

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:

.....

Facility Address:

.....

Dates:

Initial:

Revisions:

Bed Complement:

Current Number of Beds =

Proposed Number of Beds =

Project Reference:

.....

.....

Building/Floor Location:

.....

.....

ARCHITECTURAL REQUIREMENTSSITE IMPROVEMENTS

- ___ Non handicapped off street parking
 ___ at least 1 parking space for each 4 beds
 ___ Provisions for the handicapped
 (C) ___ handicapped parking
 (1) ___ at least one handicapped parking space
 ___ 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

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

STAFF & PUBLIC TOILETS

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

STORAGE AREAS

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

- (C) ___ Central food storage

NOURISHMENT KITCHEN

- (A) ___ Minimum one per floor
 ___ 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

MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

(B) _____ on-site kitchen **or** _____ outside meal delivery
 _____ facilities for sanitary food handling

air exhausted to outdoors

Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDSArchitectural Details

Corridors :

Patient corridors

no current health care **or** current health care
inpatient facility license inpatient facility license

___ min. 8'-0" wide ___ min. 4'-0" wide

___ handrails on both sides

___ max. projection 3½"

___ min. 30" AFF

___ returns meet wall at each end

Service corridors

no current health care **or** current health care
inpatient facility license inpatient facility license

___ min. 5'-0" wide ___ min. 4'-0" wide

___ all corridors free of encroachments

Ramps :

☐ check if service not included in project

___ max. slope 1:12

Doors :

___ min. 44" wide at bedrooms

___ min. 36" at bathing rooms

___ min. 36" at toilet rooms

___ no locks or privacy sets in resident areas

___ outswinging/double-acting doors for toilet rooms

Windows :

___ operable windows

___ insect screens

___ 16 mesh wire screening

___ draft-free

___ height of sill or guard designed to prevent falls

___ Grab bars in all patient toilet & bathing facilities

___ 250 lb. capacity

Elevators

☐ check if service not included in project

(only if handicapped access to all patient areas from main entrance)

___ hospital type

___ interior cab min. 5'-0" x 7'-6"

___ door opening min. 44"

Mechanical

Heating:

___ heating capacity min. 75 °F

___ temperature controls in each bedroom

Ventilation :

___ corridors not used as plenums for supply/return

Plumbing

___ min. water pressure 15 psi

Electrical

General lighting :

___ uniform distribution of light in bedrooms

Night lights

___ recessed into walls with slotted covers

___ min. height 12" AFF

___ min. illumination level equivalent to 15 watts
incandescent

___ switch at nurses station or at BR door

Emergency power :

___ generator

___ all corridor receptacles on EP

___ electric components **or** ___ 2 electric utility
of heating system sources
on EP in bedrooms

Nurses call system :

___ nurse call system independent from systems in
any adjacent facilities

___ all calls register at nurses station

___ light signal in corridor at origin of call*

Telephones :

___ at least 1 telephone per floor

___ 1 telephone outlet in each bedroom