

Standards of Construction for Health Care Facilities

Effective date: 12/29/10

SUMMARY OF EXPRESS TERMS

Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR) Parts 711, 712, 713, 715 and 716 set forth the architectural, engineering, equipment and construction and other physical environment standards for all health facilities subject to Department of Health oversight pursuant to Public Health Law (PHL) Article 28.

Proposed Revisions to 10 NYCRR Part 711

10 NYCRR Section 711.1 would be revised to more clearly identify the facilities and the standards that are subject to regulation. In addition, language would be added to clearly identify construction related information that must be filed with construction applications. The proposal would clarify the process for submitting a construction application.

10 NYCRR Section 711.2 would be revised to require health care facilities to comply with more current National Fire Protection Association ("NFPA") standards, including NFPA 101, Life Safety Code, 2000 edition, which is the life safety code currently mandated by the federal government for Medicare and Medicaid certification. In addition, 10 NYCRR Section 711.2 would be revised to require that health care facilities comply with more current national codes addressing radiation protection, facility heating, cooling and ventilation (HVAC) and gas and vacuum systems. 10

NYCRR section 711.2 would be revised to require that future health care facility construction conform to the 2010 edition of Guidelines for Design and Construction of Health Care Facilities.

10 NYCRR Section 711.3, which establishes general site requirements for health care facilities, would be revised to clarify language, add requirements for facility occupants other than patients and eliminate outdated site requirements. 10 NYCRR Sections 711.4, 711.5, 711.7, 711.8, 711.9 and 711.10 would be repealed. New 10 NYCRR Section 711.9 would set forth specific requirements for obtaining waivers of construction standards.

Proposed Revisions to 10 NYCRR Part 712

The regulatory proposal would repeal existing 10 NYCRR Part 712, which includes standards of construction for some hospitals, and replace it with a new Part 712 (Standards of Construction for General Hospital Facilities). The proposal would consolidate all requirements specific to general hospital construction into 10 NYCRR Part 712. New Part 712 would be divided into two Subparts based on the date when general hospital construction was or is to be undertaken.

New Subpart 712-1 would set forth minimum construction and physical environment standards applicable to general hospitals built and to portions of general hospitals altered or renovated pursuant to Department or commissioner approval granted prior to October 14, 1998 and to general hospital construction projects not requiring such approvals that were completed prior to October 14, 1998. New Subpart 712-1 would

include requirements in existing 10 NYCRR Section 711.4 and existing 10 NYCRR Part 712.

New Subpart 712-2 would set forth minimum construction and physical environment standards applicable to general hospitals built and to portions of general hospitals altered or renovated pursuant to Department or commissioner approval granted on or after October 14, 1998 and to general hospital construction projects not requiring such approvals that were or will be completed after October 14, 1998. New Subpart 712-2 would require that construction projects comply with Guidelines for Design and Construction of Health Care Facilities and would include some additional regulatory requirements.

Proposed Revisions to 10 NYCRR Part 713

The regulatory proposal would repeal existing Part 713, which sets forth construction standards for some nursing homes, and replace it with a new Part 713 (Standards of Construction for Nursing Home Facilities). The proposal would consolidate all requirements specific to nursing home construction into 10 NYCRR Part 713. Part 713 would be divided into four subparts based on the date when nursing home construction was or is to be undertaken.

Subpart 713-1 would set forth minimum construction and physical environment standards applicable to nursing home facilities built, to portions of nursing homes facilities renovated or altered prior to August 25, 1975 and to nursing home construction projects approved by the commissioner or Department prior to August 25, 1975. New Subpart 713-1 would include requirements that are in existing 10 NYCRR Section 711.4.

Subpart 713-2 would set forth minimum construction and physical environment standards applicable to nursing home facilities built, to portions of nursing homes facilities renovated or altered between August 25, 1975 and July 1, 1990 and to nursing home construction projects approved by the commissioner or Department between August 25, 1975 and July 1, 1990. Subpart 713-2 would include requirements that are in existing 10 NYCRR Section 711.5.

Subpart 713-3 would set forth minimum construction and physical environment standards applicable to nursing home facilities built, to portions of nursing homes facilities renovated or altered between July 1, 1990 and December 31, 2010 and to nursing home construction projects approved by the commissioner or Department between July 1, 1990 and December 31, 2010. Subpart 713-3 would incorporate by reference Guidelines for Design and Construction of Health Care Facilities. Additional requirements not addressed in this document would be included in the proposed Subpart.

Subpart 713-4 would set forth minimum construction and physical environment standards applicable to nursing home facilities built, to portions of nursing homes facilities renovated or altered after December 31, 2010 and to nursing home construction projects approved by the commissioner or Department after December 31, 2010. Subpart 713-4 would require that construction projects comply with the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities as well as additional regulatory requirements.

Proposed Revisions to 10 NYCRR Part 714

The regulatory proposal would consolidate all requirements specific to adult day health care program facility construction into 10 NYCRR Part 714, including requirements in existing 10 NYCRR Part 713. It would require future adult day health care program facility construction to comply with the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities as well as additional regulatory requirements.

Proposed Revisions to 10 NYCRR Part 715

The regulatory proposal would repeal existing 10 NYCRR Part 715 and replace it with a new Part 715 (Standards of Construction for Freestanding Ambulatory Care Facilities). The regulatory proposal would consolidate all requirements specific to freestanding ambulatory care facilities into 10 NYCRR Part 715. New Part 715 would be divided into two Subparts based on the date when ambulatory care facility construction was or is to be undertaken.

New Subpart 715-1 would set forth minimum construction and physical environment standards applicable to: (1) diagnostic center and treatment center facilities built and to portions of such facilities renovated or altered prior to January 1, 2011; (2) general hospital offsite outpatient facilities built and to portions of such facilities renovated or altered prior to January 1, 2011; and, (3) general hospital offsite outpatient facility construction projects and diagnostic center and treatment center facility construction projects approved by the commissioner or Department prior to January 1, 2011. New Subpart 715-1 would include requirements that are in existing 10 NYCRR Section 711.7 and existing 10 NYCRR Part 715.

New Subpart 715-2 would set forth minimum construction and physical environment standards applicable to:(1) diagnostic center and treatment center facilities built and to portions of such facilities renovated or altered after January 1, 2011; (2) general hospital offsite outpatient facilities built and to portions of such facilities renovated or altered after January 1, 2011; and, (3) general hospital offsite outpatient facility construction projects and diagnostic center and treatment center facility construction projects approved by the commissioner or department after January 1, 2011. New Subpart 715-2 would require future ambulatory care construction to comply with the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities as well as additional regulatory requirements.

Proposed Revisions to 10 NYCRR Part 716

The regulatory proposal would repeal existing 10 NYCRR Part 716 and replace it with a new Part 716 (Standards of Construction for Rehabilitation Facilities). The regulatory proposal would consolidate into New Part 716 all standards of construction specifically applicable to rehabilitation facilities. New Part 716 would include requirements that are in existing 10 NYCRR Section 711.8 and existing 10 NYCRR Part 712. New Part 716 would also require that future rehabilitation facility construction comply with the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities as well as additional regulatory requirements.

Pursuant to the authority vested in the State Hospital Review and Planning Council, and subject to the approval of the Commissioner of Health, by Sections 2802 and 2803 of the Public Health Law; Parts 711, 712, 713, 714, 715, and 716 of Title 10 (Health) of the Official Compilation of Codes Rules and Regulations of the State of New York are hereby amended to be effective upon publication of a Notice of Adoption in the New York State Register, to read as follows:

Section 711.1 of Part 711 is amended to read as follows:

Section 711.1 Applicability. (a) [The general construction standards set forth in this Part shall apply to all medical facilities and together with the construction standards set forth elsewhere in this Chapter shall constitute the minimum construction standards for medical facilities.] This Part sets forth minimum construction and physical environment standards applicable to all health facilities subject to Public Health Law Article 28, including but not limited to, general hospitals, nursing homes and ambulatory care facilities.

