COMPLIANCE CHECKLIST

OP12: 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 and the 2014 Edition of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities. 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:
- 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.

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.
5. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. The relevant section of the FGI Guidelines must be used for project compliance with all MEP requirements and for waiver references.
6. Oxygen, vacuum, medical air, and waste anesthesia gas disposal outlets (if required) are identified respectively by the abbreviations “OX”, “VAC”, “MA”, & “WAGD”.
7. Requirements referenced with “FI” result from formal interpretations from the FGI Interpretations Task Group.
8. The location requirements including asterisks (*) refer to the definitions of the Glossary in the beginning section of the FGI Guidelines.

Facility Name:

_______________________________

DoN Project Number: (if applicable)

_______________________________

Facility Address:

_______________________________

Satellite Name: (if applicable)

_______________________________

Satellite Address: (if applicable)

_______________________________

Project Description:

_______________________________

_______________________________

Building/Floor Location:

_______________________________

Submission Dates:

Initial Date:

Revision Date:

04/15 OP12
Architectural 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

140.205(B) Waste receptacle

140.206 JANITOR'S CLOSET
  — Space for housekeeping equipment
  — Door equipped with lock
  — Storage space for cleaning compounds
  — Service sink or floor receptacle
  — Hot & cold water

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 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
  — 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

Building Systems Requirements

140.208 Exhaust ventilation
<table>
<thead>
<tr>
<th><strong>Architectural Requirements</strong></th>
<th><strong>Building Systems Requirements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Clinic suite is located on first floor</td>
<td></td>
</tr>
<tr>
<td>or ____ Access by elevator sized &amp; equipped for handicapped access</td>
<td></td>
</tr>
<tr>
<td>____ Handicapped accessible toilet room on same floor as clinic</td>
<td></td>
</tr>
<tr>
<td>or ____ opens into clinic</td>
<td></td>
</tr>
<tr>
<td>or ____ opens into common building corridor</td>
<td></td>
</tr>
<tr>
<td>____ Clinic includes one counseling room sized to receive wheelchairs patients &amp; is equipped with a 3'-0&quot; wide door</td>
<td></td>
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