COMPLIANCE CHECKLIST

▷ Long Term Care Facility - Hospital Based

The following checklist is for plan review of new hospital based long-term care facilities (HB/LTCF) and renovations to existing HB/LTCF. 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.

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: ..........................................................................................................................................................
Facility Address: ..........................................................................................................................................................

initial: ..........................................................
Revisions: ..........................................................

DON Identification: (if applicable) ........................................................................................................................................

Bed Complement:
Current Number of Beds = ............
Proposed Number of Beds = ............

Building/Floor Location: ........................................................................................................................................

Project Reference: .....................................................................................................................................................

Dates:

07/01 LTC3
ARCHITECTURAL REQUIREMENTS

SITE DEVELOPMENT

151.220 Parking spaces of hospital parking lot for LTCF use:
   ___ parking spaces nearest LTCF visitors entrance
   ___ at least 1 parking space for each 4 beds
151.230 ___ plus at least 2 handicapped parking spaces
   ___ min. 12'-0" wide
151.240 ___ Outdoor recreation area
   ___ separate from parking areas
   ___ min. 25 sf per bed
Policy ___ wheelchair accessible

151.150 SITE DEVELOPMENT
(A) ___ Contiguous space
(C) ___ Not used as thoroughfare to access hospital areas
(B) ___ LTCF separated from hosp. space by walls & doors
Policy ___ separation is a 2-hour fire barrier

151.300 LTCF LOCATION & SIZE
151.300 ___ Nursing unit located on one floor only
(C) ___ Number of beds in nursing unit = ___
151.300 ___ min. bed total 20 beds
(D) ___ max. bed total 41 beds

151.320 RESIDENTS BEDROOMS
151.320(E) ___ Floor level 6" above grade
(A) ___ Single-bed room:
   ___ min. 100 sf
   ___ min. 80 sf/bed
   ___ max. 4 beds
   ___ 3 beds or less
   ___ window on 1 side
   ___ privacy curtains
   ___ 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
   ___ one closet per bed
   ___ min. 2'-0" x 2'-0"
   ___ 5'-0" vertical clearance under clothes rod
   ___ convenient access outside of bed cubicles
   ___ bureau
   ___ min. 2'-0" wide
   ___ at least 1 drawer per resident
   ___ hospital-type beds
   ___ min. mattress dim. 36" x 76"
   ___ nightstand for each bed
150.017 ___ drawer & cabinet
   ___ towel rack
   ___ 1 armchair for each bed
151.320(G) ___ bedroom opens into corridor
(F) ___ outside window (also see Page 6)
Policy ___ min. 20'-0" outside clearance to any walls

151.370 ___ toilet room
(C) ___ direct access or ___ serves a maximum
   ___ from bedroom of 4 beds
Policy ___ towel bar
Policy ___ robe hook

MECHANICAL/PLUMBING/ELECTRICAL REQUIREMENTS

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

Policy

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ARCHITECTURAL REQUIREMENTS

151.330  ____ SPECIAL CARE ROOM
(also see 151.320)
   ____ Located in close proximity to nurses station
   ____ Single-bed
   ____ Min. 100 sf
   ____ Private bathroom
      _____ toilet
      _____ shower or _____ tub
         _____ min. 4'-0" x 4'-0"
         _____ stall
         _____ no curb
         _____ sloped toward center drain
   Policy
   _____ shower curtain

151.340  ____ NURSES STATION
   (A)  ____ Centrally located
   (D)  ____ max. 42" high
   (C)  ____ Charting surface
   (E)  ____ Nurses toilet room
   Policy
   _____ Vent. min. 10 air ch./hr
   _____ Emergency lighting
   _____ Emergency power
   _____ Nurses call master station
   _____ bedroom numbers displayed
   _____ room functions displayed

151.350  ____ MEDICINE ROOM
   (A)  ____ Opens into nurses station
   (B)  ____ Counter
   (C)  ____ Top & base cabinets
   (D)  ____ Lockable compartment
   (E)  ____ Refrigerator
   Policy
   _____ Handwashing sink
   _____ Vent. min. 10 air ch./hr
   _____ Lighting on emergency power
   _____ Refrigerator on emergency power

151.360  ____ DAY ROOM
   Policy
   _____ Centrally located
   150.017  ____ Outside window
   151.360  ____ Min. 9 sf per bed

151.310  ____ DRINKING FOUNTAIN
   ____ Centrally located

151.370  ____ BATHING
   Policy
   ____ Centrally located
   Policy
   ____ Solid partition enclosure for each tub or shower
   (A)  ____ At least one central free-standing tub
        ____ accommodates wheelchair residents
   (B)  ____ Shower rooms:
        _____ min. 4'-0" x 4'-0" stall
        _____ no curb
        _____ sloped toward center drain
   Policy
   _____ shower curtain
   Policy
   _____ dressing area
        _____ door or privacy curtain

