

COMPLIANCE CHECKLIST

► **Long-Term Care Facility - Common Areas**

The following checklist is for plan review of new long-term care facilities and new additions to existing long-term care facilities. This checklist also applies to renovations projects affecting long-term care facilities constructed under the regulations effective March 19, 1968, or under their subsequent revisions. This checklist is derived from long-term care licensure regulations 105 CMR 150.000 and 105 CMR 151.000, entitled "Licensing of Long Term Care Facilities", as well as relevant parts of Chapter 111 of Massachusetts General Laws (specific sections indicated below). Applicants must verify project compliance with all licensure requirements when filling out this checklist, and must include the DPH affidavit when submitting project documents for self-certification or abbreviated review.

Only one copy of this checklist needs to be submitted for each facility. In the case of a bed increase not associated with alterations of the common areas, only the requirements marked with an asterisk (*) and the Square Footage Summary on Page 6 need to be completed.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) next to the section title (e.g. E RESIDENTS BEDROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

= Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

Facility Name: _____

DoN Project Number: (if applicable) _____

Facility Address: _____

Building/Floor Location: _____

Project Description: _____

Submission Dates:

Initial Date:

Revision Date:

ARCHITECTURAL REQUIREMENTS

- 151.860 PUBLIC TELEPHONE
- 150.015 Located in separate room or alcove
- (C)(10) Provides for privacy
- Wheelchair accessible
- Sound volume control

- 151.560 CENTRAL KITCHEN
- (I) Located to avoid through-traffic
- Food receiving area
- (A) Food preparation area min. 5 sf per bed*
- (H) Min. aisle width 42" for fixed equipt.
- Min. aisle width 60" for mobile equipt.
- check if mobile equipt. not included in project
- Equipment sealed **or** min. 8" clear between
- to wall equipt. & wall
- Filler strip between **or** min. 8" clear between
- pieces of equipt. pieces of equipt.
- (L) Storage cabinets for dishes & silverware

- (F) Dishwashing area
- separate from food prep. area
- direct entrance from corridor
- access of soiled dishware is not through
- food preparation area
- (J) Food cart washing/ can washing
- separate defined area
- (K) Dietician office
- min. 100 sf
- (M) Janitor's closet
- at least one per floor
- min. 25 sf
- min. 5'-0" dimension
- shelving

- 151.750 Refrigerator
- min. 1.5 cubic feet per bed*
- Freezer
- min. 0.5 cubic feet per bed*

- 151.570 CENTRAL DINING
- Policy Located for outside exposure
- (A) Min. 10 sf per bed*

- 151.370 CENTRAL RESIDENT TOILET ROOMS
- (C) At least 2 central toilet rooms
- Policy off main corridor
- Policy convenient to dining & activity rooms
- (C) wheelchair accessible
- designated for each gender

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- Handwashing sink
- Double-comp. vegetable sink
- 30" drain board
- backsplash
- Triple-comp. pot washing sink
- one 30" drain board on each side
- backsplash
- Floor drain
- Vent. min. 10 air ch./hr
- negative pressure (Policy)
- air exhausted to outdoors
- Exhaust hoods at cooking areas
- Emergency lighting

- Vent. min. 10 air ch./hr
- negative pressure (Policy)
- air exhausted to outdoors

- Service sink
- Vent. min. 10 air ch./hr (exhaust)

- Emergency lighting
- Nurses call staff station

- Handwashing sink
- Vent. min. 10 air ch./hr (exhaust)
- Emergency nurses call station

ARCHITECTURAL REQUIREMENTS

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.570 STAFF DINING
 (B) Separate staff dining room
- 151.590 CENTRAL LAUNDRY
 Laundry facilities **or** Outside laundry service
 equipped for total laundry Laundry room
 service min. 70 sf
 Double-comp. tub washer & dryer
 double-comp. tub
- 151.500 STORAGE AREAS
 (A) General storage
 Policy direct access from corridor
 min. 10 sf per bed*
 (B) Linen storage
 (B) (1) central clean linen storage
 min. 6'-0" x 9'-0"
 shelving min. 18" deep
 (B) (2) central soiled linen holding
 min. 6'-0" x 9'-0"
- (C) Central food storage
 min. 150 sf
 shelving
 max. 18" deep
 max. 72" high
- 150.016 JANITOR'S CLOSET
 (E)(3) Min. one per floor
 Min. one per service wing or administrative wing
 Min. 25 sf
 Min. 5'-0" dimension
 Shelving

- Vent. min. 10 air ch./hr
 negative pressure (Policy)
 air exhausted to outdoors
- Mechanical ventilation
- Vent. min. 10 air ch./hr
 positive pressure (Policy)
- Handwashing sink
 Vent. min. 10 air ch./hr
 negative pressure (Policy)
 air exhausted to outdoors
- Vent. min. 10 air ch./hr
 positive pressure (Policy)
- Service sink
 Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.540 RESTORATIVE SERVICE
- (B) Physical therapy room
 check if service not included in project
 min. 200 sf therapy area
 min. dimension 10'-0"
 storage closet
- (C) Occupational therapy room
 check if service not included in project
 min. 300 sf therapy area
 min. dimension 10'-0"
 storage closet

