

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 REQUIREMENTSSITE DEVELOPMENT

- 151.210 ☐ Roads & walkways to:
 ☐ main entrance
 ☐ ambulance entrance
 ☐ kitchen entrance
 ☐ delivery/receiving area
☐ Walkways from parking areas to main entrance:
 ☐ min. 4'-0" wide
 ☐ max. slope 1:12
- 151.220 ☐ Off street parking:
 ☐ at least 1 parking space for each 4 beds
- 151.230 ☐ plus at least 2 handicapped parking spaces
 ☐ near main entrance
 ☐ min. 12'-0" wide
- 151.240 ☐ Outdoor recreation area
 ☐ separate from parking areas
 ☐ min. 25 sf per bed
- Policy ☐ wheelchair accessible

GENERAL ACTIVITY ROOM(S)

- 151.510 ☐ Outside windows
- 150.017 ☐ min. 8 sf per bed total resident area*
☐ Storage closet

BEAUTY PARLOR & BARBER SHOP

- 151.510 ☐ check if service not included in project
☐ min. 120 sf
☐ counter & cabinets

EXAMINATION/TREATMENT ROOM

- 151.520 ☐ check if service not included in project
 (only if facility is Level IV)
☐ Min. 125 sf
☐ Min. dimension 10'-0"
☐ Storage cabinet

OFFICE SPACE

- 151.530 ☐ Administrative offices
 (A) ☐ administrator's office
 ☐ min. 80 sf
 ☐ director of nurses office
☐ check if service not included in project
 (only if facility is Level IV)
☐ min. 80 sf
- (B) ☐ storage of medical records
☐ Consultants office(s)
 ☐ min. 100 sf

STAFF & PUBLIC TOILETS

- 151.550 ☐ Visitors toilet rooms
 ☐ one for each gender
 ☐ handicapped accessible
☐ Staff toilet rooms
 ☐ convenient to kitchen

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

Lighting in following areas:

- ☐ walkways
☐ parking lots
☐ building entrances

- ☐ Emergency lighting
☐ Nurses call station

- ☐ Shampoo basin
☐ Nurses call station

- ☐ Handwashing sink
☐ Nurses call station

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

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

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

- 151.570 STAFF DINING
 (B) Separate staff dining room
- 151.590 CENTRAL LAUNDRY
Laundry facilities **or** Outside laundry service
equipped for total laundry service Laundry room
Double-comp. tub min. 70 sf
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

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 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

- 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

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 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: | more than 82 beds on floors other than entrance floor: |
| _____ at least 1 elevator | _____ 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:

- | | |
|---|---|
| <ul style="list-style-type: none"> ▷ New Construction & Major Renovations ▷ Original facility plan approval on or after 4/14/00 _____ AC in all resident areas | <ul style="list-style-type: none"> ▷ 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	
STRUCTURAL ELEMENTS	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				