**COMPLIANCE CHECKLIST**

**LTC3: Long Term Care Facility – Common Areas**

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, entitled "Standards for 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 according to the Self-Certification or Abbreviated Review process.

A separate checklist must be completed for each nursing care unit affected by the construction project.

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

1. NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code
2. 708 CMR State Building Code
3. The Joint Commission
4. CDC Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings
5. Accessibility Guidelines of the Americans with Disabilities Act (ADA)
6. Architectural Access Board
7. 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).

|  |  |
| --- | --- |
| **X** = Requirement is met for new space, for renovated space, or for existing support space for additional beds. | = 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 to existing support spaces if the project includes additional beds. | **W** = Waiver requested for regulation that is not met (for each waiver request, complete separate Waiver Form & list the regulation reference number on the Affidavit). |

|  |  |  |
| --- | --- | --- |
| Facility Name: |  | DoN Project Number: (if applicable) |
| Facility Address: |  | Nursing Care Unit Bed Complement:  Current =  Proposed = |
|  |  | Building/Floor Location: |
|  |  | Submission Dates: |
| Project Description: |  | Initial Date:  Revision Date: |

|  | **Architectural Requirements** | **Building Systems Requirements** |  |
| --- | --- | --- | --- |
| 150.200 | **LOCATION** |  |  |
|  | LTCF site away from nuisances such as large commercial or industrial developments or similar developments that produce high levels of noise or air pollution  Afford safe & sanitary environment for residents |  |  |
|  |  |  |  |
| 150.210 | **ROADS & WALKS** |  |  |
|  | Roads & walks provided separately within lot lines to main entrance, ambulance entrance, kitchen entrance & delivery & receiving areas |  |  |
|  |  |  |  |
| 150.220 | **PARKING** |  |  |
| (A) | Parking provided in accordance with provisions of local zoning & building ordinances  Off-street parking not less than one parking space for each four beds |  |  |
| (B)(1) | At least two parking spaces provided & identified for use by physically disabled  located in close proximity to building entrance  comply with Architectural Access Board Regulations 521 CMR |  |  |
|  |  |  |  |
| 150.230 | **PROVISIONS FOR INDIVIDUALS WITH DISABILITIES** |  |  |
| (A) | Gradients of Walks  Public walks min. 4’-0” wide  Gradient complies with Architectural Access Board 521 CMR |  |  |
| (B) | Walks of continuing common surface, not interrupted by steps or abrupt changes in level  Blend to common level where crossing other walks, driveways or parking lots |  |  |
| (C) | Access from parking areas through primary building entrance continuous level or ramped surface without stairs or abrupt changes in level |  |  |
|  |  |  |  |
| 150.240 | **OUTDOOR RECREATION** |  |  |
|  | Min. 25 sf of accessible outdoor recreation area provided per licensed bed  accessible outdoor recreation areas do not include parking areas |  |  |
|  |  |  |  |
| 150.500 | **STORAGE AREAS** |  |  |
| (A) | General storage room or rooms provided in each facility  total area of at least 10 sf per bed | Ventilation:  Min. 10 air changes/hour | 150.710(B) |
|  |  |  |  |
| (B) | Central food storage room  min. 150 sf provided for storage of non-perishable foods  shelves non-combustible  not more than 18” deep  not more than 72” high  not more than 2” from wall  food supplies not stored on floor | Ventilation:  Min. 10 air changes/hour | 150.710(B) |
|  |  |  |  |
| 150.510 | **GENERAL & SPECIAL ACTIVITY AREAS** |  |  |
| (A) | General activity room |  |  |
| (1) | min. floor area 8 sf per bed |  |  |
