

COMPLIANCE CHECKLIST**▷ Long Term Care Facility - Hospital Based**

The following checklist is for plan review of new hospital based long-term care facilities (HB/LTCF) and renovations to existing HB/LTCF. This checklist is derived from long-term care licensure regulations 105 CMR 150.000 and 105 CMR 151.000, entitled "Licensing of 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 for self-certification or abbreviated 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 RESIDENTS 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 & list the requirement ref. # on the affidavit).

3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

Facility Name:

.....

Facility Address:

.....

Dates:

Initial:

Revisions:

DON Identification: (if applicable)

.....

Bed Complement:

Current Number of Beds =

Proposed Number of Beds =

Project Reference:

.....

.....

Building/Floor Location:

.....

.....

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**SITE DEVELOPMENT

- 151.220 _____ Parking spaces of hospital parking lot for LTCF use:
 _____ parking spaces nearest LTCF visitors entrance
 _____ at least 1 parking space for each 4 beds
 151.230 _____ plus at least 2 handicapped parking spaces
 _____ min. 12'-0" wide
 151.240 _____ Outdoor recreation area
 _____ separate from parking areas
 _____ min. 25 sf per bed
 Policy _____ wheelchair accessible

LTCF LOCATION & SIZE

- 151.150 _____
 (A) _____ Contiguous space
 (C) _____ Not used as thoroughfare to access hospital areas
 (B) _____ LTCF separated from hosp. space by walls & doors
 Policy _____ separation is a 2-hour fire barrier
 151.300 _____ Nursing unit located on one floor only
 (C) _____ Number of beds in nursing unit = _____
 151.300 _____ min. bed total 20 beds
 (D) _____ max. bed total 41 beds

RESIDENTS BEDROOMS

- 151.320(E) _____
 (A) _____ Floor level 6" above grade
 (B) _____ Single-bed room: _____ Multibed room:
 _____ min. 100 sf _____ min. 80 sf/bed
 _____ max. 4 beds
 _____ 3 beds or less
 (H) _____ // window on 1 side
 _____ privacy curtains
 (D) _____ 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
 (I) _____ one closet per bed
 _____ min. 2'-0" x 2'-0"
 _____ 5'-0" vertical clearance under clothes rod
 _____ convenient access outside of bed cubicles
 _____ bureau
 _____ min. 2'-0" wide
 _____ at least 1 drawer per resident
 (J) _____ hospital-type beds
 _____ min. mattress dim. 36" x 76"
 _____ nightstand for each bed
 150.017 _____ drawer & cabinet
 _____ towel rack
 _____ 1 armchair for each bed
 151.320(G) _____ bedroom opens into corridor
 (F) _____ outside window (also see Page 6)
 Policy _____ min. 20'-0" outside clearance to any walls
 151.370 _____ toilet room
 (C) _____ direct access _____ or _____ serves a maximum
 _____ from bedroom _____ of 4 beds
 Policy _____ towel bar
 Policy _____ robe hook

Lighting:

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

ARCHITECTURAL REQUIREMENTS151.330 SPECIAL CARE ROOM

(also see 151.320)

☐ Located in close proximity to nurses station☐ Single-bed☐ Min. 100 sf☐ Private bathroom☐ toilet☐ shower **or** ☐ tub☐ min. 4'-0" x 4'-0"☐ stall☐ no curb☐ sloped toward☐ center drain☐ shower curtain

Policy

151.340 NURSES STATION(A) ☐ Centrally located☐ Max. 100 ft n. station entrance to furthest bedrm door(D) ☐ Counter☐ max. 42" high☐ Charting surface(C) ☐ Storage cabinets(E) ☐ Nurses toilet room151.350 MEDICINE ROOM(A) ☐ Opens into nurses station(B) ☐ Counter(C) ☐ Top & base cabinets☐ Lockable compartment(D) ☐ Refrigerator151.360 DAY ROOMPolicy ☐ Centrally located150.017 ☐ Outside window151.360 ☐ Min. 9 sf per bed151.310 DRINKING FOUNTAIN☐ Centrally located151.370 BATHINGPolicy ☐ Centrally locatedPolicy ☐ Solid partition enclosure for each tub or shower(A) ☐ At least one central free-standing tub☐ accommodates wheelchair residents(B) ☐ Shower rooms:☐ min. 4'-0" x 4'-0" stall☐ no curb☐ sloped toward center drain☐ shower curtain

