COMPLIANCE CHECKLIST

Hospice Inpatient Facility – Nursing Care Unit

The following checklist is for plan review of hospice inpatient facilities. This checklist is derived from Section 105 CMR 141.299 (Appendix A) of hospice licensure regulations 105 CMR 141.000, entitled "Licensing of Hospice Programs". A separate checklist is recommended to be completed for each nursing care unit. For a new facility, or for renovations affecting common areas, Compliance Checklist HIF2 entitled “Hospice Inpatient Facility – Common Areas” is also recommended to be completed. This checklist is intended as a guide for the design of hospice inpatient facilities and is recommended to be included in the plan submission for “Full Review”.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:
- 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_ PATIENT 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.
   - 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).
3. In this Compliance Checklist, the checklist lines followed by asterisks (*) are intended to be practical recommendations based on DPH interpretations of the Regulations. These checklist lines should be left blank if the plans do not conform to these practical recommendations.

Facility Name: 

Facility Address: 

Initialize: ........................................

Revisions: ........................................

Bed Complement: 

Current Number of Beds = ..............

Proposed Number of Beds = ..............

Building/Floor Location: 

Project Reference: 

Dates:

Initial: ........................................

Revisions: ........................................
ARCHITECTURAL REQUIREMENTS

--- NURSING UNIT
   ____ Located on one floor only
   ____ Number of beds in nursing unit = ___
   ____ Maximum 20 beds

--- PATIENT BEDROOMS

(F) ____ Open directly into main corridor
(D) ____ Floor level 6" above grade
(B) ____ All single-bed rooms
(A) ____ Min. 125 sf
(C) ____ Min. 3'-0" clear on each side of each bed
   ____ Min. 4'-0" wide passageway
   ____ at end of each bed
   ____ continuous to the bedroom door

(G) ____ Patient closet
   ____ adequate size for personal belongings
   ____ Multiple-drawer bureau

(H) ____ Hospital-type beds
   ____ min. mattress dim. 36" x 76"
   ____ Bedside cabinet
   ____ Armchair

(E) ____ Outside window (also see Page 5)
   ____ min. 20 feet outside clearance to any walls*

(I) ____ Toilet room
   ____ handicapped accessible
   ____ directly accessible from bedroom
   ____ towel bar*
   ____ robe hook*
   ____ private shower
   ____ access to central shower
   ____ min. 60"w x 30"d
   ____ shower stall
   ____ no curb
   ____ sloped toward center drain
   ____ shower curtain

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

Lighting:
   ____ general lighting
   ____ switch adjacent to bedroom door on latch side
   ____ reading light for each bed
   ____ wall or ____ bolted to nightstand*
   ____ illumination level equivalent to 60 watts incandescent
   ____ switch usable by resident*
   ____ elec. connection separate from required receptacles
   ____ night light

Power:
   ____ 1 duplex receptacle per bed on headwall
   ____ on emergency power
   ____ 1 duplex receptacle on another wall

Nurses call system:
   ____ 1 call station for each bed
   ____ Handwashing sink
   ____ Vent. min. 10 air ch./hr (exhaust)
   ____ Night light
   ____ Emergency nurses call station
   ____ Shower controls outside stall
   ____ easily operable by nursing staff*
   ____ Vent. min. 10 air ch./hr (exhaust)
   ____ Emergency nurses call station
   ____ accessible from toilet & shower*
ARCHITECTURAL REQUIREMENTS

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(A) ISOLATION ROOM
   ____ Single-bed
   ____ Min. 125 square feet
   ____ Meets patient bedrooms requirements above

(B) Toilet room
   ____ handicapped accessible
   ____ directly accessible from bedroom
   ____ towel bar*
   ____ robe hook*
   ____ private shower
   ____ min. 60"w x 30"d shower stall
   ____ no curb
   ____ sloped toward center drain
   ____ shower curtain*

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NURSES STATION

(A) Centrally located
(B) Counter or desk
   ____ Chart racks

---

MEDICINE ROOM/CLOSET

(A) Close proximity to nurses station
   ____ Counter

(B) Top & base cabinets
(C) Lockable compartments
(D) Refrigerator

---

DAY/DINING ROOM

(A) Activities area
(B) Dining area

---

DRINKING FOUNTAIN
   ____ Built-in fixture or ____ Bottled water dispenser
   ____ Centrally located

---

BATHING

(A) Solid partition enclosure for each tub or shower
   ____ Central free-standing tub
   ____ min. 3'-0" clear on each side
   ____ Min. 3'-0" clear on one end
   ____ Shower rooms:
      ____ min. 30" x 60" stall
      ____ no curb
      ____ sloped toward center drain
      ____ shower curtain*
      ____ dressing area*
      ____ door or privacy curtain*
      ____ Vent. min. 10 air ch./hr (exhaust)
      ____ Handwashing sink
      ____ Vent. min. 10 air ch./hr (exhaust)
      ____ Night light
      ____ Emergency nurses call station