| (2) | storage closet provided adjacent to general activities room for equipment utilized in recreational, diversional & religious activities | Lighting:  Emergency electrical connections to lighting circuits | 150.830(C) |
|  |  | Nurse Call System:  Call station | 150.850(A) |
|  |  |  |  |
| (B) | Beauty parlor & barber shop  ☐ check if not included in project  min. floor area 120 sf  cabinet & counter space  shampoo basin sink with mixing faucet & attached spray | Ventilation:  Min. 10 air changes/hour  Nurse Call System:  Call station | 150.710(B)  150.850(A) |
|  |  |  |  |
| (C) | Snack shop facilities  ☐ check if not included in project |  |  |
|  |  |  |  |
| (D) | Gift shop facilities  ☐ check if not included in project |  |  |
|  |  |  |  |
| 150.520  (A) | Examination & treatment room  ☐ check if not included in project  (only in free-standing level IV facility) |  |  |
| (B) | min. floor area 125 sf  min. dimension 10'-0" | Ventilation:  Min. 10 air changes/hour | 150.710(B) |
| (C) | handwashing facilities with hot & cold running water  sized & dimensioned to accommodate treatment table, instrument table & locked storage cabinet | Nurse call System:  Call station | 150.850(A) |
|  |  |  |  |
| 150.530 | **OFFICE SPACE** |  |  |
| (A) | Administrative offices |  |  |
| (a) | appropriate space & equipment provided for administrative activities & for storage of medical records |  |  |
| (b) | Administrator office  min. floor area 80 sf  Director of nurses office  ☐ check if not included in project  (only in free-standing level IV facility)  min. floor area 80 sf |  |  |
| (B) |  |  |  |
| (2) | Consultant offices  ☐ check if not included in project  min. floor area 100 sf |  |  |
| (3) | Dietary consultant office  located convenient to kitchen area |  |  |
|  |  |  |  |
| 150.540 | **REHABILITATION SERVICE AREAS**  ☐ check if not included in project |  |  |
|  |  |  |  |
| (B) | Physical therapy room |  |  |
| (1) | min. floor area 200 sf  min. dimension 10'-0" | Nurse call System:  Call station | 150.850(A) |
| (2) | closet for storage of supplies & equipment  handwashing sink with hot & cold running water |  |  |
|  |  |  |  |
| (A)(4) | Required Equipment: |  |  |
| (a) | Treatment table, footstool & chairs |  |  |
| (b) | Adequate linen supply |  |  |
| (c) | Sanitary waste containers |  |  |
| (d) | Hamper for soiled linen |  |  |
| (e) | Curtains or cubicles to assure privacy |  |  |
| (f) | Desk or table & chair for clerical use |  |  |
|  |  |  |  |
| (A)(3) | Rehabilitation service program also providing services to outpatients  ☐ check if not included in project |  |  |
| (a) | direct entrance from outside  accessible to persons with disabilities  or  direct access from main lobby  accessible to persons with disabilities |  |  |
|  |  |  |  |
| (b) | parking convenient to entrance to rehabilitation program area; |  |  |
| (c) | patient toilet rooms  conveniently located near rehabilitation service program areas  separate from those serving nursing units | Ventilation:  Min. 10 air changes/hour  Exhaust  Nurse call System:  Emergency pull-cord call station | 150.710(A)(2) &(C)  150.850(B) |
|  |  |  |  |
|  | staff toilet rooms  conveniently located near rehabilitation service program areas  separate from those serving nursing units | Ventilation:  Min. 10 air changes/hour  Exhaust | 150.710(A)(2) &(C) |
| (d) | adequate waiting & reception areas; |  |  |
| (e) | record storage |  |  |
| (f) | office space |  |  |
| (B)(3) | dressing facilities & lockers provided for outpatient use |  |  |
|  |  |  |  |
| 150.550 | **STAFF & PUBLIC TOILET ROOMS** |  |  |
| (A) | Toilet rooms, including handwashing facilities, provided for visitors & staff separate from those facilities used by residents |  |  |
| (B) | Visitor toilet room  (may also serve administrative staff)  conveniently located  accessible to normal visitors entrance & lobby | Ventilation:  Min. 10 air changes/hour  Exhaust | 150.710(A)(2) &(C) |
