**COMPLIANCE CHECKLIST**

**LTC4: Hospital Based Long Term Care Facility (HB/LTCF)**

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. | [x]  = 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** |  |
| --- | --- | --- | --- | --- |
| 150.220 |  | **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  |  |  |
|  |  |  |  |  |
| 150.150 |  | **HB/LTCF LOCATION** |  |  |
|  (A) |  |  Space for HB/LTCF and space for licensed hospital are not intermingled space Space that constitutes the hospital is contiguous space  Space that constitutes the HB/LTCF is contiguous space |  |  |
|  |  |  |  |  |
| (B) |  |  HB/LTCF physically separated from the hospital by means of partitions, doors or other barrier |  |  |
| NFPA 101 |  |  2-hour rated fire barrier |  |  |
|  |  |  |  |  |
| (C) |  |  HB/LTCF not used as thoroughfare to other parts of the hospital building |  |  |
|  |  |  |  |  |
| 150.300 |  | **MAXIMUM NUMBER OF BEDS** |  |  |
| (D) |  |  HB/LTCF consists of at least 20 beds but not more than 41 beds |  |  |
|  |  |  |  |  |
| 150.310 |  | **REQUIRED SUPPORTING ELEMENTS** |  |  |
|  |  |  Required supporting elements listed below in this section are centrally located in the nursing care unit: Nurse station  Staff toilet Medicine room Clean utility room Soiled utility room Linen storage closet Drinking fountain or water dispenser Janitor's closet  Storage room for supplies & equipment |  |  |
|  |  |  |  |  |
| 150.320 |  | **RESIDENT BEDROOMS** |  |  |
| (A) |  |  Floor Area: |  |  |
| (2) |  |  Single occupancy bedrooms  Min. floor area 100 sf, excluding closet, vestibule & toilet room  | Lighting: Adequate lighting fixtures installed in each resident room to provide uniform distribution of light | 150.800(B) |
|  |  |  Multiple occupancy bedrooms ☐ check if not included in project Min. floor area 80 sf per bed, excluding closet, vestibule & toilet room  |  Night lights  appropriately located  min. 12” above finished floor  fixtures recessed into wall  slotted covers produce subdued light | 150.810(B) |
| (B) |  |  No bedroom contains more than 4 bedsNew Construction or Reconstruction (as defined by CMS)☐ check if not included in project |  controlled either by switch at entrance to bedroom or from nurse station | 150.810(D) |
|  |  |  Each of affected resident bedrooms may not contain more than two beds |  Reading light for each resident  | 150.820 |
| (C) |  |  Rooms shaped & sized so each bed can be placed at least 3’-0” from any lateral wall  Rooms shaped & sized so each bed can be at least 3’-0” from any window or radiator  Beds spaced at least 3’-0” from any other bed  |  wall-mounted reading light mounted directly over each bed min. 64” from finished floor **or** |  |
| (D)(E) |  |  Unobstructed passageway of at least 4’-0” maintained at foot of each bed Resident bedrooms have floor level above grade level adjacent to building All resident bedrooms located along exterior walls with window access to exterior |  reading lamp located on bedside cabinet stable & secure to minimize risk of fire  light switch located for easy operation by resident lying in bed |  |
| (F) |  |  All resident bedrooms open directly to main corridor Each bedroom is permanently & clearly identified by number on or beside each entrance door | Power: 1 duplex receptacle per bed on headwall  on emergency power 1 duplex receptacle on another wall | 150.840(A)150.830(D) |
| (G) |  |  Each bedroom has cubicle curtains or equivalent built-in devices for privacy for each resident☐ check if not included in project (only if all bedrooms are single occupancy) | Nurse call System: 1 call station for each bed | 150.850(A) |
|  |  |  |  |  |
| (H) |  |  Each resident bedroom contains closet  closet interior space min. 2'-0" by 2'-0" per resident  closet with at least 5'-0" clear hanging space for storage of personal belongings  |  |  |