[(b) For the purpose of hearings on the issue of compliance with the standards of this Subchapter, the determination of compliance or noncompliance shall be based upon those standards existent on the date of notice of a hearing.]

[(c) If the application, project concept, of any new facility was approved prior to the effective date of this Subchapter, the facility, upon completion of construction, shall be required to comply only with those standards for new construction which were extant on the date of approval of the aforementioned application.]

[(d) If the application, program scope, for a nonsubstantial project, was approved prior to the effective date of this Subchapter, the facility, upon completion of construction, shall be required to comply only with those standards for new construction which were extant on the date of approval of the aforementioned application.]

[(e) Upon initial submission of all projects for department review, the health care provider shall submit a functional program that defines the construction aspects of the project and describes the purpose of the project, departmental objectives, space requirements, and other basic information including, as applicable, the projected demand or utilization and staffing patterns, relating to fulfillment of the institution's objectives. Depending upon the scope of the project, this program may consist, all or in part, of drawings or narrative that describes each function or service; the operational space required for each function; the quantity of staff or other occupants for each space; the numbers, types and areas (in net square feet) of all spaces; special design features; systems of operation; and interrelationships of all spaces and functions. This program must include a description of those services necessary for complete operation of the facility. Any services available elsewhere in the community or institution must be indicated, and need not be duplicated.]

(b) An applicant seeking approval to construct a new health facility or alter or renovate an existing health facility shall submit to the department a completed application and functional program. The applicant shall ensure that all terms and acronyms are clearly defined and consistently used in the application and functional program. The functional program, which is a detailed architectural and design plan for the health facility, shall include a description of the following:

- (1) the scope and purpose of the proposed construction project and other basic information relating to fulfillment of the applicant's objectives;
- (2) the services necessary for the complete operation of the health facility, the size and function of each space, any special design features, the projected occupant load, and numbers and types of staff, patients, residents, visitors and vendors;
- (3) the types and projected numbers of procedures to be performed in each treatment area and circulation patterns for staff, patients or residents, and the public;
- (4) the projected demand or utilization, staffing patterns, departmental relationships, space requirements, and circulation patterns that are a function of infection control requirements and for clean and soiled materials;
- (5) equipment requirements, including building service equipment and fixed and moveable equipment; and,
- (6) potential future expansion that may be needed to accommodate increased demand.

(c) Once approved by the department, [this] the functional program[,] and the approved plans and specifications developed from it[,] shall be used in the development, design and construction of the project and serve as the basis for all subsequent construction approvals regarding the specific project. The applicant or health facility operator shall retain and make available to the department, upon the department's request, the functional program, all government approved plans and specifications developed from it and any other design data to facilitate alterations, and program changes.

Section 711.2 of Part 711 is amended to read as follows:

Section 711.2 Pertinent technical standards. [All medical facilities shall provide for proper, safe and efficient patient and resident care. Compliance with pertinent provisions of the following national codes and standards is required] All health facilities shall comply with the pertinent provisions of the standards and codes referred to in this section and with local laws relating to zoning, sanitation, fire safety and construction, where such local laws represent standards in addition to those required by this Part. Reference throughout this chapter to [national] codes and standards shall be those editions listed in this section. If a conflict occurs between the following codes and standards or between them and regulations elsewhere in this chapter then compliance with the more restrictive regulation is required. If federal regulatory requirements conflict with the codes and standards referred to in this section, the department may waive compliance with such standards and codes, provided that a health facility fully complies with said federal regulatory requirements.

(a) The following National Fire Protection Association (NFPA) Codes and Standards are hereby incorporated by reference, with the same force and effect as if fully set forth at length herein. These codes and standards are available for public inspection and copying at the [Office of Regulatory Reform] Regulatory Affairs Unit, New York State Department of Health, Corning Tower, Empire State Plaza, Albany, NY 12237. The codes and standards are published by the National Fire Protection Association, and [C]copies are also available from the National Fire Protection Association, 1

Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101, 1-800-344-3555 or www.nfpa.org. The various codes and standards are available from the NFPA either as individual publications or as contained within the [1996] Compilation of NFPA National Fire Codes, 1999 edition.

- (1) NFPA 101[-1997], Life Safety Code[.], 2000 edition.
- (2) NFPA 101A [1995], Guide on Alternative Approaches to Life Safety[.], 1998 edition.
- (3) NFPA 10[-1994], Standard for Portable Fire Extinguishers[.], 1998 edition.
- [(4) NFPA 11-1994--Standard for Low Expansion Foam.
- (5) NFPA 11A-1994- Standard for Medium and High Expansion Foam Systems.
- (6) NFPA 12-1993-Standard on Carbon Dioxide Extinguishing Systems.
- (7) NFPA 12A-1992--Standard on Halon 1301 Fire Extinguishing Systems.]
- [(8)] (4) NFPA 13[-1996-], Standard for the Installation of Sprinkler Systems[.], 1999 edition.
- [(9)] (5) NFPA 14 [-1996], Standard for the Installation of Standpipe, Private Hydrants and Hose Systems[.], 2000 edition.
- [(10) NFPA 15-1996--Standard for Water Spray Fixed Systems for Fire Protection.
- (11) NFPA 16-1995-Standard for the Installation of Deluge Foam-Water Sprinkler Systems and Foam-Water Spray Systems.
- (12) NFPA 17-1994--Standard for Dry Chemical Extinguishing Systems.
- (13) NFPA 20-1996--Standard for the Installation of Centrifugal Fire Pumps.]
- (6) NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 edition.
- [(14)] (7) NFPA 30-1996 -Flammable and Combustible Liquids Code.
- [(15)] (8) NFPA 31[-1992-], Standard for the Installation of Oil- Burning Equipment[.], 1997 edition.
- [(16)] (9) NFPA 45-1996-Standard on Fire Protection for Laboratories Using Chemicals.

[(17)] (10) NFPA 54[-1996], National Fuel Gas Code[.], 1999 edition.

[(18)] (11) NFPA 58[-1995 Standard for the Storage and Handling of: Liquefied Petroleum Gases], Liquefied Petroleum Gases Code, 1998 edition.

[(19)] (12) NFPA 70 [-1996], National Electrical Code, 1999 edition.

[(20)] (13) NFPA 72 [- 1996], National Fire Alarm Code[.], 1999 edition.

[(21)] (14) NFPA 80 [-1995], Standard for Fire Doors and Fire Windows[.], 1999 edition.

[(22)] (15) NFPA 82 [-1994], Standard on Incinerators[,] and Waste and Linen Handling Systems and Equipment[.], 1999 edition.

[(23)] (16) NFPA 90A [-1996], Standard for the Installation of Air Conditioning and Ventilating Systems[.], 1999 edition.

(17) NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, 1999 edition.

[(24)] (18) NFPA 91[-1995], Standards for Exhaust Systems for Air Conveying of [Materials] Vapors, Gases, Mists and Noncombustible Particulate Solids, 1999 edition.

[(25)] (19) NFPA 96 [-1994], Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1998 edition.

[(26)] (20) NFPA 99 [-1996], Standard for Health Care Facilities, 1999 edition.

[(27)] (21) NFPA 110 [-1996], Standard for Emergency and Standby Power Systems, 1999 edition.

(22) NFPA 111, Standard on Stored Electrical Energy Emergency and Standby Power Systems, 1996 edition.

(23) NFPA 211, Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances, 2000 edition.

[(28)] (24) NFPA 220 [-1995], Standard on Types of Building Construction[.], 1999 edition.

(25) NFPA 221, Standard for Fire Walls and Fire Barrier Walls, 1997 edition.

[(29)] (26) NFPA 241-1996--Standard for Safeguarding Construction, Alteration, and Demolition Operations.

[(30)] (27) NFPA 251[-1995], Standard Methods of Tests of Fire Endurance of Building Construction and Materials[.], 1999 edition.