| (C) | Staff toilet rooms  located in close proximity to kitchens & employees' locker rooms  kitchen staff toilets do not open directly into food preparation areas  kitchen staff toilets not open to visitors | Ventilation:  Min. 10 air changes/hour  Exhaust | 150.710(A)(2) &(C) |
| (D) | Visitors & staff toilets have toilet paper holders, paper towel dispensers, soap dispensers & mirrors |  |  |
| (E) | At least one public toilet room must be sized & appointed to accommodate physically disabled |  |  |
|  |  |  |  |
| 150.560 | **CENTRAL KITCHEN** |  |  |
| (A) | Handwashing sink with hot & cold running water  towel dispenser & soap dispenser | Ventilation:  Min. 10 air changes/hour  Exhaust | 150.710(B) |
| (B) | Double-compartment sink with hot & cold running water  attached 30 inch drain board & backsplash for preparation & cleaning of fresh vegetables | Lighting:  Emergency electrical connections to lighting circuits | 150.830(C) |
| (C) | Triple-compartment sink with hot & cold running water  attached 30 inch drain board on each side, with backsplash, provided for washing of pots & pans |  |  |
| (D) | Floor drain equipped with grease trap & backup flow check valve |  |  |
|  |  |  |  |
| (E) | Separate dishwashing area  commercial dishwasher  dishwasher equipped with grease trap  attached dirty & clean work counters  no access of food carts containing soiled dishware through food preparation area  separate entrance to dishwashing area provided |  |  |
|  |  |  |  |
| (F) | Dumbwaiters  ☐ check if not included in project  open into nourishment kitchens or dining rooms  used exclusively for food transportation |  |  |
|  |  |  |  |
| (G) | Kitchen Equipment: |  |  |
|  | flush & sealed to wall  **or**  min. 8” from wall |  |  |
|  |  |  |  |
|  | min. 8” of clear space provided between separately installed units  **or**  units are joined with filler strip |  |  |
|  |  |  |  |
|  | Min. aisle width 42” for kitchen personnel  Min. aisle width 60” for mobile equipment |  |  |
| (H) | Traffic through food service department limited to authorized personnel  Food receiving in separate area with space for scales & counters |  |  |
|  |  |  |  |
| (I) | Food cart washing area  ☐ check if not included in project  (only if food carts are not used)  separate & defined area |  |  |
|  |  |  |  |
| (K) | Janitor's closet  provided specifically for kitchen use | Ventilation:  Min. 10 air changes/hour | 150.710(B) |
|  |  | Exhaust |  |
| 150.570 | **CENTRAL DINING** |  |  |
| (A) | Resident dining areas  min. total floor area 10 sf per bed | Lighting:  Emergency electrical connections to lighting circuits | 150.830(C) |
|  |  | Nurse call System:  Call station | 150.850(A) |
| (B) | Separate dining room provided for staff & employees |  |  |
|  |  |  |  |
| 150.580 | **NOURISHMENT KITCHEN** |  |  |
| (A) | Nourishment kitchen room or alcove  conveniently located on each floor | Ventilation:  Min. 10 air changes/hour | 150.710(B) |
| (B) | refrigerator  microwave oven  toaster  sink with hot & cold running water  storage cabinets | Exhaust |  |
|  |  |  |  |
|  | **HOUSEKEEPING & MAINTENANCE** |  |  |
| 150.016(C)(3) | Janitor’s closet & housekeeping equipment located on each floor  Janitor’s closets separate from utility rooms and toilet rooms  Janitor’s closets do not open off utility rooms or toilet rooms | Ventilation:  Min. 10 air changes/hour  Exhaust | 150.710(B) |
|  |  |  |  |
| 150.590 | **CENTRAL LAUNDRY** |  |  |
| (A) | Total laundry service to be performed on premises  laundry room with sufficient space & equipment for such service | Ventilation:  Min. 10 air changes/hour  Exhaust | 150.710(B) |
| (D)(4) | central soiled linen room adjacent to laundry room |  |  |
| (B) | **or**  Total laundry service not to be performed on premises  laundry room provided  min. floor area 70 sf  washer  dryer  double-compartment tub  shelving for storage of soaps, bleaches & other laundry supplies | Ventilation:  Min. 10 air changes/hour  Exhaust | 150.710(B) |