|  |  |  each resident bedroom contains either built-in or free-standing multiple-drawer bureau not less than 2'-0" wide with min. of one drawer per resident  |  |  |
|  |  |  |  |  |
| (I) |  |  Furnishings Accommodated in Each Bedroom: hospital-type beds min. 76” long by 36” wide  hospital-type bedside cabinet  easy chair or comfortable straight-back armchair |  |  |
| 150.015(F)(4) (a) |  |  Each resident room has direct outside exposure with adequate, unobstructed natural light  Each resident room has adequate ventilation  |  |  |
|  |  |  |  |  |
| 150.330 |  | **SPECIAL CARE ROOM** |  |  |
| (A) |  |  Single bedroom provided for occupancy by resident requiring isolation or intensive care☐ check if not included in project (only if all bedrooms in nursing care unit are single occupancy rooms with separate toilet, lavatory & bathing fixture) |  |  |
|  |  |  located in close proximity to nurse station  no direct access to any other resident room |  |  |
| (B) |  |  separate toilet, lavatory & bathing fixture |  |  |
|  |  |  |  |  |
| 150.340 |  | **NURSE STATION** |  |  |
| (A) |  |  Nurse station  conveniently located within each nursing unit  |  |  |
|  |  |  |  |  |
|  |  |  all bedrooms are private  nurse station located not more than 150 feet from entrance to any resident bedroom **or** not all bedrooms are private  nurse station located not more than 100 feet from entrance to any resident bedroom |  |  |
|  |  |  |  |  |
| (B) |  |  each nurse station sized to accommodate nursing & other clinical staff scheduled to be present during any given shift  | Ventilation: Min. 10 air changes/hour | 150.710(A)(4) |
|  |  |  |  Emergency electrical connections to lighting circuits  | 150.830(C) |
|  |  |  | Nurse Call System: Master station | 150.850(C) |
|  |  |  |  |  |
| 150.350 |  | **MEDICINE ROOM** |  |  |
| (A) |  |  Separate, locked medicine room  sufficient square footage to accommodate staff working with medications  provided directly off or immediately adjacent to each nurse station | Ventilation: Min. 10 air changes/hour | MGL C. 111 S. 72C |
| (B) |  |  sufficient storage space  equipped with counter top & sink with hot & cold running water | Lighting: Emergency electrical connections to lighting circuits  | 150.830(C) |
| (C) |  |  separate locked compartment provided for storage of narcotics & other dangerous drugs |  |  |
| (D) |  |  refrigerator for medications  | Power: Receptacle on emergency power | 150.830(D) |
|  |  |  |  |  |
| 150.360 |  | **ACTIVITY AREA – NURSING CARE UNITS** |  |  |
|  |  |  Day room solarium, sitting room or equivalent area with direct outside exposure provided in each unit  min. area of 9 sf for each bed in nursing care unit | Lighting: Emergency electrical connections to lighting circuits Nurse Call System: Emergency pull-cord call station | 150.830(C)150.850(A) |
|  |  |  |  |  |
| 150.370 |  | **RESIDENT BATHING & TOILET ROOMS** |  |  |
| (A) |  |  Bathing Facilities:  Bathing facilities provided in ratio of not less than one per 15 residents  One of bathing facilities in long-term care facility is free-standing tub  accessible from two sides & one end with min. 3'-0" clearance equipped with acceptable type bath lift | Ventilation: Min. 10 air changes/hour ExhaustNurse call System: Emergency pull-cord call station | 150.710(A)(2)&(C)150.850(B) |
| (B) |  |  Showers  shower floors flush & without curbs  floor sloped to center of shower stall  mixing valves & controls mounted outside shower stall  | Ventilation: Min. 10 air changes/hour ExhaustNurse call System: Emergency pull-cord call station | 150.710(A)(2) & (C)150.850(B) |
|  |  |  shower enclosure not less than 4’‑0” by 4’-0” **or**  shower enclosure not less than 5'‑0" wide by 30” deep  |  |  |
|  |  |  |  |  |