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

   ____ Handwashing sink
   ____ Shower controls outside stall
      _____ easily operable by nursing staff
   ____ Vent. min. 10 air ch./hr (exhaust)
   ____ Emergency nurses call station
      _____ accessible from toilet & shower (or tub)
   ____ Vent. min. 10 air ch./hr
   ____ Emergency lighting
   ____ Emergency power
   ____ Nurses call master station
   _____ bedroom numbers displayed
   _____ room functions displayed
   ____ Vent. min. 10 air ch./hr
   ____ Emergency lighting
   ____ Nurses call station
   ____ Vent. min. 10 air ch./hr
   ____ Emergency nurses call
   _____ negative pressure (Policy)
   _____ air exhausted to outdoors
   _____ Emerg. nurses call
   ____ Vent. min. 10 air ch./hr
   ____ negative pressure (Policy)
   ____ air exhausted to outdoors
   ____ Emerg. nurses call
      _____ easily operable by nursing staff
         _____ within reach of patient in shower room
### Architectural Requirements

<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 without direct access to bathing = __________

#### Central Toilet Rooms

- **Policy (C)**
  - At least 2 central toilet rooms
  - Off main corridor
  - Convenient to day room and bathing
  - Wheelchair accessible
  - Designated for each gender

#### Clean Utility Room

- **Policy (B)**
  - Direct access from corridor
  - Counter
  - Top & base cabinets

#### Soiled Utility Room

- **Policy (C)**
  - Direct access from corridor
  - Counter

#### Linen Closet

- **Policy (A)**
  - Non-combustible shelving
  - Max. 6’-0” high

#### Nourishment Kitchen

- **Policy**
  - Min. 1 per floor
  - Refrigerator
  - Storage cabinets
  - Surface cooking unit or Microwave oven

#### Storage Closet

- Size meets unit storage needs

#### General Activity Room(s)

- **Policy**
  - Outside windows
  - Min. 8 sf per bed total resident area
  - Storage closet

#### Resident Dining

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

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**Mechanical/Plumbing/Electrical Requirements**

- Handwashing sink
- Vent. min. 10 air ch./hr (exhaust)
- Sink w/ goose-neck faucet
- Vent. min. 10 air ch./hr
- Handwashing sink
- Service sink w/ goose-neck faucet
- Clinical or Bedpan flushing-rim sink
- Vent. min. 10 air ch./hr
- Negative pressure (Policy)
- Air exhausted to outdoors
- Sink
- Vent. min. 10 air ch./hr (exhaust)
- Emergency lighting
- Nurses call station
- Emergency lighting
- Nurses call staff station
ARCHITECTURAL REQUIREMENTS

151.570 ___ STAFF DINING
(B) _____ within LTCF or _____ use of hospital cafeteria
_____ separate from resident
dining room

151.860 ___ PUBLIC TELEPHONE
150.015 _____ Located in separate room or alcove
(C)(10) _____ Provides for privacy
 _____ Wheelchair accessible

151.520 ___ EXAMINATION/TREATMENT ROOM
 _____ Min. 125 sf
 _____ Min. dimension 10’-0”
 _____ Storage cabinet

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

151.530 ___ OFFICE SPACE
(A) _____ Administrative offices
 _____ administrator’s office
 _____ min. 80 sf
 _____ director of nurses office
 _____ min. 80 sf
 _____ storage of medical records

(B) _____ Consultants office(s)
 _____ min. 100 sf

151.550 ___ PUBLIC & STAFF TOILETS
 _____ Visitors toilet rooms
 _____ one for each gender
 _____ handicapped accessible
 _____ located in LTCF or _____ hospital public toilets

 _____ Staff toilet rooms convenient to LTCF

151.380 ___ JANITOR’S CLOSET
 _____ Equipped with shelving
 _____ Service sink
 _____ Vent. min. 10 air ch./hr (exhaust)

150.018 ___ ANCILLARY SERVICES
(C) _____ Dietary
 _____ provided by LTCF or _____ contracted with hospital
 _____ Laundry
 _____ provided by LTCF or _____ contracted with hospital

151.500 ___ GENERAL STORAGE
(A) _____ 10 sf/bed
 _____ located in LTCF or _____ designated storage
space within the hospital
GENERAL STANDARDS

Architectural Details

Resident corridors (151.600):
- renovated for LTCF or existing hosp. corridor
  - min. 8'-0" wide
  - handrails on both sides
  - max. projection 3½"
  - min. 30" AFF
  - returns meet wall at each end

Existing hosp. corridor
- min. 4'-0" wide

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
  - Original facility plan approval on or after 4/14/00
  - Approval prior to 04/14/00

- AC in all resident areas

Staff corridors (151.600):
- renovated for LTCF or existing hosp. corridor
  - min. 5'-0" wide
  - existing hosp. corridor
  - min. 4'-0" wide

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))

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 = ______

<table>
<thead>
<tr>
<th>FUNCTIONAL AREA</th>
<th>S - SF PER BED REQUIREMENT</th>
<th>TOTAL SF REQUIRED = S x N</th>
<th>TOTAL SF PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY ROOM(S)</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DINING ROOM(S)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERAL ACTIVITY ROOM(S)</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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