

**COMPLIANCE CHECKLIST****OP16: Mental Health Counseling Clinic**

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 s & 2022 Edition of FGI Guidelines for Design & Construction of Hospitals. 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 (2012) 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.

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****MENTAL HEALTH COUNSELING CLINIC**140.202 **RECEPTION & OFFICE AREAS**

- ☐ Reception area
- ☐ Waiting area
- ☐ Administrative & staff offices
- ☐ Locked storage of patient records

140.203 **COUNSELING ROOMS**

- ☐ Designed to safeguard patient dignity & sight/sound privacy
- ☐ Floor to ceiling partitions
- ☐ Partitions & ceiling designed for minimum sound transmission

140.205(A) **TOILET FACILITIES**

- ☐ Conveniently located
- ☐ Adequate for patients & personnel
- ☐ Handwashing station
- ☐ Handicapped accessible
- ☐ Soap dispenser
- ☐ Paper towels or electric hand dryer
- ☐ Waste receptacle

☐ Exhaust ventilation

140.208

140.209

140.205(A)

140.205(B)

140.206 **UTILITY CLOSET**

- ☐ Space for housekeeping equipment
- ☐ Door equipped with lock
- ☐ Storage space for cleaning compounds
- ☐ Service sink or floor receptacle
- ☐ Hot & cold water

☐ Exhaust ventilation

140.208

140.207 **STORAGE SPACE**

- ☐ Storage space adequate for office supplies

140.208 **VENTILATION**

- ☐ All rooms that do not have operable windows, as well as toilet rooms & utility rooms are provided with satisfactory mechanical ventilation

140.209/

Policy

**HANDICAPPED ACCESSIBILITY**

- ☐ Handicapped accessible parking space
  - ☐ adjacent to clinic building
- ☐ Barrier-free route of access between parking space & entrance to clinic building

☐ Entrance to clinic building at sidewalk level
**or**
☐ Access ramp located between sidewalk & entrance to clinic building

☐ All doors for access to the clinic from outside at least 3'-0" wide

☐ Ends of corridors include wheelchair turnaround spaces

**Architectural Requirements**

**Building Systems Requirements**

- ☐ Clinic suite is located on first floor
- or**
- ☐ Access by elevator sized & equipped for handicapped access
  
- ☐ Handicapped accessible toilet room on same floor as clinic
- or**
- ☐ opens into clinic
- ☐ opens into common building corridor
  
- ☐ Clinic includes one counseling room sized to receive wheelchairs patients & is equipped with a 3'-0" wide door