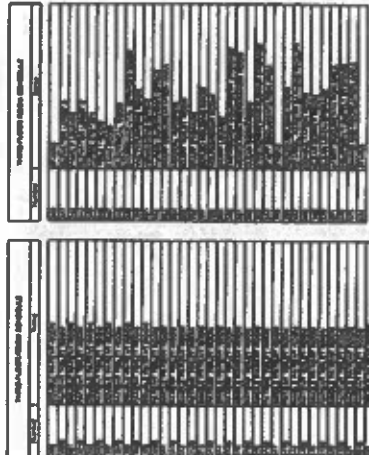
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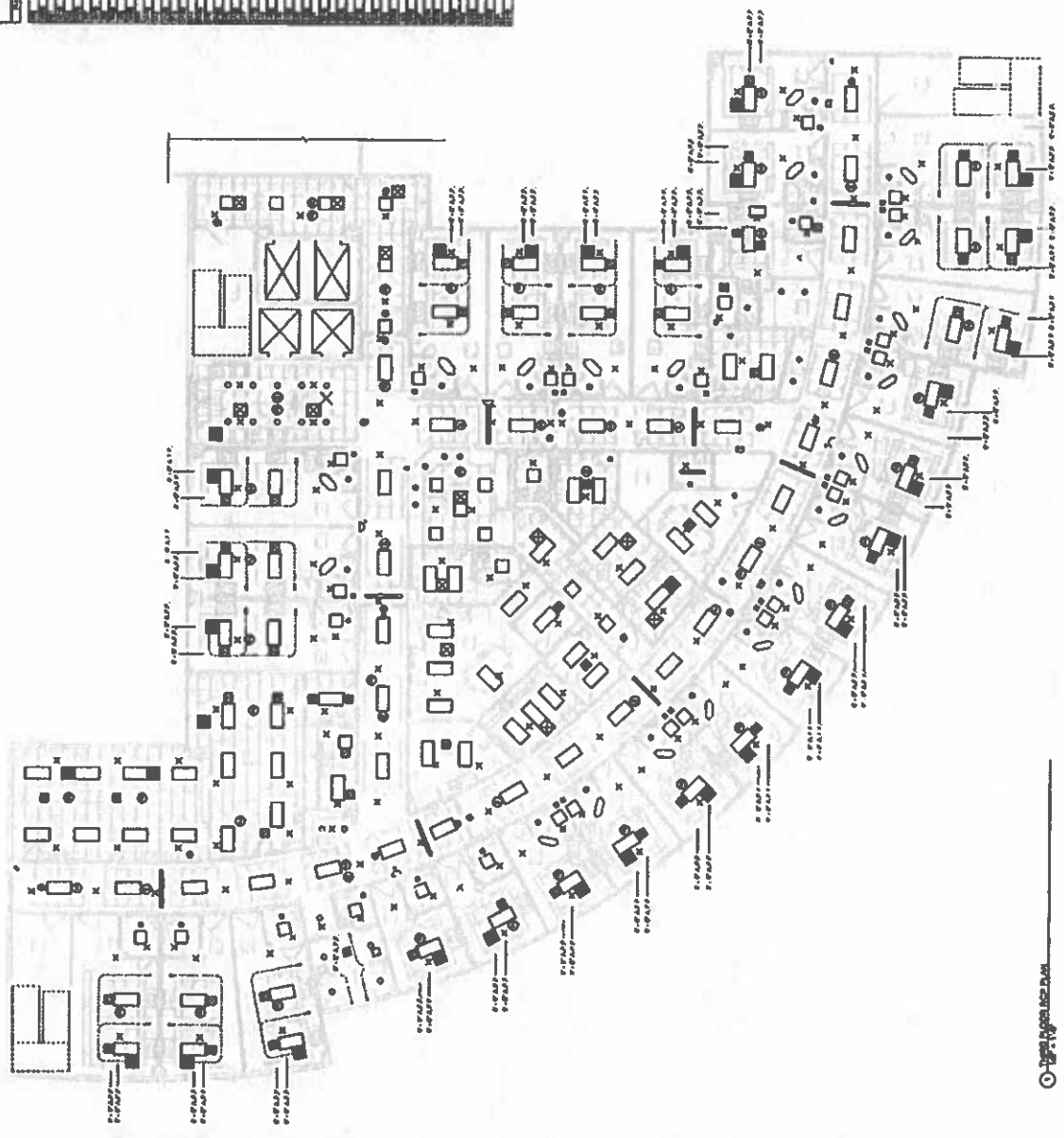
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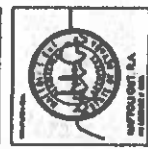