Policy

☐ dressing area

Policy

☐ door or privacy curtain**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**☐ Handwashing sink☐ Shower controls outside stall☐ easily operable by nursing staff☐ Vent. min. 10 air ch./hr (exhaust)☐ Emergency nurses call station☐ accessible from toilet & shower (or tub)☐ Vent. min. 10 air ch./hr☐ Emergency lighting☐ Emergency power☐ Nurses call master station☐ bedroom numbers displayed☐ room functions displayed☐ 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☐ negative pressure (Policy)☐ air exhausted to outdoors☐ Emerg. nurses call☐ Vent. min. 10 air ch./hr☐ negative pressure (Policy)☐ air exhausted to outdoors☐ Shower controls outside stall☐ easily operable by nursing staff☐ Emerg. nurses call within reach of patient in shower room

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

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 without direct access to bathing = ____

CENTRAL TOILET ROOMS

- (C) Policy Policy (C)
- ____ At least 2 central toilet rooms
 ____ off main corridor
 ____ convenient to day room and bathing
 ____ wheelchair accessible
 ____ designated for each gender

- ____ Handwashing sink
 ____ Vent. min. 10 air ch./hr (exhaust)

CLEAN UTILITY ROOM

- 151.390 (B)
- ____ Direct access from corridor
 ____ Counter
 ____ Top & base cabinets

- ____ Sink w/ goose-neck faucet
 ____ Vent. min. 10 air ch./hr

SOILED UTILITY ROOM

- 151.390 (C)
- ____ Direct access from corridor
 ____ Counter

- ____ Handwashing sink
 ____ Service sink w/ goose-neck faucet
 ____ Clinical flushing-rim sink **or** ____ Bedpan washer/sanitizer
 ____ Vent. min. 10 air ch./hr
 ____ negative pressure (Policy)
 ____ air exhausted to outdoors

LINEN CLOSET

- 151.380 (A)
- ____ Non-combustible shelving
 ____ max. 6'-0" high

NOURISHMENT KITCHEN

- 151.580 Policy
- ____ Min. 1 per floor
 ____ Refrigerator
 ____ Storage cabinets
 ____ Surface cooking unit **or** ____ Microwave oven

- ____ Sink
 ____ Vent. min. 10 air ch./hr (exhaust)
 ____ Emergency lighting

STORAGE CLOSET

- 151.380
- ____ size meets unit storage needs

GENERAL ACTIVITY ROOM(S)

- 151.510 150.017
- ____ Outside windows
 ____ min. 8 sf per bed total resident area
 ____ Storage closet

- ____ Emergency lighting
 ____ Nurses call station

RESIDENT DINING

- 151.570 Policy (A)
- ____ Located for outside exposure
 ____ Min. 10 sf per bed

- ____ Emergency lighting
 ____ Nurses call staff station

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.570 ☐ STAFF DINING
 (B) ☐ within LTCF **or** ☐ use of hospital cafeteria
☐ separate from resident dining room
- 151.860 ☐ PUBLIC TELEPHONE
 150.015 ☐ Located in separate room or alcove
 (C)(10) ☐ Provides for privacy
☐ Wheelchair accessible
- 151.520 ☐ EXAMINATION/TREATMENT ROOM
☐ Min. 125 sf
☐ Min. dimension 10'-0"
☐ Storage cabinet
- 151.540 ☐ RESTORATIVE SERVICE
 (B) ☐ Physical therapy room
☐ ☐ check if service not included in project
☐ min. 200 sf therapy area
☐ min. dimension 10'-0"
☐ storage closet
 (C) ☐ Occupational therapy room
☐ ☐ check if service not included in project
☐ min. 300 sf therapy area
☐ min. dimension 10'-0"
☐ storage closet
- 151.530 ☐ OFFICE SPACE
 (A) ☐ Administrative offices
☐ administrator's office
☐ min. 80 sf
☐ director of nurses office
☐ min. 80 sf
☐ storage of medical records
 (B) ☐ Consultants office(s)
☐ min. 100 sf
- 151.550 ☐ PUBLIC & STAFF TOILETS
☐ Visitors toilet rooms
☐ one for each gender
☐ handicapped accessible
☐ located in LTCF **or** ☐ hospital public toilets
☐ Staff toilet rooms convenient to LTCF
- 151.380 ☐ JANITOR'S CLOSET
☐ Equipped with shelving
- 150.018 ☐ ANCILLARY SERVICES
 (C) ☐ Dietary
☐ provided by LTCF **or** ☐ contracted with hospital
☐ Laundry
☐ provided by LTCF **or** ☐ contracted with hospital
- 151.500 ☐ GENERAL STORAGE
 (A) ☐ 10 sf/bed
☐ located in LTCF **or** ☐ designated storage space within the hospital
- ☐ Handwashing sink
☐ Nurses call station
☐ Handwashing sink
☐ Mechanical or natural ventilation
☐ Nurses call station
☐ Service sink
☐ Nurses call station
☐ Service sink
☐ Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS**Architectural Details**