|  |  |  |  |
| (D) | **LINEN STORAGE** |  |  |
| (1) | Central clean linen room  shelving min. 18” deep | Ventilation:  Min. 10 air changes/hour | 150.710(B) |
|  |  |  |  |
|  | all resident units contain 20 or fewer single occupancy bedrooms each & no multi-bed rooms  adequately sized clean linen room  **or**  some of the units contains over 20 single occupancy resident bedrooms each or have multi-bed rooms  clear area of at least 6’-0” by 9’-0” |  |  |
|  |  |  |  |
| (2) | Central soiled linen room  equipped with handwashing facilities | Ventilation:  Min. 10 air changes/hour  Exhaust | 150.710(B)&(C) |
|  | all resident units contain 20 or fewer single occupancy bedrooms each & no multi-bed rooms  adequately sized soiled linen room  **or**  some of the units contains over 20 single occupancy resident bedrooms each or have multi-bed rooms  clear area of at least 6’-0” by 9’-0” |  |  |
|  |  |  |  |
| (3) | Laundry chutes  ☐ check if not included in project  terminate in soiled linen room  sufficient space provided to accommodate laundry hamper |  |  |

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 150.600 | **CORRIDORS** |
| (A)(1) | Corridors in areas used primarily by residents in nursing homes min. 8’‑0” wide  ☐ check if not included in project  (only in free-standing Level IV facility) |
|  | Corridor widths in all other corridors comply with 780 CMR Chapter 10 & IBC Section 1018.2 |
|  | corridor width min. 44” with 50 occupants or more  **or**  corridor width min. 36” with less than 50 occupants |
|  |  |
| (B) | Handrails provided on both sides of corridors  handrails firmly anchored  do not project more than 3½” into required min. width of corridor  no less than 30” high above finished floor  curved returns |
| (C) | No fixed appurtenance which may become obstacle to traffic or reduce required min. width of corridor, ramp or stair |
|  |  |
| 150.610 | **RAMPS** |
| (A) | Interior Ramps:  ☐ check if not included in project |
|  | interior ramps in areas used primarily by residents in nursing homes min. 8’‑0” wide  widths of all other interior ramps comply with 780 CMR Chapter 10 & IBC Section 1018.2 |
| (B) | ramp surfaces constructed & maintained in such manner as to prevent slipping |
| (D) | handrails provided on both sides of ramps  handrails firmly anchored  do not project more than 3½” into required min. width of corridor  no less than 30” high above finished floor  curved returns |
|  |  |
|  | Outside ramps not less than 4’-0” in width  ☐ check if not included in project |
| (B) | ramp surfaces constructed & maintained in such manner as to prevent slipping |
|  |  |
| (C) | Exits to exterior above grade  ☐ check if not included in project  have at least one ramp leading to grade  accommodate residents using wheelchair & litter residents |
|  |  |
| (E) | Ramps gradient not greater than 8% |
|  |  |
| 150.620 | **STAIRS & STAIRWAYS**  ☐ check if not included in project |
| (A) | Surfaces of treads & landings constructed & maintained so as to prevent slipping |
|  |  |
| (B) | Handrails provided on both sides of stairs  handrails firmly anchored  do not project more than 3½” into required min. width of stairs  no less than 30” high above finished floor  curved returns |
|  |  |
| (C) | Steps in stairways do not have abrupt (square) nosing  Risers tapered back approximately 1½” at bottom of each riser  Risers do not exceed 7 inches |
|  |  |
| 150.630 | **DOORS & DOORWAYS** |
| (A) | Doors Used by Residents:  swing-type  min. 41.5” in clear width except doors to toilet rooms & stairways  Resident Toilet Room Doors:  min. 32” in clear width |
|  | outswinging  **or**  in-swinging, have pivots & manually operated emergency release |
|  |  |
| (B) | no locks on doors used by residents  **or**  each lock can be operated without key or tools on both sides of door |
|  |  |