- Handwashing sink
- Mechanical or natural ventilation
- Nurses call station
- Service sink
- Nurses call station

- (A)(3) OUTPATIENT RESTORATIVE SERVICE*
 check if service not included in project
 *A separate letter of intent must be filed with the Department prior to plan approval

- (a) Direct handicapped access
 from the outside **or** from the main lobby

- (b) Convenient parking

- (c) Resident toilet rooms
 separate from nursing unit toilets

- Handwashing sink
 Vent. min. 10 air ch./hr (exhaust)
 Emergency nurses call station

- Staff toilet rooms

- Handwashing sink
 Vent. min. 10 air ch./hr (exhaust)

- (d) Waiting/reception area

- (e) Record storage

- (f) Office space

- (B)(3) Physical therapy room
 (shared with LTCF residents restorative program)
 min. 200 sf therapy area
 min. dimension 10'-0"
 storage closet
 Provisions for patient privacy
 Dressing facilities
 Lockers

- Handwashing sink
- Mechanical or natural ventilation
- Nurses call station

GENERAL STANDARDSArchitectural Details

Corridors (151.600):

resident corridors

___ min. 8'-0" wide

___ handrails on both sides

___ max. projection 3½"

___ min. 30" AFF

___ returns meet wall at each end

service corridors

___ min. 5'-0" wide

Ramps (151.610):

 check if service not included in project

___ max. slope 1:12

Stairs (151.620):

___ non-slip treads & landings

___ handrails on both sides

___ max. projection 3½"

___ min. 30" AFF

___ max. riser height 7"

___ tapered risers

Doors (151.630):

___ min. 44" wide at din. rooms, act. rooms, PT/OT rooms, stairs

___ min. 32" at toilet rooms

___ no locks or privacy sets in resident areas

___ outswinging/double-acting doors for toilet rms

___ kitchen doors min. 42" wide

Windows (151.640):

___ sill or guard min. 30" AFF

___ operable windows

___ insect screens

___ Grab bars in all resident toilet rooms

___ 250 lb. capacity

___ Min. 8'-0" ceiling height in resident areas

___ Washable wall finishes in toilet rooms & kitchen (151.660(B))

___ Impervious floor finish in toilet rooms & kitchen (151.660 (C)&(D))

Elevators (151.740) check if service not included in project (only if entire facility on one floor)

up to 82 beds on floors other than entrance floor:

___ at least 1 elevator

more than 82 beds on floors other than entrance floor:

___ at least 2 elevators

___ hospital type

___ interior cab min. 5'-0" x 7'-6"

___ door opening min. 44"

Mechanical

Heating (151.700):

___ heating capacity min. 75 °F

Air Conditioning (151.700(D)):

___ cooling capacity max. 75 °F in areas listed below:

▷ New Construction

& Major Renovations

▷ Original facility plan approval on or after 4/14/00

___ AC in all resident areas

▷ Minor Renovations

___ original facility plan

approval prior to 04/14/00

___ AC in dining rooms, activity rooms, day rooms, etc.

Refrigeration (151.750):

___ max. cooler temperature 45 °F

___ max. freezer temperature -10 °F

Ventilation (151.710):

___ corridors not used as plenums for supply/return

Plumbing

___ min. water pressure 15 psi (151.720)

Electrical

Emergency power (151.830):

___ generator

___ dedicated to emerg. elec. system

___ adequate capacity

___ automatic transfer switches

___ all corridor receptacles on EP

___ 1 elevator on EP

Nurses call system (151.850):

___ all calls register at nurses station

___ light signal activated in corr. at origin of call

Telephones (151.860):

___ at least 1 telephone per floor

Space Dependent on Bed Count: Square Footage Summary

check if not applicable

(only if the project will not result in a bed increase or will not affect areas identified in 1st column)

Complete box and table below:

Total number of beds in facility N =

FUNCTIONAL AREA	S = SF PER BED REQUIREMENT	TOTAL SF REQUIRED = S x N	TOTAL SF PROVIDED
DAY ROOMS	9		
DINING ROOM(S)	10		
GENERAL ACTIVITY ROOMS	8		
KITCHEN FOOD PREP. AREA	5		
GENERAL STORAGE ROOM(S)*	10		

*Excluding specific storage rooms serving nursing units, activity rooms, PT/OT rooms or kitchen.

Fire-Resistance Ratings of Structural Elements

(Type 1B construction per M.G.L. Chapter 111 §71 and 780 CMR Table 601)

Complete table below with fire-resistance ratings and U.L. numbers for structural elements constituting the proposed structure.

FIRE RESISTANCE (HOURS)	RATING REQUIRED		RATING PROVIDED		U.L. NUMBER	
	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only
EXTERIOR BEARING WALLS	2	2				
INTERIOR BEARING WALLS	2	1				
COLUMNS	2	1				
BEAMS	2	1				
FLOOR STRUCTURE	2					
ROOF STRUCTURE		1				