

**COMPLIANCE CHECKLIST**

**OP14: Outpatient Rehabilitation Therapy Facilities**

The following checklist is intended to be used in the plan review applications for health care facilities submitted to the Massachusetts Department of Public Health. This checklist summarizes and references the applicable requirements from the Licensure Regulations and the 2014 Edition of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities. Applicants must verify compliance of the plans submitted to the Department with all referenced requirements from the Licensure Regulations and FGI Guidelines when completing this Checklist. A separate Checklist must be completed for each hospital or clinic department, or clinical suite.

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

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code
- State Building Code (780 CMR)
- Joint Commission on the Accreditation of Health Care Organizations
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- USP 797
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)
- Architectural Access Board Regulations (521 CMR)
- Local Authorities having jurisdiction.

**Instructions:**

1. All requirement lines must be completed according to the following instructions and included in the plan submissions for Self-Certification Process or Part II of the Abbreviated Review Process.
2. This checklist must be completed by the project architect or engineer based on the design actually reflected in the plans at the time of completion of the checklist.
3. Each requirement line (\_\_\_) of this Checklist must be completed exclusively with one of the following symbols, unless otherwise directed in the checklist. If a functional space is not affected by a renovation project, the symbol "E" may be indicated on the requirement line (\_\_\_) before the name of the functional space (associated requirements on indented lines below that name, or associated MEP requirements do not have to be completed in this case). If more than one functional space serves a given required function (e.g. patient room or exam room), that clarification should be provided in the Project Narrative, and the requirement lines are understood to only address the functional spaces that are involved in the project.

**X** = Requirement is met, for new space, for renovated space, or for existing direct support space for an expanded service.

= Check box under section titles or individual requirements lines for optional services or functions that are not included in the project area.

**E** = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required direct support space* for the specific service affected by the project.

**W** = Waiver requested for specific section of the Regulations or FGI Guidelines, where hardship in meeting requirement can be demonstrated (a Physical Plant Waiver Form must be completed for each waiver request).

4. All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.
5. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. The relevant section of the FGI Guidelines must be used for project compliance with all MEP requirements and for waiver references.
6. Oxygen, vacuum, medical air, and waste anesthesia gas disposal outlets (if required) are identified respectively by the abbreviations "OX", "VAC", "MA", & "WAGD".
7. Requirements referenced with "FI" result from formal interpretations from the FGI Interpretations Task Group.
8. The location requirements including asterisks (\*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines.

Facility Name: \_\_\_\_\_

DoN Project Number: (if applicable) \_\_\_\_\_

Facility Address: \_\_\_\_\_

Satellite Name: (if applicable) \_\_\_\_\_

Building/Floor Location: \_\_\_\_\_

Satellite Address: (if applicable) \_\_\_\_\_

Submission Dates:

Project Description: \_\_\_\_\_

Initial Date:

Revision Date:

**Architectural Requirements****Building Systems Requirements****OUTPATIENT REHABILITATION THERAPY FACILITIES**

3.1-1.2.2 **PATIENT PRIVACY**  
 \_\_\_ Each facility design ensures appropriate levels of patient acoustic & visual privacy & dignity throughout care process

3.1-1.2.3 **SHARED/PURCHASED SERVICES**  
 check if not included in project  
 \_\_\_ Details of shared or purchased space and/or services indicated in Project Narrative  
 \_\_\_ Waiver requests have been submitted for shared or purchased space (except as explicitly allowed below)

3.1-1.3.2 **PARKING**  
 1.3-3.3.1.1 \_\_\_ Parking capacity sufficient to satisfy needs of patients, personnel & public

140.209 **ACCESS**  
 \_\_\_ Facility is accessible to handicapped individuals

3.1-1.3.3 **ENTRANCE**  
 \_\_\_ At grade level  
 \_\_\_ Clearly marked  
 \_\_\_ Located so patients need not go through other activity areas (public lobbies may be shared)

3.1-1.4 **FACILITY LAYOUT**  
 \_\_\_ Precludes unrelated traffic in facility

3.12-3.2.2 **TREATMENT AREAS**  
 3.12-3.2.2.1 \_\_\_ Individual therapy room  
 (1)  check if not included in project  
 (a) \_\_\_ min. clear floor area 80 sf  
 (b) \_\_\_ min. clearance 2'-8" on at least three sides of the treatment furniture & equipment  
 (5) \_\_\_ handwashing station  
 3.12-3.6.11.2 \_\_\_ storage for therapeutic equipment & safety devices  
 3.12-3.2.2.2 \_\_\_ Individual therapy areas  
 check if not included in project  
 \_\_\_ min. clear floor area 60 sf