|  | Doors in Exit Stairway Enclosures:  ☐ check if not included in project  min. 32” in clear width |
|  |  |
| (C) | Outside doors & doorways made draft-free by installation of weather stripping or caulking material |
|  |  |
| (D) | Kitchen doors min. 42” wide |
|  |  |
| 150.640 | **WINDOWS** |
| (C) | Windows in Resident Areas: |
|  | window sills at least 30” from finished floor  **or**  window sills less than 30” from finished floor provided with readily removable window guards or special safety beams for protection of residents |
|  |  |
| (D) | operable windows provided with screens constructed from not less than 16 mesh wire screening |
| (E) | Outside windows made draft-free by installation of either weather stripping or caulking material |
|  |  |
| 150.650 | **CARPETING** |
|  | Carpet or carpet assemblies  ☐ check if not included in project  installed wall-to-wall  not installed in "wet areas", such as laundries, bathrooms, utility rooms, kitchens |
|  |  |
| 150.660 | **ROOM SURFACE FINISHES** |
| (B) | Interior wall surfaces of all areas assigned for resident housing, care, & recreation, finished with smooth, non-absorbent, washable surface  Walls of kitchens, food preparation areas, bathrooms, toilet rooms, utility rooms, nourishment kitchen & dishwashing areas finished to height of at least 72” from finished floor with impervious material |
|  |  |
| (C) | Floors of bathrooms, toilets, showers, food preparation areas, utility rooms & nourishment kitchens covered with impervious material |
| (D) | Cove bases provided for all tile floors |
|  |  |
| 150.670 | **CEILING HEIGHTS IN RESIDENT AREAS** |
|  | ceiling height min. 8’-0” in areas used by residents |
|  |  |
| 150.700 | **HEATING & AIR CONDITIONING SYSTEMS** |
| (A) | Facility equipped with heating system which is sufficient to maintain minimum temperature of 75°F throughout facility at all times at winter design temperatures |
| (B) | Heating fixtures & all exposed pipes shielded for safety of residents |
| (C) | Each heating fixture equipped with hand temperature controls  **or**  Individual automatic room temperature control is provided |
|  |  |
| (D) | New Construction or Major Renovations  (such as installation HVAC system or complete interior reconstruction)  ☐ check if not included in project  Facility equipped with cooling system which is capable of maintaining maximum temperature of 75°F throughout resident areas affected by new construction or renovation at all times at summer design temperatures |
| 150.017(B)  (13)(e) | **or**  Minor Renovations  Existing air conditioning systems maintained or improved in dining rooms, activity rooms, day rooms, solariums, sitting rooms or equivalent other common resident areas  Air conditioning systems are capable of maintaining a maximum temperature of 75º F in those areas at all times at summer design temperatures |
|  |  |
| 150.710 | **VENTILATION SYSTEMS** |
| (D) | Ducts penetrating floors or fire rated walls have fire dampers at point of penetration |
| (E) | Corridors not used as plenums for supply or return air to heating or air conditioning systems |
| (F) | Exhaust hoods located at cooking, dishwashing & high steam or fume-producing areas |
|  |  |
| 150.720 | **WATER SUPPLY** |
| (A) | Volume & pressure of water supply sufficient to supply water to all fixtures with min. pressure of 15 psi at farthest point of usage during maximum demand periods |
|  |  |
| (B) | Domestic Hot Water Capacity: |
|  | Resident area 6 ½ gal/hour/bed |
|  | Food prep. area 4 gal/hour/bed |
|  | Laundry area 4 ½ gal/hour/bed |
|  | Domestic Hot Water Temperature: |
|  | Resident area 110-120°F |
|  | Food prep. Area 180°F |
|  | Laundry area 180°F |
|  |  |
| (C) | Water obtained from approved municipal water system  **or**  Wells designed & constructed with approval of Department |
|  |  |
| 150.730 | Sewerage: |
|  | sewage discharged into municipal sewerage  **or**  sewage collected, treated & disposed of by means of independent sewerage system designed & constructed with approval of Department. |