|  |  |  private dressing area adjoining each common shower enclosure  all common bathing facilities separated by solid wall partitions or dividers☐ check if not included in project (only if nursing care unit has only private bathing facilities) |  |  |
|  |  |  |  |  |
| (D) |  |  Tub & shower enclosures equipped with grab bars  grab bars, accessories & anchorage meet structural & strength requirements in Architectural Access Board Regulations (521 CMR 5.0) |  |  |
|  |  |  |  |  |
| (C) |  |  Toilets & Handwashing Facilities: | Ventilation: Min. 10 air changes/hour Exhaust | 150.710(A)(2)&(C) |
| (1) |  |  Resident bedrooms provided with at least one water closet & one lavatory (may be positioned between adjacent rooms)  directly accessible from each bedroom | Night Lights:  Min.15 watts incandescent equivalent fixtures mounted not less than 12” from finished floor | 150.810(C) |
|  |  |  |  Resident night lights controlled either by switch at entrance to resident bedroom or from nurse station | 150.810(D) |
|  |  |  | Nurse call System: Emergency pull-cord call station | 150.850(B) |
|  |  |  |  |  |
| (2) |  |  One water closet & one lavatory provided for residents of each sex on each unit  located in areas convenient to day rooms & dining rooms  sized to accommodate residents wheelchairs | Ventilation: Min. 10 air changes/hour ExhaustNurse call System: Emergency pull-cord call station | 150.850(B) |
| (3) |  | Common Toilet Facilities:☐ check if not included in project all separated by solid wall partitions or dividers |  |  |
|  |  |  |  |  |
| (D) |  |  Toilets are equipped with grab bars  grab bars, accessories & anchorage meet structural & strength requirements in Architectural Access Board Regulations (521 CMR 5.0) |  |  |
|  |  |  |  |  |
| (E) |  |  Hot water supplied to fixtures accessible to residents controlled to maintain temperature between 110° and 120°F |  |  |
|  |  |  |  |  |
| 150.380 |  | **STORAGE AREAS** |  |  |
| (A) |  |  Linen storage closet provided in each unit  designed for storage of daily linen needs  |  |  |
|  |  |  |  |  |
| (B) |  |  Janitor’s Closet |  |  |
| (1) |  |  one janitor's closet provided for each unit |  |  |
| (2) |  |  service sink equipped with hot & cold running water | Ventilation: Min. 10 air changes/hour | 150.710(A)(4) |
| (3) |  |  adequate space for housekeeping equipment  shelving for storage of cleaning supplies |  Exhaust | &(C) |
|  |  |  |  |  |
| 150.016(C)(3) |  |  separate from utility rooms & toilet rooms does not open off utility room or toilet room |  |  |
|  |  |  |  |  |
| (C) |  |  General storage closet |  |  |
| (C)(1) |  |  clear area large enough to permit easy storage of wheelchairs, lockers, resident lifts & other types of equipment |  |  |
|  |  |  |  |  |
| (C)(2) |  |  Oxygen storage room ☐ check if not included in project  provided in accordance with National Fire Protection Association Code | Ventilation: Min. 10 air changes/hour Exhaust | 150.710(B) |
|  |  |  |  |  |
| 150.390 |  | **UTILITY ROOMS** |  |  |
| (B) |  |  Clean utility room  wall hung & base cabinets  counter top  sink with hot & cold running water & gooseneck faucet  | Ventilation: Min. 10 air changes/hour Exhaust | 150.710(A)(4) |
|  |  |  |  |  |
| (C) |  |  Soiled utility room  service sink with gooseneck faucet & hot & cold running water | Ventilation: Min. 10 air changes/hour Exhaust | 150.710(A)(4)&(C) |
|  |  |  clinical service sink **or**  device to ensure adequate waste disposal  |  |  |
|  |  |  |  |  |
|  |  |  means for washing & sanitizing equipment  work counter with contiguous space at least 24” wide & 36” high by 4’-0” long  handwashing facilities  |  |  |
|  |  |  |  |  |
|  150.500 |  | **GENERAL STORAGE ROOM** |  |  |
| (A) |  |  Total area of at least 10 sf per bed | 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 Nurse Call System: | 150.830(C) |
|  |  |  |  Call station | 150.850(A) |