[(31)] (28) NFPA 252 [-1995], Standard Methods of Fire Tests of Door Assemblies[.], 1999 edition.

[(32)] (29) NFPA 253[-1995], Standard Method of Test for Critical Radiant Flux of Floor Covering Systems Using a Radiant Heat Energy Source[.], 2000 edition.

[(33)] (30) NFPA 255[-1996], Standard Method of Test of Surface Burning Characteristics of Building Materials[.], 2000 edition.

[(34)] (31) NFPA 256[-1993], Standard Methods of Fire Tests of Roof Coverings[.], 1998 edition.

[(35)] (32) NFPA 257[- 1996], Standard [for] on Fire [Tests] Test for Windows and Glass Block Assemblies[.], 2000 edition.

(33) NFPA 260, Standard Methods of Tests and Classification System for Cigarette Ignition Resistance of Components of Upholstered Furniture, 1998 edition.

(34) NFPA 261, Standard Method of Tests for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes, 1998 edition.

(35) NFPA 265, Standard Methods of Fire Tests for Evaluating Room Fire Growth Contribution of Textile Wall Coverings, 1998 edition.

(36) NFPA 266, Standard Method of Test for Fire Characteristics of Upholstered Furniture Exposed to Flaming Ignition Source, 1998 edition.

(37) NFPA 267, Standard Method of Test for Fire Characteristics of Mattresses and Bedding Assemblies Exposed to Flaming Ignition Source, 1998 edition.

(38) NFPA 286, Standard Methods of Fire Tests for Evaluating Room Fire Contribution of Wall and Ceiling Interior Finish, 2000 edition.

(39) NFPA 418, Standard for Heliports, 1995 edition.

[(36)] (40) NFPA 701 [-1996], Standard Methods of Fire Tests for Flame[-Resistant] Propagation of Textiles and Films[.], 1999 edition.

[(37)] (41) NFPA 703 [-1995-], Standard for Fire Retardant Impregnated Wood and Fire Retardant Coatings for Building Materials[.], 2000 edition.

[(38)] NFPA 1221-1994--Standard for Public Fire Service Communication Systems.]

(b) The following codes and standards are hereby incorporated by reference, with the same force and effect as if fully set forth at length herein. These codes and standards are available for public inspection and copying at the [Office of Regulatory Reform] Regulatory Affairs Unit, New York State Department of Health, Corning Tower, Empire State Plaza, Albany, NY 12237. Copies are also available from the publisher or issuing organization at the address listed.

[(1) National Standard Plumbing Code-Illustrated, 1993, with 1994-95 supplement.

National Association of Plumbing-Heating-Cooling Contractors, P.O. Box 6808, Falls Church, VA 22046.]

[(2) U.S. Department of Health, Education and Welfare (DHEW) Publication No. (FDA)

78-2081 – Food Service Sanitation Manual. Superintendent of Documents, U.S.

Government Printing Office, Washington, DC 20402.]

[(3) American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc.

(ASHRAE) Standard No. [52.1-1992] 52.2- Testing Air-Cleaning Devices Used in

General Ventilation for Removing Particulate Matter](1) ANSI/ASHRAE Standard 52.2-

1999, Method of Testing Air-Cleaning Devices for Removal Efficiency by Particle Size,

1999 edition. American Society of Heating, Refrigerating and Air-Conditioning

Engineers, Inc., 1791 Tullie Circle NE, Atlanta, GA 30329.

[(4) American Society of Heating, Refrigerating and Air-Conditioning Engineers

(ASHRAE). Table for Climatic Conditions for the United States in the 1993 Handbook

of Fundamentals. American Society of Heating, Refrigerating and Air-Conditioning

Engineers, 1741 Tullie Circle, NE, Atlanta GA 30329.]

[(5) Department of Defense (DOD) Penetration Test Method, Military Standard No. 282 (1956 edition with 1995 amendments) – Filter Units, Protective Clothing, Gas Mask Components and Related Products: Performance –Test Methods. Naval Publications and Form Center, 5801 Tabor Avenue, Philadelphia, PA 19120.]

[(6)](2) Compressed Gas Association, Inc. (CGA) Pamphlet [P-2.1-1983] E-10, [Recommendations for] Maintenance of Medical[-Surgical-]Gas and Vacuum Systems in Health Care Facilities, third edition, 2007. Compressed Gas Association, Inc., 4221 Walney Road, Chantilly, VA, 20151-2923, www.cganet.com .

[(7)] (3) National Council on Radiation Protection and Measurements (NCRP) Report No. [33] 102- Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50MeV (1989). National Council on Radiation Protection and Measurements, 7910 Woodmont Avenue, Bethesda, MD 20814-3095, www.ncrppublications.org.

[(8)] (4) National Council on Radiation Protection and Measurements (NCRP) Report No. [49] 147- Structural Shielding Design [and Evaluation] for Medical [Use of X-Rays] X-Ray Imaging Facilities [and Gamma Rays of Energies Up to 10 MeV (1976)], 2004 edition. National Council on Radiation Protection and Measurements, [P.O. Box 30175, Washington, DC 20014] 7910 Woodmont Avenue, Bethesda, MD 20814-3095, www.ncrppublications.org.

[(9)] (5) National Council on Radiation Protection and Measurements (NCRP) Report No. [51] 144- Radiation Protection [Design Guidelines] for [0.1 - 100 MeV] Particle Accelerator Facilities [(1977)], 2003 edition. National Council on Radiation Protection and Measurements, [P.O. Box 30175, Washington, DC 20014] 7910 Woodmont Avenue, Bethesda, MD 20814-3095, www.ncrppublications.org.

[(10)] (6) 1996-97 Guidelines for Design and Construction of Hospital and Health Care Facilities, 1996 edition. The American Institute of Architects Academy of Architecture for Health, with assistance from the U.S. Department of Health and Human Services, the American Institute of Architects Press, 1735 New York Avenue, N.W., Washington, D.C. 20006. The standards set forth in this paragraph are applicable to construction projects completed pursuant to Subparts 712-2 and 713-2 and other applicable provisions in this Chapter. Such projects must, at minimum, maintain compliance with these standards.

(7) Guidelines for Design and Construction of Health Care Facilities, 2010 edition. The American Society for Healthcare Engineering, with assistance from the U.S. Department of Health and Human Services, One North Franklin Street, Chicago, Illinois, 60606, and at www.ashe.org.

(c) Design standards for the disabled. The Americans with Disabilities Act of 1990 (ADA) extends comprehensive civil rights protection to persons with disabilities. Health care facilities must comply with the ADA and the regulations, which implement it. [(28 CFR Parts 35 and 36)] Title 28 of the Code of Federal regulations, Public Health Parts 35, Non-Discrimination on the Basis of Disability in State and Local Government Services, and Part 36, Non-Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, including Appendix A, “Standard for Accessible Design”, 2004 edition. These regulations are published by the Office of the Federal Register National Archives and Records Administration. Copies may be obtained from the Superintendent of Documents, United States Government Printing Office, Washington D.C. 20402.

Section 711.3 of Part 711 is amended to read as follows:

Section 711.3 Site requirements.

(a) [The site of any medical] Each health facility shall be easily accessible to patients or residents, staff and visitors [the community] and to service vehicles such as fire protection apparatus. Health facility grounds shall have paved roads and walkways to provide access to all public and service entrances, including loading docks. Emergency department entrances shall be conspicuously marked to facilitate access from public roads and streets. Access to emergency entrances shall not conflict with other vehicular or pedestrian traffic.

(b) Health[F]facilities [should] shall be located with due regard to the accessibility by public transportation for patients, staff and visitors and the availability of competent medical and surgical consultation.

[(c) Paved roads shall be provided within the lot lines to provide access to the main entrance, emergency entrance, entrances serving community activities and to service entrances, including loading and unloading docks for delivery trucks. Hospitals having an organized emergency services department shall have the emergency entrance well marked to facilitate entry from the public roads or streets serving the site. Access to the emergency entrance shall not conflict with other vehicular traffic or pedestrian traffic. Paved walkways shall be provided for pedestrian traffic.]

