COMPLIANCE CHECKLIST

> Long Term Care Facility - Nursing Unit

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.

A separate checklist must be completed for each nursing unit affected by the construction project. Compliance Checklist LTC2 entitled "Long-Term Care Facility - Common Areas" must also be completed, whether or not the common areas are to be altered (spaces dependent on bed count must comply).

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_ 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:

__________________________________________________________

Nursing Unit Bed Complements:

Current = ____ Proposed = ____

Building/Floor Location:

__________________________________________________________

Submission Dates:

Initial Date:

Revision Date:

__________________________________________________________

Project Description:

__________________________________________________________
ARCHITECTURAL REQUIREMENTS

151.300 ___ NURSING UNIT
   ____ Located on one floor only
   Number of beds in nursing unit = _______
   Level II
   ____ Maximum 41 beds
   Levels III/IV
   ____ Maximum 60 beds

151.320 ___ RESIDENTS BEDROOMS
   (E) ____ Floor level 6" above grade
   (A) ____ Single-bed room:
      ______ min. 125 sf
   (B) ____ Multibed room:
      ______ min. 90 sf per bed
      ______ 4 beds or less
      ______ 3 beds or less
      _____ // window on 1 side
   (H) ____ privacy curtains
   (D) ____ 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
   (I) ____ one closet per bed
      ______ min. 2'-0" x 2'-0"
      ______ 5'-0" vertical clearance under clothes rod
      ______ access does not interfere with patient privacy
      (multibed)
      ______ bureau
      ______ min. 2'-0" wide
      ______ at least 1 drawer per resident
   (J) ____ hospital-type beds
      ______ min. mattress dim. 36" x 76"
      ______ nightstand for each bed
   150.017 ____ drawer & cabinet
   ______ towel rack
   151.320 ____ 1 armchair for each bed
   (G) ____ bedroom opens into 8'-0" wide corridor
   (F) ____ outside window (also see Page 5)
   Policy ____ min. 20 feet outside clearance to any walls
   151.370 ____ toilet room
   (C) ____ directly accessible from bedroom
   Policy ____ towel bar
   Policy ____ robe hook
   or ____ private shower
   ____ access to central shower
   ______ min. 4'-0" x 4'-0"
   ______ 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 mounted 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

151.330  ___ SPECIAL CARE ROOM
(Also see 151.320)
   - Located in close proximity to nurses station
   - Single-bed
   - Min. 125 sf
   - Private bathroom
   - toilet
   - shower
   - tub
or
   - min. 4'-0" x 4'-0" stall
   - no curb
   - sloped toward center
   - floor drain
   - shower curtain

151.340  ___ NURSES STATION
   (A) Centrally located
   - Max. 100 ft n. station entrance to furthest bedroom door
   - Min. 81 sf
   - Min. 6'-0" dimension
   - Counter
     - max. 42" high
   - Charting surface
   (B) Top & base storage cabinets
   (C) Nurses toilet room
   (D) Vent. min. 10 air ch./hr
   (E) Emergency lighting
   (F) Emergency power
   (G) Nurses call master station
   (H) Bedroom numbers displayed
   (I) Room functions displayed
   (J) Individual identification of each call

151.350  ___ MEDICINE ROOM
   (A) Opens into nurses station
   - Min. 30 sf
   - Min. 5'-0" dimension
   (B) Sized to accommodate med. cart
   (C) Counter
   - Top & base cabinets
   (D) Lockable compartment
   - Refrigerator
   - Handwashing sink
   - Vent. min. 10 air ch./hr
   - Lighting on emergency power
   - Refrigerator on emergency power

151.360  ___ DAY ROOM
   Policy
   - Centrally located
   - Emergency lighting
   150.017
   - Outside window
   - Nurses call station
   151.360
   - Min. 9 sf per bed
   Policy
   - NURSING UNIT DINING
     - check if service not included in project
     (if dining room outside unit meets space requirement)
     - Centrally located
     - Outside window
     - Min. 10 sf per nursing unit bed
     - Separate room
     - Dining space & day room space contiguous
     - min. 19 sf per bed

151.310  ___ DRINKING FOUNTAIN
   - Centrally located
ARCHITECTURAL REQUIREMENTS

151.370 BATHING
Policy (A) Centrally located
Policy (A) Solid partition enclosure for each tub or shower
Policy (A) At least one central free-standing tub
Policy (A) check if function not included (only for Level IV unit)
Policy (A) min. 3'-0" clear on each side
Policy (A) min. 3'-0" clear on one end
Policy (B) Shower rooms:
Policy (B) min. 4'-0" x 4'-0" stall
Policy (B) no curb
Policy (B) sloped toward center drain
Policy (B) shower curtain
Policy (B) dressing area
Policy (B) door or privacy curtain