**Architectural Requirements**

**Building Systems Requirements**

- 3.1-3.6.5.3  handwashing station
- (1)  min. 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof
- (2)  evenly distributed & provide uniform distance from two patient care stations farthest from handwashing station
- 3.12-3.6.11.2  storage for therapeutic equipment & safety devices
  
- 3.12-3.2.2.3  Education therapy classroom  
 check if not included in project
- (2)
- (a)  min. 30 sf per person in addition to space for instructor & instructional resources
- (b)  min. area 150 sf
  
- 3.12-3.2.3  Exercise area
- 3.12-3.2.3.2 (1)  size based on equipment used for therapeutic treatment
- (2)  sufficient space to allow patient & therapist to access & use equipment
- 3.12-3.2.3.5  at least one handwashing station
- 3.12-3.6.11.2  storage for therapeutic equipment & safety devices
  
- 3.12-3.2.4  Therapeutic pool  
 check if not included in project
- 3.12-3.6.11.2  storage for therapeutic equipment & safety devices
  
- 3.12-3.3.1  Prosthetics & orthotics area  
 check if not included in project
- 3.12-3.3.1.4  space for evaluation & fitting of prosthetics & orthotics
- provisions for privacy
- 3.12-3.3.1.5  Handwashing Station:  
 staff work with or mix wet material, or handle caustic materials  
 handwashing station  
**or**  
 staff does not work with or mix wet material, & does not handle caustic materials  
 handwashing station or hand sanitation dispenser

**Architectural Requirements**

**Building Systems Requirements**

- 3.12-3.3.1.6       clinical sink  
                           check if not included in project  
                          (only if no running water is needed for  
                          materials preparation)
- 3.12-3.6.11.2     storage for therapeutic equipment &  
                          safety devices
- 3.12-3.3.2         Speech & hearing area  
                           check if not included in project
- 3.12-3.3.2.3  
   (1)                 acoustic privacy  
   (2)                 design minimizes external sound from  
                          high-traffic, public & similarly noisy areas
- 3.1-3.6.5.1       hands-on patient care is provided in  
                          room  
                           handwashing station located in  
                          same room
- or**
- 3.12-3.3.2.4       no hands-on patient care is provided in  
                          room  
                           dedicated hand sanitation  
                          dispenser
- 3.12-3.6.11.2     Storage for therapeutic equipment & safety  
                          devices
- 3.12-3.4.3         Documentation area  
                           accommodations for written or  
                          electronic documentation
- 3.12-7.2.2        Furnishings:
- 3.12-7.2.2.1       Window curtains or shades in all  
                          therapy areas for patient privacy

3.12-3.6        **SUPPORT AREAS FOR TREATMENT AREAS**

- 3.12-3.6.6         Medication safety zones  
                           check if not included in project
- 3.1-3.6.6.1(2)     medication preparation room/area  
                          **or**  
                           self-contained medication dispensing unit
- (2)
- (a)                 located out of circulation paths to  
                          minimize distraction & interruption
- (c)                 work counters
- (d)                 task lighting

**Architectural Requirements**

**Building Systems Requirements**

3.1-3.6.6.2

- (1)  medication preparation room/area  
 check if not included in project
- (a)  work counter  
 handwashing station  
 lockable refrigerator  
 locked storage for controlled drugs
- (b) Sharps Containers:  
 check if not included in project  
 placed at height that allows users to see top of container
- (c)  space to prepare medicines in addition to any self-contained medicine-dispensing unit
- (2)  self-contained medication dispensing units  
 check if not included in project
- (a)  located at nurse station, in clean workroom or in an alcove  
 lockable unit to secure controlled drugs
- (b)  handwashing station or hand sanitation located next to stationary medication-dispensing units

Ventilation:  
 Min. 4 air changes per hour      Table 7.1

140.204

- Soiled holding room
- handwashing station
- separate storage for soiled linen, towels & supplies

Ventilation:  
 Min. 10 air changes per hour      Table 7.1  
 Exhaust  
 Negative pressure

3.12-3.6.10

3.12-3.6.11

Equipment & Supply Storage:

- 3.12-3.6.11.1  storage for clean linen & towels  
 cabinets, closets, or separate storeroom
- 3.12-3.6.11.2  storage for other clinical supplies  
 cabinets, closets, or separate storeroom
- 3.12-3.6.11.3  wheelchair, lift & stretcher storage

3.12-3.8

**SUPPORT AREAS FOR PATIENTS**

3.12-3.8.1

- Provisions for drinking water

3.12-3.8.2

Therapeutic Pool:

- check if not included in project
- patient changing area
- (1)  single unisex rooms or locker room to service multiple people of same sex
- (2)  directly accessible to pool without entering public or exercise areas
- (3)  patient toilet room

**Architectural Requirements**

**Building Systems Requirements**

- \_\_\_ directly accessible to changing area without entering public or exercise areas
- (4) \_\_\_ shower

3.12-5 **GENERAL SUPPORT SERVICES & FACILITIES**

- 3.12-5.5 \_\_\_ Environmental services room
- 3.1-5.5.1.2
- (1) \_\_\_ service sink or floor-mounted mop sink
- (2) \_\_\_ provisions for storage of supplies & housekeeping equipment
- (3) \_\_\_ handwashing station or hand sanitation dispenser

- Ventilation:
- \_\_\_ Min. 10 air changes per hour Table 7.1
  - \_\_\_ Exhaust
  - \_\_\_ Negative pressure

- 3.12-5.5.2 Therapeutic Pool:
  - check if not included in project
  - \_\_\_ separate storage for pool chemicals & testing equipment

3.12-6.2 **PUBLIC AREAS**

- 3.12-6.2.2 \_\_\_ Patient waiting area
  - check if not included in project
  - \_\_\_ located out of traffic
  - \_\_\_ provisions for wheelchairs

3.12-6.3 **ADMINISTRATIVE AREAS**

- \_\_\_ Reception (may be combined with office & clerical space)

**Architectural Details & MEP Requirements**

3.1-7.2.2 **ARCHITECTURAL DETAILS**

- 3.1-7.2.2.1 Corridor Width:
  - IBC 1018.2 \_\_\_ Min. 44" except in corridors used to transport patients on stretchers
  - or**
  - \_\_\_ Compliance of corridor width with State Building Code is established in submitted Code Review Sheet
- 421 CMR 6.00 \_\_\_ Corridors include turning spaces for wheelchairs
- 3.1-7.2.2.2 Ceiling Height:
  - \_\_\_ Min. 7'-10" (except in spaces listed below in this section)
  - (1) \_\_\_ Min. 7'-6" in corridors
  - \_\_\_ Min. 7'-6" in normally unoccupied spaces

- 3.1-7.2.2.3 Doors & Door Hardware:
  - (1) Door Type:
    - \_\_\_ all doors between corridors, rooms, or spaces subject to occupancy of swing type or sliding doors
    - (b) \_\_\_ sliding doors
    - check if not included in project
    - \_\_\_ no floor tracks in patient care areas
  - (2) Door Openings:
    - 421 CMR 26.00 \_\_\_ door to room used by patients min. clear width 32"
    - (3) \_\_\_ doors do not swing into corridors except doors to non-occupiable spaces
    - \_\_\_ lever hardware
    - (4) \_\_\_ doors to patient use toilets in patient care & treatment areas have hardware that allows staff emergency access
    - (b)

- 3.1-7.2.2.8 Handwashing Stations:
- (3)  Anchored to support vertical or horizontal force of 250 lbs.
  - (4) Counter-Mounted Sinks:
  - (a)  countertops made of porcelain, stainless steel, or solid surface materials
  - (b)  plastic laminate countertops  
 check if not included in project  
 at minimum substrate marine-grade plywood with impervious seal
  - (5)  no storage casework beneath sink
  - (6)  provisions for drying hands at all handwashing stations except hand scrub facilities
  - (a)  hand-drying device does not require hand contact
  - (b)  hand-drying provisions enclosed to protect against dust or soil
  - (7)  liquid or foam soap dispensers

- 3.1-7.2.2.9 Grab Bars:
- (2)  anchored for concentrated load of 250 lbs.
  - (3)  bariatric design  
 check if not included in project  
 length of rear wall grab bars 44"

3.1-7.2.3 **SURFACES**

- 3.1-7.2.3.1 Flooring & Wall Bases:
- (1)  Selected flooring surfaces cleanable & wear-resistant for location
  - (2)  Smooth transitions between different flooring materials
  - (3)  Flooring surfaces, including those on stairways, stable, firm & slip-resistant  
 Carpet provides stable & firm surface
  - (4)  Floors & wall bases materials in all areas subject to frequent wet cleaning are not affected by germicidal cleaning solutions

- 3.1-7.2.3.2 Walls & Wall Protection:
- (1) (a)  Wall finishes washable
  - (b)  Wall finishes in vicinity of plumbing fixtures smooth, scrubbable & water-resistant
  - (2)  Wall surfaces in areas routinely subjected to wet spray or splatter are monolithic or have sealed seams
  - (4)  No sharp protruding corners