[(d)] (c) Off-street parking shall be made available for patients, staff and visitors. [It is recognized that in urban areas where alternate means of transportation, by public carrier, may exist, compliance with this provision may not be possible, or necessary for functional operation of the facility, and may constitute a hardship in compliance. Where

such hardship exists, and where acceptable alternate means of transportation are available, the commissioner may grant a waiver to the requirements of this subdivision.]

In urban areas where a health facility is accessible by public transportation, the commissioner may waive the requirement for off-street parking, if compliance with this requirement is burdensome or unnecessary because adequate parking exists to accommodate patients, staff and visitors.

[(e) Special design features for the people with disabilities (patients, staff and visitors) shall be provided for all buildings in accordance with section 711.2 (c).]

[(f)] (d) [In regions where local experience shows that earthquakes have caused loss of life or extensive property damage, buildings and structures shall be designed to withstand the force assumptions specified in the latest issue of International Conference of Building Officials uniform building code, and where applicable, the local authority having jurisdiction. In buildings which] In earthquake prone regions, health facilities that are subdivided into separate structural units by seismic joints, each unit shall be provided with an exit stairway to permit evacuation from the building without traversing the seismic joints. Special care shall be taken to anchor fixed equipment, suspended ceilings, light fixtures and similar items to minimize hazard to occupants and damage to the equipment and building during an earthquake. Storage shelves and racks holding breakable or fragile supplies shall be designed to retain their contents when subject to the lateral forces of an earthquake.

[(g)] (e) [The commissioner may require a facility located in an area which may be subject to flooding, to a degree which could impair normal operation of the facility, to] If

a health facility is located in a flood plain, the commissioner may require that the health facility comply with any, or all, of the following:

(1) [The] Health facility footings, foundations, and structural frame shall be designed to be stable under flood conditions.

(2) [An area on the roof shall be accessible to, designated for, and structurally designed to allow the impact loads for landing of a helicopter. Access suitable for patient evacuation from the patient floors to the helicopter landing area shall be provided.] A helicopter landing pad shall be located on the facility roof and shall be structurally sound and suitable for safe helicopter evacuations of patients and staff.

(3) [Provision shall be made to insure that the following services will be operable when and] The health facility shall be designed and capable of providing services necessary to maintain the life and safety of patients and staff if floodwaters reach the one-hundred year flood crest level and shall include the following:

(i) electrical service, emergency power supply, heating, ventilating and sterilizers, [for those areas necessary to maintain the life safety of patients];

(ii) main internal communication [panels such as] capability, including nurses' call systems and the fire alarm system;

(iii) [the capability of communicating outside the facility independent of telephone service] dietary service;

(iv) an acceptable alternate to the normal water supply system;

(v) an acceptable emergency means of storage and/or disposal of sewage, biological waste, and garbage;

(vi) emergency department service; and,

(vii) [~~X-ray~~] x-ray service[; and

(viii) dietary service].

(4) No floor level or basement shall be located below the 100-year flood crest level, unless specifically approved by the commissioner. On those floor levels or basements that the commissioner approves to be below the 100-year flood crest level:

(i) all new partitions shall be constructed without void such as solid concrete, solid concrete block, or other solid material;

(ii) no new carpeting shall be installed; and

(iii) the following services and equipment shall not be provided or located in such area:

(a) medical records storage area;

(b) medical records library;

(c) surgical suite; and

(d) such other services and fixed equipment that the commissioner may determine, taking into consideration patient safety and cost of replacement.

(5) Storage of available building plans of the existing buildings shall be above the 100-year flood crest level.

Section 711.4 of Part 711 is REPEALED and RESERVED.

Section 711.5 of Part 711 is REPEALED and RESERVED.

Section 711.7 of Part 711 is REPEALED and RESERVED.

Section 711.8 of Part 711 is REPEALED and RESERVED.

Section 711.9 of Part 711 is REPEALED and new section 711.9 is added as follows:

Section 711.9 Waivers and Approvals of Equivalent or Innovative Construction Standards.

(a) Nothing in this Chapter shall be construed to effect any waivers of construction standards that had been granted by the commissioner and were in effect immediately prior to the effective date of this section, except for subdivision (d) of this section.

(b) Notwithstanding any provision in this Chapter to the contrary, the commissioner may waive compliance with applicable requirements set forth in Parts 712 through 716 of this Title, provided that all of the following conditions are met:

(1) The licensed operator or proposed operator of a health facility submits to the department a written request for a waiver that describes the following:

(i) the regulatory standards for which the waiver is sought;

(ii) the reasons for the request for the waiver ;

(iii) a description of the proposed alternative to compliance with the regulatory standards for which the waiver is sought;

(iii) a description of the physical areas that would be affected by the waiver and the impact that the waiver and implementation of an approved alternative would have on the function and safety of the health facility, if approved: and,

(v) a description of the financial impact of the proposed waiver alternative, if implemented.

(2) The licensed operator or proposed operator of the health facility submits additional documentation as requested by the commissioner.

(3) The commissioner finds:

(i) that compliance with regulatory provisions for which the waiver is sought is impractical, unduly burdensome or would impede the implementation of an improvement in the design, function or construction of the health facility; and,

(ii) the proposed waiver, if granted, and the approved alternative, if implemented, would not adversely impact the financial viability of the health facility, or cause the health facility to be out of compliance with applicable federal or local construction or health and safety standards; and,

(iii) implementation of the proposed alternative to regulatory compliance would not adversely affect the function of the health facility or the health and safety of care of any of its occupants.

(c) The commissioner may, upon request from a licensed operator or applicant for construction approval, approve an innovative design for energy conservation, which may increase initial construction costs, but which will result in major operational savings due to lower energy costs during the lifetime of the facility, may be approved by the commissioner.

(d) All waivers or equivalencies granted by the commissioner shall be for a period not in excess of the duration of the operating certificate of the medical facility for which such a waiver or equivalency is granted.

Section 711.10 of Part 711 is REPEALED.

Part 712 Standards of Construction for New Hospitals is REPEALED in its entirety. Part 712 is renamed and new Subparts 712-1 and 712-2 are added as follows:

Part 712 Standards of Construction for General Hospital Facilities

(Statutory authority: Public Health Law Sections 2802 and 2803.)

* * *

Subpart 712-1 Standards for General Hospital Construction Projects Approved or Completed Prior to October 14, 1998

Section 712-1.1 Applicability.

This Subpart sets forth minimum construction and physical environment standards applicable to general hospitals built and to portions of general hospitals altered or renovated pursuant to department or commissioner approval granted prior to October 14, 1998 and to general hospital construction projects not requiring such approvals that were completed prior to October 14, 1998.

Section 712-1.2 General standards.

(a) General hospitals shall be constructed to maintain a safe and functional physical environment for all services that the licensed operator of the general hospital provides. When pediatric, psychiatric, obstetric or other services are not provided in the general hospital, the licensed operator shall inform patients needing such services of the name and location of health providers that provide such services. The department may approve modifications or deletions in space requirements when services are permitted to be

shared. General hospital facilities shall comply with all pertinent requirements, technical standards and codes set forth or incorporated by reference into Part 711 of this Title.

Section 712-1.3 Nursing units.

(a) Nursing units shall consist of up to forty certified beds. The commissioner may approve nursing units with additional beds, provided that patient care is not adversely affected and appropriate arrangements are made for patient care and supervision.

(b) Single bedrooms shall be a minimum of one hundred square feet in size and multi-bed rooms shall be a minimum of eighty square feet per bed, exclusive of toilet enclosures, lockers, closets and vestibules.

(c) Patient beds shall not be spaced closer than three feet from each other and sides of beds shall be at least two feet from walls.

(d) Window sills shall not be higher than three feet above the floor and shall be above grade.