MECHANICAL/PLUMBING/ELECTRICAL REQUIREMENTS

151.390 (B) CLEAN UTILITY ROOM
Policy check if function not included (only for Level IV unit)
Policy Direct access from corridor
Policy Min. 70 sf
Policy Min. 6'-0" dimension
Policy Counter
Policy Top & base cabinets

151.390 (C) SOILED UTILITY ROOM
Policy check if function not included (only for Level IV unit)
Policy Direct access from corridor
Policy Min. 70 sf
Policy Min. 6'-0" dimension
Policy Counter
Policy min. 24" w x 48" l x 36" h

151.380 (A) LINEN CLOSET
Policy Min. 20 sf
Policy Non-combustible shelving
Policy max. 6'-0" high

<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>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of beds without direct access to bathing = ___

CENTRAL TOILET ROOMS
Policy (C) At least 2 central toilet rooms
Policy (C) off main corridor
Policy (C) convenient to day room and bathing
Policy (C) wheelchair accessible
Policy (C) designated for each gender

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

Sink w/ goose-neck faucet
Vent. min. 10 air ch./hr

Service sink w/ goose-neck faucet
Clinical or Bedpan
flushing-rim
wahser/sink
sanitizer
Vent. min. 10 air ch./hr
negative pressure (Policy)
air exhausted to outdoors

Handwashing sink
Vent. min. 10 air ch./hr
ARCHITECTURAL REQUIREMENTS

151.380 (B) ___ JANITOR’S CLOSET
Policy ___ Serving nursing unit exclusively
___ Min. 25 sf
___ Min. 5'-0” dimension
___ Shelving

151.380 (C) ___ UNIT STORAGE CLOSET
___ Min. 50 sf

151.580 ___ NOURISHMENT KITCHEN
___ Min. 1 per floor
___ Refrigerator
___ Storage cabinets
Policy ___ Surface cooking unit or ___ Microwave oven

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

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

___ Sink
___ Vent. min. 10 air ch./hr (exhaust)
___ Emergency lighting

GENERAL STANDARDS

Architectural 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

Doors (151.630):
___ min. 44” wide at bedrooms, day room, din. rooms, act. rooms, stairs
___ min. 36” at bathing rooms (Policy)
___ min. 32” at toilet rooms
___ no locks or privacy sets in resident areas
___ outswinging/double-acting doors for toilet rms

Windows (151.640):
___ sill or guard min. 30” AFF
___ window glass area min. 10% of BR floor area
___ operable windows
___ (min. opening 4% of BR floor area)
___ insect screens
___ Grab bars in all resident toilet & bathing facilities
___ 250 lb. capacity
___ Min. 8'-0” ceiling height in resident areas
___ Washable wall finishes in toilet, bathing, food prep., utility rooms (151.660(B))
___ Impervious floor finish in toilet, bathing, food prep., utility rooms (151.660 (C)&(D))

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 > Minor Renovations
& Major Renovations ___ original facility plan
> Original facility plan ___ approval prior to
___ approval on or after 4/14/00
___ AC in all resident areas ___ AC in dining rooms,
___ AC in activity rooms, day rooms, etc.

Ventilation (151.710):
___ corridors not used as plenums for supply/return

Plumbing
___ min. water pressure 15 psi (151.720)

Electrical
Lighting (151.800):
___ uniform distribution of light in bedrooms
___ night lights
___ min. illumination level equivalent to 15 watts
___ incandescent
___ switch at nurses station or at BR door
___ min. height 12” AFF

Emergency power (151.830):
___ generator
___ all corridor receptacles on EP
___ electric components or ___ 2 electric utility
___ of heating system sources
___ on EP in bedrooms

Nurses call system (151.850):
___ all calls register at nurses station
___ origins of calls displayed simultaneously
___ on annunciator panel (Policy)
___ light signal in corridor at origin of call
___ call stations have 1 indicator light per call button

Telephones (151.860):
___ at least 1 telephone per floor
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.

<table>
<thead>
<tr>
<th>FIRE RESISTANCE (HOURS)</th>
<th>RATING REQUIRED</th>
<th>RATING PROVIDED</th>
<th>U.L. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supporting Floor</td>
<td>Supporting Roof Only</td>
<td>Supporting Floor</td>
</tr>
<tr>
<td>EXTERIOR BEARING WALLS</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>INTERIOR BEARING WALLS</td>
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<td>1</td>
<td></td>
</tr>
<tr>
<td>COLUMNS</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BEAMS</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FLOOR STRUCTURE</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ROOF STRUCTURE</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>