

**COMPLIANCE CHECKLIST****► Hospice Inpatient Facility – Nursing Care Unit**

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". A separate checklist is recommended to be completed for each nursing care unit. For a new facility, or for renovations affecting common areas, Compliance Checklist HIF2 entitled "Hospice Inpatient Facility – Common Areas" is also recommended to be completed. 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 Guidelines, 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 REQUIREMENTS****NURSING UNIT**

- ☐ Located on one floor only  
☐ Number of beds in nursing unit =   
☐ Maximum 20 beds

**PATIENT BEDROOMS**

- (F) ☐ Open directly into main corridor  
 (D) ☐ Floor level 6" above grade  
 (B) ☐ All single-bed rooms  
 (A) ☐ Min. 125 sf  
 (C) ☐ Min. 3'-0" clear on each side of each bed  
       ☐ Min. 4'-0" wide passageway  
           ☐ at end of each bed  
           ☐ continuous to the bedroom door  
 (G) ☐ Patient closet  
       ☐ adequate size for personal belongings  
       ☐ Multiple-drawer bureau  
 (H) ☐ Hospital-type beds  
       ☐ min. mattress dim. 36" x 76"  
       ☐ Bedside cabinet  
       ☐ Armchair  
 (E) ☐ Outside window (also see Page 5)  
       ☐ min. 20 feet outside clearance to any walls\*

- (I) ☐ Toilet room  
       ☐ handicapped accessible  
       ☐ directly accessible from bedroom  
       ☐ towel bar\*  
       ☐ robe hook\*
- ☐ private shower                      ☐ access to central shower  
**or**
- ☐ min. 60"w x 30"d shower stall  
☐ no curb  
☐ sloped toward center drain  
☐ shower curtain

**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

## Lighting:

- ☐ general lighting  
       ☐ switch adjacent to bedroom door on latch side  
☐ reading light for each bed  
       ☐ wall **or** ☐ bolted to mounted nightstand\*  
       ☐ illumination level equivalent to 60 watts incandescent  
       ☐ switch usable by resident\*  
       ☐ elec. connection separate from required receptacles  
☐ night light

## Power:

- ☐ 1 duplex receptacle per bed on headwall  
       ☐ on emergency power  
☐ 1 duplex receptacle on another wall

## Nurses call system:

- ☐ 1 call station for each bed  
  
☐ Handwashing sink  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Night light  
☐ Emergency nurses call station

- ☐ Shower controls outside stall  
       ☐ easily operable by nursing staff\*  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emergency nurses call station  
☐ accessible from toilet & shower\*

**ARCHITECTURAL REQUIREMENTS**ISOLATION ROOM

- (A) ☐ Single-bed  
☐ Min. 125 square feet  
☐ Meets patient bedrooms requirements above

- (B) ☐ Toilet room  
☐ handicapped accessible  
☐ directly accessible from bedroom  
☐ towel bar\*  
☐ robe hook\*  
☐ private shower  
☐ min. 60" w x 30" d shower stall  
☐ no curb  
☐ sloped toward center drain  
☐ shower curtain\*

NURSES STATION

- (A) ☐ Centrally located  
(B) ☐ Counter or desk  
☐ Chart racks

MEDICINE ROOM/CLOSET

- (A) ☐ Close proximity to nurses station  
☐ Counter  
(B) ☐ Top & base cabinets  
(C) ☐ Lockable compartments  
(D) ☐ Refrigerator

DAY/DINING ROOM

- (A) ☐ Activities area  
(B) ☐ Dining area

DRINKING FOUNTAIN

- ☐ Built-in fixture **or** ☐ Bottled water dispenser  
☐ Centrally located

BATHING

- (A) ☐ Solid partition enclosure for each tub or shower  
☐ Central free-standing tub  
☐ ☐ check if function not included  
☐ min. 3'-0" clear on each side  
☐ min. 3'-0" clear on one end  
☐ Shower rooms:  
☐ min. 30" x 60" stall  
☐ no curb  
☐ sloped toward center drain  
☐ shower curtain\*  
☐ dressing area\*  
☐ door or privacy curtain\*

