

COMPLIANCE CHECKLIST

▷ Hospice Inpatient Facility – Common Areas

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". 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:

- 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 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. = 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 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:

Dates:

Facility Address:

Initial:

Revisions:

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

Project Reference:

Building/Floor Location:

ARCHITECTURAL REQUIREMENTS

SITE IMPROVEMENTS

- ___ Non handicapped off street parking
 - ___ at least 1 parking space for each 4 beds
- ___ Provisions for the handicapped
 - ___ handicapped parking
 - (C) ___ at least one handicapped parking space
 - (1) ___ near main entrance
 - (2) ___ min. 12'-0" wide
 - ___ walkways from parking areas to main entrance
 - (A) ___ min. 4'-0" wide
 - ___ max. slope 1:12
 - (B) ___ no abrupt changes in grade level

OFFICE SPACE

- ___ Administrative offices
 - (A) ___ storage of medical records
 - (1) ___ Administrator & Director of Nurses office
 - (2) ___ Consultants offices
 - (B) ___

STAFF & PUBLIC TOILETS

- ___ handicapped accessible toilet room
 - ___ for staff & visitors only

STORAGE AREAS

- ___ General storage
 - (A) ___ direct access from corridor
 - (B) ___ Linen storage
 - (1) ___ central clean linen storage room
 - (2) ___ central soiled linen holding room

NOURISHMENT KITCHEN

- ___ Minimum one per floor
 - (A) ___ Available for patient use
 - (B) ___ Refrigerator
 - ___ Storage cabinets
 - ___ Surface cooking unit **or** ___ Microwave oven

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

Lighting in following areas:

- ___ walkways
- ___ parking lots
- ___ building entrances

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

- ___ Vent. min. 2 air ch./hr

- ___ Vent. min. 10 air ch./hr
 - ___ neutral pressure*
 - ___ Handwashing sink
 - ___ Vent. min. 10 air ch./hr
 - ___ negative pressure*
 - ___ air exhausted to outdoors

- ___ Vent. min. 2 air ch./hr
 - ___ positive pressure*

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

ARCHITECTURAL REQUIREMENTS

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

___ MEAL SERVICE FACILITIES
 (B) ___ on-site kitchen **or** ___ outside meal delivery
 ___ facilities for sanitary food handling

(C) ___ ON-SITE KITCHEN
 ___ check if on-site kitchen not included in project
 (3) ___ Located to avoid through-traffic
 ___ Food receiving area
 ___ Administrative Space

(1)(d) ___ Food preparation area
 ___ refrigerator
 ___ freezer
 (1)(e) ___ conventional cooking & baking equipment

(1)(f) ___ Automatic dishwasher
 ___ access of soiled dishware is not through food preparation area*

(2) ___ Storage cabinets for dishes & silverware

(4) ___ Janitor's closet

___ Handwashing sink
 ___ Double-comp. vegetable sink
 ___ drain board
 ___ backsplash
 ___ Pot washing service sink
 ___ one drain board on each side
 ___ backsplash
 ___ Vent. min. 10 air ch./hr
 ___ negative pressure*
 ___ air exhausted to outdoors
 ___ Emergency lighting
 ___ Vent. min. 10 air ch./hr
 ___ negative pressure*
 ___ air exhausted to outdoors
 ___ Service sink
 ___ Vent. min. 10 air ch./hr (exhaust)

___ CENTRAL LAUNDRY
 ___ Laundry facilities **or** ___ Outside laundry service
 ___ equipped for total laundry service
 ___ utility sink
 ___ washer
 ___ dryer
 ___ shelving
 ___ adjacent to clean linen storage room & soiled linen holding room*

___ Vent. min. 10 air ch./hr
 ___ negative pressure*
 ___ air exhausted to outdoors

___ VISITORS ROOM

___ STAFF LOUNGE

___ SLEEP AREA
 ___ Comfortable sleep area for family members
 ___ Conveniently accessible

___ JANITOR'S CLOSET
 ___ Min. one per floor
 ___ Shelving

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