(e) Handwashing facilities, with other than hand controls, shall be provided for each patient bedroom.

(f) Each patient bedroom shall have a toilet directly adjacent to it. Where this is not feasible, toilets shall be provided in each nursing unit, in such proximity to the patient rooms served as to adequately provide for patient needs, in a ratio of not more than eight patient beds for each centralized toilet served. Water closets shall have appropriate grab bars.

(g) At least one centrally located shower or tub within each nursing unit shall be provided for each twenty patients, or fraction thereof, served. Bathtubs and showers shall have

appropriate grab bars.

(h) A nurses' calling system shall be provided.

(i) A locker or closet shall be provided for each patient, to be located within or directly adjacent to each bedroom, sufficient in size to hold normal wearing apparel and personal effects.

(j) In multi-bed rooms, flame-retardant cubicle curtains shall be provided for each bed.

(k) Nurses' stations shall be located to provide adequate supervision of patient corridors.

Use of a convex mirror for such purpose shall be permitted. A staff water closet and lavatory shall be located in the vicinity of the nurses' station, if such facilities cannot be provided directly adjacent to the nurses' station.

(l) Each nursing unit shall include a medication room with a sink, refrigerator, and locked storage cabinets, or a separate and distinct part of the clean utility room or the nurses' station with double-locked storage cabinets, refrigerator, and a sink, which shall be used to prepare and store medications.

(m) Each nursing unit shall include separate clean and soiled utility rooms. Clean utility room facilities shall be equipped with a sink with hot and cold running water and other than hand control faucets; a soap and paper towel dispenser; and self-closing waste receptacles. Clean utility room facilities shall be located in a separate area in the nurses' station when no other space is available.

(n) One nourishment pantry shall be provided on each patient floor. When no other space is available, the nourishment station may be included with, but shall be a separate and distinct part of, the nurses' station.

(o) The soiled utility room shall contain a handwashing sink, work counter, waste

receptacle, and soiled linen receptacles. A clinical sink or equivalent flushing rim fixture shall be included, unless other satisfactory means of disposing of sanitary wastes are provided.

(p) Provision shall be made for the administration of suction and oxygen to patients, with built-in or portable equipment.

(q) At least one janitor's closet for each patient floor shall be provided.

(r) A stretcher and wheelchair parking area, or alcove, shall be provided on each patient floor.

(s) A minimum of one dayroom per patient floor shall be provided.

(t) Isolation rooms shall be provided on the basis of one for each thirty beds or major fraction thereof, unless the hospital has a separate contagious disease unit. Each isolation room shall provide for:

(1) only one patient per room;

(2) a lavatory within the patient room, or toilet room;

(3) a view-window for nursing observation;

(4) a separate toilet room with bath or shower; and,

(5) an entrance from the corridor through a vestibule space, which may be a closed anteroom or an open passageway, with adequate facilities to maintain aseptic conditions including lavatory or sink. One closed anteroom may serve several isolation rooms.

Section 712-1.4 Maternity nursing units.

Hospitals that provide perinatal services shall have a maternity patient nursing unit, an obstetrical suite, and a newborn nursery unit so located as to prevent traffic through them

to any other part of the hospital. These units shall be completely separate from all other clinical services, including the gynecological service. The maternity unit shall comply with the minimum requirements for other nursing units as required by this Subpart.

Section 712-1.5 Newborn nursery units.

The newborn nursery unit, if provided, shall be separate from other units except the obstetrical suite and the maternity patient nursing unit and so located as to prevent through traffic. The newborn nursery unit shall comply with the following:

- (a) No room used as a nursery shall communicate directly with any other nursery or room except an accessory room.
- (b) Cubicles are prohibited, other than in facilities that were granted a waiver for cubicles prior to September 1, 1955.
- (c) Pass through windows between nurseries and accessory rooms and nurseries and corridors are prohibited.
- (d) There shall be a minimum of one well-infant nursery bassinet for each maternity bed, exclusive of the provisions made for the housing of premature infants.
- (e) Space for one observation bassinet shall be provided for every ten well-infant bassinets or major fraction thereof.
- (f) Where newborn infants are cared for in a rooming-in program, a nursery shall be provided for these infants.
- (g) Each nursery unit shall include the following:
 - (1) An accessory room directly communicating with one or more well-infant nurseries or directly communicating with one or more observation nurseries. One accessory room

may serve up to twenty-four bassinets. No accessory room shall serve both a well-infant nursery and an observation nursery.

(2) In the case of well-infant nurseries, an accessory room with space to carry out the required activities including work, examination and treatment of infants, charting, handwashing and gowning. In the case of the observation nursery, the accessory room shall provide space for work, handwashing and gowning. Storage space for supplies shall be enclosed.

(3) Each nursery and nursery accessory room shall have a lavatory with hot and cold running water that is dispensed through a mixing outlet, controlled by valves other than hand, wrist or elbow.

(4) Emergency nurses' call, which cannot be cancelled except by turning off the signal at the initiating station.

(5) Equipment or fixtures that supply oxygen.

(6) Glass panels between the nursery and accessory room and the nursery and corridor, or other methods for observation of newborn.

(h) In hospitals with twenty five or more maternity beds, a premature nursery shall be required, and shall be provided with an accessory room, as described for well infants.

(i) A janitor's closet shall be provided.

(j) A standby formula room for preparation of infant feedings and for equipment reception and washing shall be provided. The formula room, equipment and supplies, when not in use, may be designated for other clean purposes. The formula room shall not directly access the nursery or nursery accessory room, and may be located elsewhere in the hospital. The formula room shall include the following:

(1) A work counter with built-in sink having hot and cold running water for washing component parts of feeding units and other equipment used in the preparation of formulae.

(2) A lavatory in the preparation area of the formula room equipped control the flow of hot and cold water through a gooseneck-type mixing outlet by valves other than hand, wrist or elbow.

(3) A hot plate.

(4) One or more refrigerators to be used exclusively for the storage of infant feedings. The refrigerator may be located in the formula room or in an accessory room to a well-infant nursery.

(5) Facilities for terminal heat processing formula shall be provided, unless an alternate location, elsewhere in the hospital, is approved for this service.

Section 712-1.6 Pediatric units.

The pediatric unit, if provided, shall contain the following:

(a) Pediatric patient rooms, which shall conform to the requirements set forth in section 712-1.3 of this Part. Pediatric beds shall be physically arranged and located to ensure the intensive care and supervision of children are constantly visible from the nurses' station. Partitions between individual rooms and corridors shall be constructed to permit adequate inspection of infant patients by nursing personnel.

(b) Pediatric unit service areas shall conform to applicable requirements of this Subpart and shall include:

- (1) A treatment room with lavatory.
- (2) A dining and playroom as a multi-use area for the patients.
- (3) Toilet and bathing facilities especially designed for use by children.

Section 712-1.7 Psychiatric units.

The psychiatric unit, if included in a hospital as a separate nursing unit, shall have its program requirements approved by the Commissioner of the Department of Mental Hygiene.

Section 712-1.8 Inpatient surgical suites.

Each inpatient surgical suite shall be located to prevent through traffic and shall comply with the following:

- (a) The total number of operating rooms shall be determined by the surgical workload.
The minimum size of each operating room shall be fifteen feet by eighteen feet, and there shall be at least one operating room in any facility of seventy-five or fewer certified beds.
- (b) A cystoscopy room is required in a facility of over one hundred fifty beds. There shall be a toilet with a lavatory immediately adjacent to the cystoscopy room.
- (c) A separate recovery room, with charting space, medication storage and preparation space, and a clinical sink is required.
 - (1) The recovery room shall contain at least one bed per operating room plus an additional bed.
 - (2) The location of the recovery room shall provide convenient access to elevators, nursing units and the operating rooms.

(3) The floor area of the recovery room shall provide adequate space around each bed for circulation and equipment.

(4) One blood pressure machine or portable blood pressure equipment shall be provided for each bed.