- (5)  Corner guards durable & scrubbable

3.1-8.2 **HVAC SYSTEMS**

- 4/6.3.1 Outdoor Air Intakes:
- 4/6.3.1.1  Located min. 25 feet from cooling towers & all exhaust & vent discharges
  - Bottom of air intake is at least 6'-0" above grade
- Roof Mounted Air Intakes:
- check if not included in project
  - bottom min. 3'-0" above roof level

- 4/6.4 Filtration:
- Filter banks conform to Table 6.4

- 4/6.7 Air Distribution Systems:
- 4/6.7.1  Ducted return or exhaust systems in spaces listed in Table 7.1 with required pressure relationships

- 4/7 Space Ventilation:
- 4/7.1  Spaces ventilated per Table 7.1
  - Air movement from clean areas to less clean areas
  - Min. number of total air changes indicated either supplied for positive pressure rooms or exhausted for negative pressure rooms
  - Recirculating room HVAC units  
 check if not included in project
  - each unit serves only single space
  - min. MERV 6 filter for airflow downstream of cooling coils

- 3.1-8.2.1.1(5) Acoustical Considerations:
- Equipment location or acoustic provisions limit noise associated with outdoor mechanical equipment to 65 dBA at building façade

- 3.1-8.2.1.2 Ventilation & Space-Conditioning:
- (1)  All rooms & areas used for patient care have provisions for ventilation
  - (2)  Natural ventilation only allowed for non sensitive areas via operable windows
  - Mechanical ventilation provided for all rooms & areas in facility in accordance with Table 7.1 of Part 4

- 3.1-8.3 **ELECTRICAL SYSTEMS**
- 3.1-8.3.2 **ELECTRICAL DISTRIBUTION & TRANSMISSION**
- 3.1-8.3.2.1 Switchboards Locations:
- (1)
- (a) \_\_\_ located in areas separate from piping & plumbing equipment  
 \_\_\_ not located in rooms they support
- (b) \_\_\_ accessible to authorized persons only
- (c) \_\_\_ easily accessible
- (d) \_\_\_ located in dry, ventilated space free of corrosive gases or flammable material

- 3.1-8.4 **PLUMBING SYSTEMS**
- 3.1-8.4.2.5 Heated Potable Water Distribution Systems:
- (2) \_\_\_ Systems serving patient care areas are under constant recirculation  
 \_\_\_ Non-recirculated fixture branch piping does not exceed 25'-0" in length
- (3) \_\_\_ No dead-end piping
- (4) \_\_\_ Water-heating system has supply capacity at minimum temperatures & amounts indicated in Table 2.1-3

- (5) \_\_\_ Handwashing stations supplied as required above
- or**
- \_\_\_ Handwashing stations supplied at constant temperature between 70°F & 80°F using single-pipe supply

- 3.1-8.4.3 **PLUMBING FIXTURES**
- 3.1-8.4.3.1
- (1) \_\_\_ Materials material used for plumbing fixtures non-absorptive & acid resistant
- 3.1-8.4.3.2 Handwashing Station Sinks:
- (1) \_\_\_ Basins reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are prepared
- (2) \_\_\_ Basin min. 144 square inches  
 \_\_\_ Min. dimension 9 inches
- (3) \_\_\_ Made of porcelain, stainless steel, or solid-surface materials

- (5) \_\_\_ Water discharge point of faucets at least 10 inches above bottom of basin
- (7) \_\_\_ Anchoring for sinks withstands min. vertical or horizontal force of 250 lbs
- (8) \_\_\_ Fittings operated without using hands for sinks used by staff, patients & public
- (a) \_\_\_ blade handles or single lever  
 \_\_\_ min. 4 inches long  
 \_\_\_ provide clearance required for operation
- or**
- (b) \_\_\_ sensor-regulated water fixtures  
 \_\_\_ meet user need for temperature & length of time water flows  
 \_\_\_ designed to function at all times & during loss of normal power

- 3.1-8.4.3.5 Clinical Sinks:
- check if not included in project
- (1) \_\_\_ Trimmed with valves that can be operated without hands
- (2) \_\_\_ Handles min. 6 inches long  
 \_\_\_ Integral trap wherein upper portion of water trap provides visible seal

- 3.12-8.4.2 Drainage Systems:
- \_\_\_ Portable hydrotherapy whirlpool  
 check if not included in project
- \_\_\_ dedicated sink or drain  
 \_\_\_ does not drain into handwashing stations or environmental services sinks

- 3.1-8.7.2 **ELEVATORS**
- 3.1-8.7.2.1
- \_\_\_ Outpatient facility located on more than one floor or on floor other than an entrance floor at grade level  
 \_\_\_ at least one elevator
- or**
- \_\_\_ Outpatient facility located on entrance floor at grade level