Resident corridors (151.600):
 renovated for LTCF ☐ or existing hosp. corridor
 ___ min. 8'-0" wide ___ min. 4'-0" wide
 ___ handrails on both sides
 ___ max. projection 3½"
 ___ min. 30" AFF
 ___ returns meet wall at each end

Staff corridors (151.600):
 renovated for LTCF ☐ or existing hosp. corridor
 ___ min. 5'-0" wide ___ min. 4'-0" wide

Doors (151.630):
 ___ min. 44" wide at bedrooms, day room, din. rooms, act. rooms, stairs
 ___ min. 36" at bathing rooms (Policy)
 ___ min. 32" at toilet rooms
 ___ no locks or privacy sets in resident areas
 ___ outswinging/double-acting doors for toilet rms

Windows (151.640):
 ___ sill or guard min. 30" AFF
 ___ window glass area min. 10% of BR floor area
 ___ operable windows (min. opening 4% of BR floor area)
 ___ insect screens

___ Grab bars in all resident toilet & bathing facilities
 ___ 250 lb capacity
 ___ Min. 8'-0" ceiling height in resident areas
 ___ Washable wall finishes in toilet, bathing, food prep., utility rooms (151.660(B))
 ___ Impervious floor finish in toilet, bathing, food prep., utility rooms (151.660 (C)&(D))

Mechanical

Heating (151.700):
 ___ heating capacity min. 75 °F
 Air Conditioning (151.700(D)):
 ___ cooling capacity max. 75 °F in areas listed below:
 > New Construction & Major Renovations
 > Original facility plan approval on or after 4/14/00
 ___ AC in all resident areas
 ___ Minor Renovations
 ___ original facility plan approval prior to 04/14/00
 ___ AC in dining rooms, activity rooms, day rooms, etc.
 ___ Temperature controls in each bedroom
 Ventilation (151.710):
 ___ corridors not used as plenums for supply/return

Plumbing

___ min. water pressure 15 psi (151.720)

Electrical

Lighting (151.800):
 ___ uniform distribution of light in bedrooms
 ___ night lights
 ___ min. illumination level equivalent to 15 watts incandescent
 ___ switch at nurses station or at BR door
 ___ min. height 12" AFF
 Emergency power (151.830):
 ___ all corridor receptacles on EP
 ___ electric components of heating syst. on EP in bedrooms
 Nurses call system (151.850):
 ___ all calls register at nurses station
 ___ light signal in corridor at origin of call
 ___ multiple call stations within same room have indicator lights
 ___ LTCF not connected to hospital paging system
 Telephones (151.860):
 ___ at least 1 telephone per floor

Space Dependent on Bed Count: Square Footage Summary

☐ check if not applicable

(only if the project will not result in a bed increase or will not affect areas identified in 1st column)

Complete box and table below:

Total number of beds in facility N =

FUNCTIONAL AREA	S = SF PER BED REQUIREMENT	TOTAL SF REQUIRED = S x N	TOTAL SF PROVIDED
DAY ROOM(S)	9		
DINING ROOM(S)	10		
GENERAL ACTIVITY ROOM(S)	8		