(5) An audible signal device for summoning additional personnel from the operating room supervisors' office, anesthesiologist's office and nurses workrooms or areas within the surgical suite shall be provided.

(6) Oxygen and suction facilities shall be provided for each bed.

(d) In each surgical suite, the size of each service area will depend on the surgical workload and such service areas shall include:

(1) A surgical supervisor station.

(2) Sterilizing facilities near operating room with high-speed autoclave.

(3) Facilities for storage and preparation of medication.

(4) Scrub-up facilities adjacent to operating rooms.

(5) Soiled workroom containing counter, clinical sink, waste receptacle, and soiled linen receptacles.

(6) Storage for sterile and unsterile supplies, which may be in the clean workroom.

(e) Anesthesia services shall be properly organized, and integrated with other related departments. The anesthesia service area shall include:

(1) An anesthesia workroom for cleaning and storage of resuscitative equipment.

(2) A storage room or rooms for anesthetic agents.

(f) Additional service areas relating to the anesthesia and operating rooms shall be provided and shall include, but not be limited to, the following:

- (1) Nitrous oxide and oxygen facilities when such services are not piped in.
- (2) A clean workroom for storage and assembly of supplies with a counter and sink.
- (3) Equipment storage room for surgical and monitoring equipment.
- (4) A janitor's closet.
- (5) Separate male and female clothing change areas, lockers, and at least one toilet for each sex, for use by doctors, nurses, orderlies, and other personnel.
- (6) A holding area for patients in facilities with two or more operating rooms.
- (7) A stretcher alcove or area that is not in the line of traffic or part of a required exitway.
- (g) In medical facilities maintaining specialized cardiac surgical centers, additional supportive service areas and equipment shall be provided on the hospital premises, including, but not limited to the following:
 - (1) A special procedure (catheterization) x-ray room, with a minimum net area of four hundred square feet.
 - (2) An office and conference room for use of staff and for use as a viewing room.
 - (3) A film storage and darkroom when required for proper processing of film.
 - (4) Equipment necessary for the operation of the special procedure (catheterization x-ray room), including the following:
 - (i) X-ray equipment with capability either in biplane cineangiocardiology or in rapid film techniques or both.
 - (ii) Image intensifier.
 - (iii) Medical television system.
 - (iv) Automatic injector.
 - (v) Diagnostic x-ray examination table for special procedures.

- (vi) Rapid film changer for rapid serial and standard full size radiography.
- (vii) Film developing and viewing equipment for all types of film utilized (cine, cut-film, etc.).
- (viii) External defibrillator.
- (ix) Biological recorder, including one electrocardiograph and two pressures.
- (5) For facilities serving pediatric patients:
 - (i) x-ray equipment with biplane capabilities either in cineangio-cardiography or in rapid film techniques or both; and,
 - (ii) equipment for blood gas analysis and pH, with micro-techniques.
- (6) A pulmonary function unit.
- (7) Special surgery rooms for open heart procedures adjacent to the general surgical unit of the hospital. If the operating rooms in the surgical suite are used interchangeably for different types of surgery, the room or rooms assigned for cardiac surgery must be large enough to accommodate the larger operating staff and special equipment required for open heart surgery.
- (8) Surgical instruments and monitoring equipment especially designed for intra-thoracic and cardiac surgery.
- (9) Defibrillating apparatus, which shall at all times be available to the surgery room(s).
- (10) A blood bank approved by the department.
- (11) Special plumbing installations, which shall be installed for connection of the pump oxygenator. Pump oxygenator storage space shall be provided, in a pump room in the clean area of the surgical suite.
- (12) A post-operative care area, exclusively for cardiac surgical patients, adjacent to, but

separate from a general post-operative care area; and a coronary care unit, which shall provide for the direct visual observation of all patients from a central vantage point. A lavatory for handwashing shall be available in close proximity to each bed. All necessary special equipment including, but not limited to, monitoring devices, respirators, pacemakers, defibrillators, for cardiac resuscitation shall be provided.

(h) In medical facilities maintaining specialized cardiac diagnostic centers, additional supportive service areas and equipment shall be provided either in the area of the cardiac center or in the radiology department. The supportive services shall include, but not be limited to the following:

(1) A special procedure (catheterization) x-ray room, with a minimum net area of four hundred square feet.

(2) An office and conference room for use of staff and for use as a viewing room, may be multi-purpose, and used by other departments.

(3) A film storage and darkroom when required, for proper processing of film.

(4) Equipment necessary for the operation of the special procedure (catheterization) x-ray room, including the following:

(i) X-ray equipment with capability either in cineangiocardiology or in rapid film techniques or both.

(ii) Image intensifier.

(iii) Medical television system.

(iv) Automatic injector.

(v) Diagnostic x-ray examination table for special procedures.

(vi) Rapid film changer for rapid serial and standard full size radiography.

(vii) Film developing and viewing equipment for all types of film utilized (cine, cut-film, etc.).

(viii) External defibrillator.

(ix) Biological recorder, including one electrocardiograph and two pressures.

(5) For facilities serving pediatric patients:

(i) x-ray equipment with biplane capabilities either in cineangiography or in rapid film techniques or both; and,

(ii) equipment for blood gas analysis and pH, with microtechniques.

Section 712-1.9 Obstetrical suites.

Where there is an approved maternity nursing unit, the obstetrical suite shall be located to prevent through traffic, shall be completely separated from the surgical suite, shall be operated as a closed unit, and shall include:

(a) At least one delivery room for each twenty maternity beds or major fraction thereof.

(b) At least one labor room for each ten maternity beds or major fraction thereof, which shall include:

(1) a lavatory in each labor room equipped with valves other than hand, wrist or elbow control; and,

(2) a patients' toilet room adjoining each labor room or conveniently accessible.

(c) For hospitals having eight hundred or more births annually, a recovery room that includes the following:

(1) A minimum of two beds. The total number of beds shall be dependent upon the obstetrical workload.

- (2) A clinical sink.
- (3) Facilities for storage and preparation of medication.
- (4) A lavatory equipped with valves other than hand, wrist, or elbow controls.
- (d) Service areas the size of which shall depend on the obstetrical workload, which shall include:
 - (1) Nurses' station.
 - (2) Sterilizing facilities, provided with high-speed autoclave located near the delivery rooms.
 - (3) Facilities for storage and preparation of medication.
 - (4) Scrub-up facilities equipped with valves other than hand, wrist, or elbow controls, adjacent to delivery room.
 - (5) A soiled workroom containing a counter, clinical sink, waste receptacle and soiled linen receptacles.
 - (6) Separate storage for sterile and unsterile supplies, which may be in the clean workroom.
 - (7) An anesthesia workroom for cleaning and storage of equipment.
 - (8) Storage room for anesthetic agents.
 - (9) Nitrous oxide and oxygen facilities, with provision for storage room if such services are not piped in.
 - (10) A clean workroom for storage and assembly of supplies.
 - (11) An equipment storage room for surgical and monitoring equipment.
 - (12) Janitor's closets.
 - (13) Separate male and female clothing change areas, lockers, and toilet rooms, for use

by doctors, nurses, orderlies and other personnel. These rooms shall be so arranged as to allow staff to enter off a "general" corridor and discharge into the obstetrical suite corridor.

(14) A stretcher alcove or area, not in any line of traffic, or part of a required exitway.

Section 712-1.10 Emergency departments.

The emergency service area shall be in close proximity to the emergency entrance, and easily accessible from within the hospital. It shall be located so as to prevent outpatients from traversing in patient areas and shall have adequate space for reception, examination, observation and treatment to ensure effective care of emergency patients.

(a) Service areas shall include, but not be limited to the following:

(1) A well-marked and sheltered entry with nearby emergency parking and convenient access for ambulances.

(2) A reception area and adjacent waiting area with telephone, drinking fountain, and toilet rooms for each sex. The waiting area may be used by other departments.

(3) An admissions and patients' records area.