| 150.520(A) |  |  Examination & treatment room |  |  |
| (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 min. floor area 80 sf |  |  |
| (B) |  |  |  |  |
| (2) |  |  Consultant offices☐ check if not included in project min. floor area 100 sf |  |  |
|  |  |  |  |  |
| 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  |  |  |
|  |  |  |  |  |
| 150.550 |  | **STAFF & PUBLIC TOILET ROOMS** |  |  |
| (A) |  |  Toilet rooms, including handwashing facilities, 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  | 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 |  |  |
|  |  |  |  |  |
| 150.570 |  | **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)(C) |  |  Nourishment kitchen room or alcove  located in unit | Ventilation: Min. 10 air changes/hour | 150.710(B) |
| (B) |  |  refrigerator  microwave oven  toaster  sink with hot & cold running water  storage cabinets |  Exhaust |  |

Architectural Details & MEP Requirements

|  |  |
| --- | --- |
| 150.600 | **CORRIDORS** |
| (A)(1)(A)(2) |  New corridors in areas used primarily by residents min. 8’‑0” wide**or** Corridors used primarily by residents in HB/LTCF are existing & at least 4’-0” wide |
|  |  |
|  |  Corridor widths in all other corridors comply with 780 CMR Chapter 10 & IBC Section 1018.2 |
|  |  staff corridor width min. 44” with 50 occupants or more**or** staff 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 reduce required minimum width of corridor, ramp or stair |
|  |  |
| 150.610(A) | **INTERIOR RAMPS**☐ check if not included in project  |
|  |  Interior ramps in areas used primarily by residents 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 minimum width of ramp  no less than 30” high above finished floor  curved returns |
| (E) |  ramps gradient not greater than 8%  |
| (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 |
|  |  |
| 150.630 | **DOORS & DOORWAYS** |
| (A) |  Doors Used by Residents:  swing-type  min. 41.5” in clear width except doors to toilet rooms & stairwaysResident Toilet Room Doors: min. 32” in clear width  |
|  |  outswinging **or** in-swinging, have pivots & manually operated emergency release**or** surface mounted sliding doors  specifications comply with Life Safety Code |
|  |  |
| (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 |
|  |  |
| 150.640 | **WINDOWS** |
| (A) |  Total glass area of windows in each resident room not less than 10% of entire floor area |
| (B) |  In order to furnish natural fresh air, windows in each resident bedroom operable |
|  |  |
| (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, 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) |  Facility equipped with cooling system which is capable of maintaining maximum temperature of 75°F throughout resident 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 |
| 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 |
|  |  |
| 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) |
|  |  |
| 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, toilets, nurse stations  |
|  |  |
| 150.830 | **EMERGENCY ELECTRICAL SYSTEMS** |
| (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  |
|  |  corridor duplex receptacles  telephone service  |
|  |  |
| (E) |  Electrical Power for Space Heating:☐ check if not included in project |
|  |  Emergency service provides for heating of resident rooms |
|  |  |
| 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 station  Actuate visible signal in corridor by room where call originates |
| (D) |  Bedrooms containing two or more calling stations ☐ check if not included in project (only if all single-occupancy bedrooms) indicating lights provided at each calling station |
| (F) |  Call system is not routinely connected to hospital call & paging system |
|  |  |
| (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 |
|  |  |