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97	97.0000	97.0000	97.0000	97.0000
98	98.0000	98.0000	98.0000	98.0000
99	99.0000	99.0000	99.0000	99.0000
100	100.0000	100.0000	100.0000	100.0000



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Gutmann
 ARCHITECTS
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 Atlanta, Georgia 30309
 (404) 525-1234



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A3

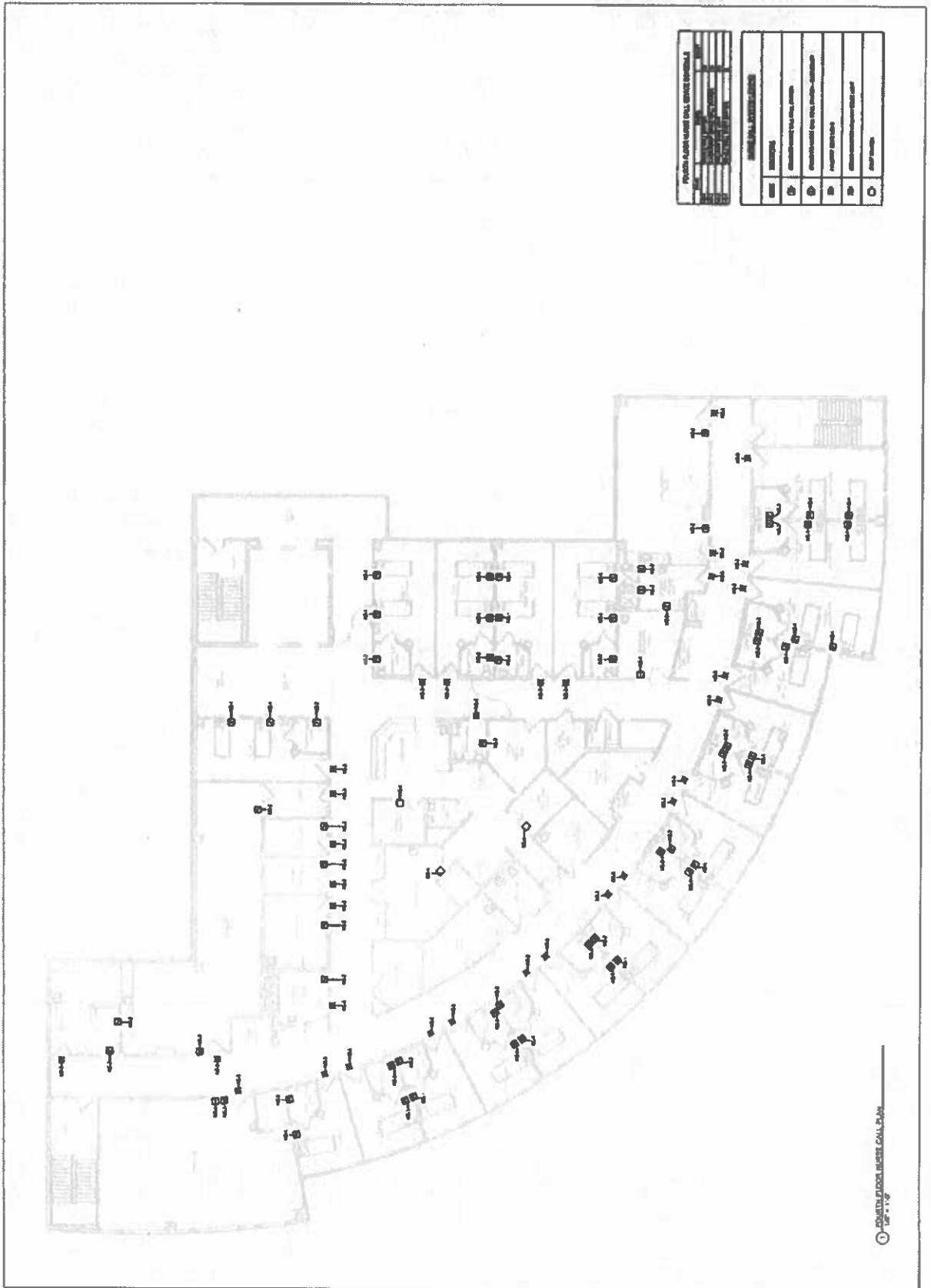


**DIGNITY HEALTH -
ST. ROSE
DOMINICAN
HOSPITAL, ROSE
DE LIMA CAMPUS**

THE BOWEN BOOKS NUMBER

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TIME	1:00 PM
LOCATION	23-0000
STATUS	SL NG

A8



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