(4) Examination and treatment room(s) with lavatory.

(5) Emergency room with the appropriate equipment for rendering emergency patient care, including but not limited to:

(i) an examining table;

(ii) a wheeled stretcher;

(iii) a wheelchair;

(iv) resuscitation devices with oxygen supply;

- (v) inhalator attachments or accessories, including masks;
- (vi) mechanical suction devices, including stomach pumps;
- (vii) an examining light;
- (viii) irrigation stands;
- (ix) pressure sterilizers, unless this procedure is performed elsewhere;
- (x) a nourishment station, and/or refrigerator;
- (xi) complete trays for catheterizations, cutdown, lavage, intubations and tracheotomies, blood pressure sets, ophthalmoscopes, percussion hammers, surgical instruments, needles, syringes, drains, assorted splints and miscellaneous equipment, as specified by the medical board and the physician-in-charge;
- (xii) a medication preparation area;
- (xiii) storage area for sterile supplies;
- (xiv) a wheelchair and stretcher alcove;
- (xv) a janitor's closet; and,
- (xvi) adequate utility areas.

(b) Hospitals that provide extensive emergency care shall house additional work areas large enough to accommodate the efforts of a multi-disciplinary emergency team, and shall comply with and provide the following:

- (1) An area apart from other patients shall be used for the treatment of severe trauma patients.
- (2) Separate rooms for urgent, but limited, surgery and treatment of fractures, shall be provided.
- (3) Suction and oxygen equipment and cardiopulmonary resuscitation units shall be

readily available for use.

(4) Rapid communication with other departments of the hospital shall be ensured. A separate communications system connecting the emergency service with all functionally related areas such as blood storage, surgical suite, clinical laboratories, and diagnostic radiology shall be provided.

Section 712-1.11 Outpatient facilities.

Where provided, hospital outpatient facilities shall be constructed to provide a safe, functional and comfortable environment for patients, visitors and staff.

(a) Outpatient service areas shall include, but not be limited to, the following:

(1) A reception area and adjacent waiting area(s) with telephone, drinking fountain and toilet rooms for each sex. Waiting areas shall be located in close proximity to outpatient diagnostic and treatment rooms. Other departments may use waiting areas if it is not feasible for a waiting room to serve only one department.

(2) An admissions and patients' records area.

(3) Examination and treatment rooms, with lavatory. The design of such spaces shall be such as to ensure the patient's privacy and confidentiality of disclosures.

(4) Storage area for sterile supplies.

(5) Janitor's closet.

(6) Separate clean and soiled utility rooms.

(7) Stretcher and wheelchair storage space.

(b) If minor outpatient surgery is performed, the outpatient service area shall include an additional treatment room for minor surgical procedures with a minimum floor area of

one hundred twenty square feet excluding such spaces as vestibule, toilet, closet and work counter (whether fixed or movable). The minimum room dimension shall be ten linear feet. The treatment room shall include an adequately sized sink for handwashing to the elbows, with knee or foot controls, shall be located so as to prevent splashing on patients or instruments.

(c) If ambulatory surgery is performed in the outpatient serving area and shortstay surgery patients are received and processed, the following equipment and spaces shall be provided:

(1) a receiving area appropriately designed and equipped for the preoperative preparation, holding and observation of patients, including the administration of preoperative tests and medication;

(2) dressing rooms and lockers for patient belongings with adjacent toilet rooms;

(3) examining rooms designed and equipped for patient needs;

(4) a wheelchair and stretcher alcove or area, not in a line of traffic, and not part of a required exitway;

(5) appropriately equipped operating rooms;

(6) a postoperative recovery room, with at least one bed per operating room, additional recovery room beds depending on the type and typical recovery time of procedures performed, and one additional bed;

(7) one blood pressure machine shall be provided for each bed;

(8) an audible signal device for summoning additional personnel from the operating room, supervisor's office, anesthesiologist's office and nurses' workrooms or areas within the surgical suite; and

(9) oxygen and suction facilities shall be provided for each bed in the post-anesthesia recovery room.

(d) The size of service areas required for an outpatient surgical suite will depend upon the surgical workload and the location of the outpatient suite in relation to the other related hospital service areas. All of the following equipment and services shall be provided within this suite, or immediately adjacent thereto:

(1) surgical supervisor station;

(2) sterilizing facilities with high-speed autoclave;

(3) facilities for storage and preparation of medication;

(4) soiled workroom containing counter, clinical sink, waste receptacle, and soiled linen receptacles;

(5) scrub-up facilities adjacent to operating rooms;

(6) storage for sterile supplies, which may be in the clean workroom;

(7) an anesthesia workroom for cleaning and storage of equipment;

(8) storage room for anesthetic agents;

(9) nitrous oxide and oxygen facilities when such services are not piped in;

(10) clean workroom for storage and assembly of supplies with a counter and sink;

(11) equipment storage room for surgical and monitoring equipment;

(12) janitor's closet; and,

(13) separate male and female clothing change areas, lockers and at least one toilet for each sex, for the use of staff personnel.

(e) Ambulatory surgery operating rooms shall be located convenient to other hospital service departments and laboratories, when not included in the outpatient surgery suite.

(f) If a general hospital's ambulatory surgery unit qualifies or is intended to qualify for Medicare certification as a free-standing ambulatory surgery service or an off-site hospital-based ambulatory surgery center, the surgery unit shall conform to Part 715 of this Title.

Section 712-1.12 Radiology facilities.

(a) Radiology suites shall include:

(1) Radiographic room or rooms, with the number of diagnostic x-ray units dependent on the size of the hospital.

(2) A film processing room. Provision shall be made for film storage, either within the processing room or in a separate film storage room.

(3) A minimum of one toilet room for each sex.

(4) A dressing area for ambulatory patients.

(5) A holding area for stretcher patients.

(6) A waiting area for ambulatory patients.

(7) Office space with film-viewing facilities as required by the workload.

(b) Therapeutic radiation services, when provided, shall require the following spaces, which may be part of the radiological suite:

(1) therapeutic radiation room or rooms;

(2) waiting area for ambulatory patients;

(3) holding area for stretcher patients;

(4) dressing area for ambulatory patients;

- (5) a minimum of one toilet room for each sex; and
- (6) office space for staff, dependent on the number of patients served.
- (c) Radiological and therapeutic radiation areas located outside of New York City shall comply with Part 16 of this Title (State Sanitary Code). Radiological and therapeutic radiation areas located in New York City shall comply with Article 175 of the New York City Health Code.

Section 712-1.13 Clinical laboratory, tissue bank and blood bank facilities.

Clinical laboratory, tissue bank and blood bank facilities and services shall be provided as needed by hospital's functional requirements. The clinical laboratory shall include:

- (a) Adequately located bench space for the efficient handling of specimens, and for the housing of equipment and reagents.
- (b) Glass washing and sterilizing facilities, unless provided elsewhere in the hospital.
- (c) Recording and filing facilities,
- (d) An office.
- (e) A blood storage room, which may be located in an area other than the laboratory suite.
- (f) An emergency shower, if required by workload and operational functions.
- (g) A specimen collection area located near the laboratory and including a toilet room with water closet and lavatory.
- (h) A morgue and autopsy area, unless other outside facilities are available containing:
 - (1) refrigerated facilities for body holding;
 - (2) a convenient access to a service exit;

- (3) autopsy room with work counter with sink and autopsy table: and,
- (4) a toilet room, lockers, dressing rooms and showers adjacent thereto.

Section 712-1.14 Pharmacy services.

A central pharmacy, located so that it is accessible to receiving and distribution stations, shall be provided. Adequate space shall be provided for the following:

- (a) dispensing and compounding;
- (b) active storeroom;
- (c) office and library, as required by workload; and,
- (d) parenteral solution, where provided.

Section 712-1.15 Intensive care units.