---

MECHANICAL/PLUMBING/ELECTRICAL REQUIREMENTS

---

(A) MECHANICAL/PLUMBING/ELECTRICAL REQUIREMENTS
   ____ Vent. min. 10 air ch./hr (exhaust)
   ____ check if function not included
   ____ Handwashing sink

   ____ Vent. min. 10 air ch./hr (exhaust)
   ____ Night light
   ____ Emergency nurses call station

   ____ Shower controls outside stall
   ____ easily operable by attendant*
   ____ Vent. min. 10 air ch./hr (exhaust)
   ____ Emergency nurses call station

---

(A) Vent. min. 10 air ch./hr
   ____ Emergency lighting
   ____ Emergency power
   ____ Nurses call master station
   ____ bedroom numbers displayed*
   ____ room functions displayed*
   ____ individual identification of each call*

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(A) Vent. min. 10 air ch./hr
   ____ Emergency lighting
   ____ Refrigerator on emergency power

---

(A) Emergency lighting
   ____ Nurses call station

---

(A) Emergency nurses call within reach of patient in shower room
<table>
<thead>
<tr>
<th>Type of Bathing Fixture</th>
<th>Required Ratio (1:N)</th>
<th>Number of Fixtures With Corridor Access (B)</th>
<th>Number of Beds Served (B x N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free-Standing Tub</td>
<td>1:15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automated Bather</td>
<td>1:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corridor Accessible Shower</td>
<td>1:15</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of beds in bedrooms without adjoining bathing fixture = _____

### ARCHITECTURAL REQUIREMENTS

(A)  ____ LINEN CLOSET

(B)  ____ JANITOR’S CLOSET
(1)  ____ Serving nursing unit exclusively
(3)  ____ Shelving

 ____ UNIT STORAGE CLOSET

 ____ OXYGEN STORAGE CLOSET  
[ ] check if function not included

 ____ SOILED UTILITY ROOM
(3)  ____ Direct access from corridor
(3)  ____ Counter

 ____ CLEAN UTILITY ROOM
(3)  ____ Direct access from corridor
(3)  ____ Counter
(3)  ____ Top & base cabinets

### MECHANICAL/PLUMBING/ELECTRICAL REQUIREMENTS

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

 ____ Vent. min. 2 air ch./hr

 ____ Vent. min. 10 air ch./hr (exhaust)

 ____ Handwashing sink
 ____ Service sink w/ goose-neck faucet
 ____ Clinical
 ____ flushing-rim sink
 ____ Vent. min. 10 air ch./hr
[ ] negative pressure*
[ ] air exhausted to outdoors

 ____ Sink with goose-neck faucet
 ____ Vent. min. 10 air ch./hr
GENERAL STANDARDS

Architectural Details

Corridors:
- Patient corridors:
  - no current health care or current health care
  - inpatient facility license
  - ____ min. 8'-0" wide
  - ____ min. 4'-0" wide
  - ____ handrails on both sides
  - ____ max. projection 3½"
  - ____ min. 30" AFF
  - ____ returns meet wall at each end
- Service corridors:
  - no current health care or current health care
  - inpatient facility license
  - ____ min. 5'-0" wide
  - ____ min. 4'-0" wide
  - ____ all corridors free of encroachments

Ramps:
- check if service not included in project
- ____ max. slope 1:12

Doors:
- ____ min. 44" wide at bedrooms
- ____ min. 36" at bathing rooms
- ____ min. 36" at toilet rooms
- ____ no locks or privacy sets in resident areas
- ____ outswinging/double-acting doors for toilet rooms

Windows:
- ____ operable windows
- ____ insect screens
- ____ 16 mesh wire screening
- ____ draft-free
- ____ height of sill or guard designed to prevent falls*
- ____ Grab bars in all patient toilet & bathing facilities
- ____ 250 lb. capacity

Mechanical

Heating:
- ____ heating capacity min. 75 °F
- ____ temperature controls in each bedroom

Air Conditioning:
- ____ patient rooms
- ____ temperature controls in each bedroom*

Ventilation:
- ____ corridors not used as plenums for supply/return

Plumbing
- ____ min. water pressure 15 psi

Electrical

Lighting:
- ____ uniform distribution of light in bedrooms

Night lights:
- ____ min. height 12" AFF
- ____ min. illumination level equivalent to 15 watts incandescent
- ____ switch at nurses station or at BR door

Emergency power:
- ____ generator
- ____ all corridor receptacles on EP
- ____ electric components or ____ 2 electric utility sources on EP in bedrooms

Nurses call system:
- ____ nurse call system independent from systems in any adjacent facilities
- ____ all calls register at nurses station
- ____ light signal in corridor at origin of call*

Telephones:
- ____ at least 1 telephone per floor
- ____ 1 telephone outlet in each bedroom