|  |  |
| 150.740 | **ELEVATORS** |
| (A) | Each facility with residents housed on other than street floor provides at least one elevator of hospital type  ☐ check if not included in project  (only if all resident areas on street level) |
| (B) | Each facility with capacity of more than 82 beds above street floor provide no less than two elevators, one of which of hospital type  ☐ check if not included in project  (only if facility has 82 beds or less above street floor) |
| (C) | Each facility of one-story construction, in which ancillary resident services are located in basement or below grade, provides hospital type elevator to accommodate resident transportation to those areas  ☐ check if not included in project  (only if all resident ancillary services on street level) |
| (D) | min. interior cab dimensions 5'‑-0" x 7'‑6"  min. door opening 44” wide |
|  |  |
| 150.750 | **REFRIGERATION** |
| (A) | Mechanical refrigeration capable of storing perishable & frozen foods  Min. 1½ cubic feet refrigerated storage space per bed  Min. ½ cubic foot freezer space per bed |
| (B) | Max. temperature for storage of all perishable foods 45°F  Freezers & frozen food compartments of refrigerators maintained at or below -10°F |
| (C) | Thermometers attached to inside of all refrigerators, freezers, frozen food compartments & refrigerated rooms  Readable from outside refrigerated spaces |
|  |  |
| 150.800 | **LIGHTING** |
| (A) | Electrical lighting provided throughout facility |
| (B) | Adequate lighting fixtures installed in each resident room to provide uniform distribution of light |
| (C) | Outside walks, parking lots & entrances adequately lighted |
|  |  |
| 150.810 | Night Light Locations: |
| (A) | corridors  stairways  nurse stations  attendant station |
|  |  |
| 150.015(F)  (4)(b) | Adequate artificial lighting available in all rooms, stairways, hallways, corridors, bathrooms & toilet rooms |
| 150.830 | **EMERGENCY ELECTRICAL SYSTEMS** |
| (B) | Emergency generator  located on premises  reserved exclusively for supplying emergency electrical system  sufficient kilowatt capacity to supply all lighting & power demands of emergency system |
| (C) | Emergency electrical connections provided to circuits for lighting of stairways, corridors, exit ways & exterior approaches thereto, exit & direction signs, generator set location & boiler room |
|  |  |
| (D) | Emergency electrical connections provided for protection of vital equipment & materials & for operation of equipment essential to health & safety of occupants, including:  nurse call  alarm system  fire pump  ☐ check if not included in project |
|  | sewerage or sump lift pumps  ☐ check if not included in project |
|  | corridor duplex receptacles  one elevator  telephone service  paging or speaker systems  refrigerators & freezers  equipment such as burners & pumps necessary for operation of one or more boilers & their controls required for heating |
|  |  |
| (E) | Electrical Power for Space Heating:  ☐ check if not included in project |
|  | Emergency service provides for heating of resident rooms  **or**  facility is supplied by at least two utility service feeders, each supplied by separate generating sources |
|  |  |
| (F) | Automatic transfer switch installed to transfer to emergency power within ten seconds |
|  |  |
| 150.850 | **CALL SYSTEMS** |
| (B) | Nurse's call in toilet, bath & shower rooms emergency call station  pull cord reachable by resident lying on floor near each toilet & each shower enclosure |
| (C) | All calls register at nurse or attendant station  Actuate visible signal in corridor by room where call originates |
|  |  |
| (G) | Wireless nurse call  (used in lieu of analog wired call system or digital wired call system)  ☐ check if not included in project  complies with UL Standard 1069: Hospital Signaling & Nurse Call Equipment |
|  |  |