**MECHANICAL/PLUMBING/  
ELECTRICAL REQUIREMENTS**

- ☐ Vent. min. 10 air ch./hr (exhaust)  
☐ ☐ check if function not included  
(only if hospice inpatient facility does not admit patients with airborne infections)  
☐ Handwashing sink  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Night light  
☐ Emergency nurses call station  
☐ Shower controls outside stall  
☐ easily operable by attendant\*  
☐ Vent. min. 10 air ch./hr (exhaust)  
☐ Emergency nurses call station  
☐ Vent. min. 10 air ch./hr  
☐ Emergency lighting  
☐ Emergency power  
☐ Nurses call master station  
☐ bedroom numbers displayed\*  
☐ room functions displayed\*  
☐ individual identification of each call\*  
☐ Handwashing sink  
☐ Vent. min. 10 air ch./hr  
☐ Lighting on emergency power  
☐ Refrigerator on emergency power  
☐ Emergency lighting  
☐ Nurses call station  
☐ Vent. min. 10 air ch./hr  
☐ air exhausted to outdoors  
☐ Emerg. nurses call  
☐ Vent. min. 10 air ch./hr  
☐ air exhausted to outdoors  
☐ Shower controls outside stall  
☐ easily operable by attendant\*  
☐ Emerg. nurses call within reach of patient in shower room

Type of Bathing Fixture	Required Ratio (1:N)	Number of Fixtures With Corridor Access (B)	Number of Beds Served (B x N)
Free-Standing Tub	1:15		
Automated Bather	1:30		
Corridor Accessible Shower	1:15		
TOTAL			

Number of beds in bedrooms without adjoining bathing fixture = \_\_\_\_

### ARCHITECTURAL REQUIREMENTS

- (A) \_\_\_\_ LINEN CLOSET
- (B) \_\_\_\_ JANITOR'S CLOSET
- (1) \_\_\_\_ Serving nursing unit exclusively
- (3) \_\_\_\_ Shelving
- \_\_\_\_ UNIT STORAGE CLOSET
- \_\_\_\_ OXYGEN STORAGE CLOSET  
☐ check if function not included
- \_\_\_\_ SOILED UTILITY ROOM  
 \_\_\_\_ Direct access from corridor  
 \_\_\_\_ Counter
- \_\_\_\_ CLEAN UTILITY ROOM  
 \_\_\_\_ Direct access from corridor  
 \_\_\_\_ Counter  
 \_\_\_\_ Top & base cabinets

### MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS

- \_\_\_\_ Service sink  
 \_\_\_\_ Vent. min. 10 air ch./hr (exhaust)
- \_\_\_\_ Vent. min. 2 air ch./hr
- \_\_\_\_ Vent. min. 10 air ch./hr (exhaust)
- \_\_\_\_ Handwashing sink  
 \_\_\_\_ Service sink w/ goose-neck  
 faucet  
 \_\_\_\_ Clinical  
 flushing-rim sink  
 \_\_\_\_ Vent. min. 10 air ch./hr  
 \_\_\_\_ negative pressure\*  
 \_\_\_\_ air exhausted to outdoors
- \_\_\_\_ Sink with goose-neck faucet  
 \_\_\_\_ Vent. min. 10 air ch./hr

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

Mechanical

## Heating:

- \_\_\_ heating capacity min. 75 °F  
 \_\_\_ temperature controls in each bedroom

## Air Conditioning:

- \_\_\_ patient rooms  
 \_\_\_ temperature controls in each bedroom\*

## Ventilation:

- \_\_\_ corridors not used as plenums for supply/return

Plumbing

- \_\_\_ min. water pressure 15 psi

Electrical

## Lighting:

- \_\_\_ uniform distribution of light in bedrooms

## Night lights:

- \_\_\_ 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