Where provided, and depending upon the number of inpatient beds and its specialty services, a hospital's intensive care unit may be multipurpose, for intensive treatment of critically ill patients with a wide variety of diagnoses; or special purpose, for the continuous care of patients in special diagnostic categories, which may include, but not be limited to: burns, coronary care, pulmonary care, and surgical (including trauma) intensive care units.

- (a) Intensive care units, where provided shall be equivalent to a closed nursing unit, with no traffic to any other hospital department or to any required exit. All nursing service areas shall be contained within the unit, so that nursing personnel will not be required to leave the unit for functional needs.
- (b) Any room used for intensive care may be subdivided with properly rated

noncombustible partitions, provided that the arrangement allows for direct supervision by nursing personnel. Rooms that are so subdivided shall not exceed five thousand square feet.

(c) Enough space shall be provided around each bed to make it easily accessible for routine and emergency care of patients and to accommodate bulky equipment that may be needed.

(d) Direct observation of all patients shall be possible from a central observation or monitoring station.

(e) Patients shall be sheltered as much as possible from the activity and noise of the unit and adjacent beds by the use of partitions, flame resistant drapes over glass areas between beds, and/or flame resistant cubicle curtains.

(f) Oxygen and suction shall be available to each bed.

(g) A handwashing facility with other than hand controls should be provided adjacent to each bed cubicle. In any event there shall be a minimum of one lavatory for every four or less beds provided adjacent to each area with four or more beds.

(h) A soiled utility room or rooms shall be located in close proximity to bed cubicles to provide a minimum of cross traffic with soiled containers. Toilets with bedpan flushing devices may function as sub-soiled rooms.

(i) Nursing services areas shall include, but not be limited to the following:

(1) A nursing observation station, adequate in size for nurse's charting, doctor's charting, monitoring equipment, and alarm system to summon additional personnel for special emergency use.

(2) A clean workroom, which may be combined with nursing station.

- (3) A nourishment station.
- (4) A medication room with a locked cabinet, which may be located in a clean utility room.
- (5) Clean linen storage, which may be part of clean utility room.
- (6) A soiled holding room, which may be combined with soiled utility room.
- (7) Storage space for special equipment, including crash carts, and all diagnostic monitoring and resuscitative equipment.
- (8) A nurse's toilet room.
- (9) A nurse's office and/or conference room shall be provided, as required by workload.
- (j) A waiting area for visitors shall be located outside, but close by the intensive care unit. A public telephone and drinking fountain shall be available for use by visitors, in close proximity to the waiting area.

Section 712-1.16 Nuclear medicine departments.

The nuclear medicine department, where provided, shall be equipped for furnishing nuclear medicine services. Adequate space shall be provided to meet the diagnostic, therapeutic and safety needs of the patients. Space and facilities for nuclear medicine service shall include the following:

- (a) A reception area, which may be a part of an outpatient service department.
- (b) Examination and treatment room or rooms, dependent on scope of service.
- (c) Toilets for each sex, which may be shared with other departments.
- (d) Office space, as required by workload, for related clerical work.
- (e) A conference room or office shall be available for discussion and diagnostic study of

patients, which may be utilized with other departments, and centrally located.

(f) Work and storage room, for the safe preparation, storage and disposal of radioactive materials.

(g) The nuclear medicine service area shall be separated from sources of interfering radiation.

(h) Equipment for the nuclear medicine service shall be adequate to conduct reliable diagnostic studies.

(i) Nuclear medicine facilities located outside of New York City shall comply with Part 16 of this Title (State Sanitary Code). Nuclear medicine facilities located in New York City shall comply with Article 175 of the New York City Health Code.

Section 712-1.17 Rehabilitation therapy services departments.

When rehabilitation therapy services are provided within a hospital, adequate space and equipment to fulfill the approved scope of services shall be provided. The service area shall have level access or an elevator for both inpatients and outpatients needing such services. Space shall be provided for the following functions, which may be part of an outpatient service department:

(a) a reception and waiting area;

(b) office space, as required by workload;

(c) examination rooms, as required by the number of patients served;

(d) exercise and treatment areas, which may be subdivided by cubicle curtains to permit individual treatment and training in ambulation, stair-climbing and activities of daily living and shall include a lavatory;

- (e) a hydrotherapy area with cubicle curtains;
- (f) toilet rooms for patient use;
- (g) storage space for physical therapy supplies and equipment; and,
- (h) conference space for staff meetings and staff teaching sessions which may be shared with other departments, and centrally located within the hospital.

Section 712-1.18 Respiratory care departments.

When respiratory care services are provided within a hospital, facilities and equipment for the service shall be appropriate for the effective and timely use of the patients and shall include the following:

- (a) storage room for necessary equipment;
- (b) facilities for cleaning, sterilizing and repairing equipment;
- (c) an office for record keeping and other related clerical functions;
- (d) an examination or treatment room equipped for pulmonary function diagnosis and treatment;
- (e) laboratory space for blood gas analysis; and,
- (f) a conference or classroom, for educational activities, shall be available, which may be utilized with other departments, and centrally located within the hospital.

Section 712-1.19 Dietary departments.

The dietary service shall have adequate space and equipment to effect the efficient, safe and sanitary operation of all functions assigned to it. The layout of the department and the type, size and placement of equipment shall provide for proper food preparation and

distribution. The dietary department shall comply with Part 14 of this Title (State Sanitary Code) and shall meet the following minimum requirements:

- (a) At least a three-day supply of food shall be provided together with adequate refrigeration and freezer equipment. Where a walk-in refrigerator is provided it shall be conveniently located and have dual-acting hardware.
- (b) Ice-making machines shall be provided.
- (c) Space and facilities for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques shall be provided. If garbage is stored within the building, and is collected less frequently than six days a week, the garbage receptacle storage room shall be maintained at or below forty degrees Fahrenheit.
- (d) Dietitian office, with adequate workspace for supervisory and clerical personnel, which may be omitted in facilities with less than one hundred beds provided adequate desk space is provided in the administrative area of the facility.
- (e) Can washing facilities, where necessary.
- (f) Dishwashing and sanitizing facilities.

Section 712-1.20 Administration departments.

The administration department may be decentralized in location and shall include at least the following:

- (a) Adequate office space as required by workload.
- (b) A minimum of one toilet room for each sex shall be available which may be shared with other departments and/or public use.

(c) Offices for supervisory, administrative, social services and medical staff, which afford a reasonable degree of privacy and efficiency.

(d) At least one conference room equipped to accommodate board meetings, department staff meetings and committee meetings, which may be utilized with other departments and centrally located.

(e) A separate room shall be designated and equipped as a medical library. Where such space is not available, the library may be part of the medical records room or conference room.

(f) Space for storage and processing of medical records shall be adequate for the number of records to be stored, and the type of system to be used in storing them. Medical records shall be maintained so that they are easily accessible.

(g) Adequate space for lobby and waiting areas based on the number of persons to be accommodated.

(h) Toilets for each sex shall be available to visitors adjacent to all public areas. These may be shared with staff, where separate toilet facilities are not available.

Section 712-1.21 Central medical and surgical supply departments.

The central medical and surgical supply department shall contain the following areas separated from each other:

(a) Receiving and clean up room with space for cleaning equipment and disposing of unclean articles.

(b) A clean workroom divided into workspace, clean storage area, sterilizing facilities and storage area for sterile supplies.

(c) An unsterile supply storage area, located in the central medical and surgical supply department or in another approved area.

Section 712-1.22 Laundry departments.

Where laundry services are included within a hospital, such spaces shall contain a soiled linen holding room and a clean linen storage room and be adequate in area and layout for the services to be provided.

Section 712-1.23 Central stores.

The central storage area shall have a total area of not less than ten square feet per bed.

Total area requirements shall be determined by the hospital's storage requirements.

(a) Accessibility to delivery areas should be independent of routes at traffic for patients, staff and visitors. Accessibility to such areas shall not be through the lobby or patient areas.

(b) Adequate space for receiving and delivery, scales, storage facilities, clerical, and file space in the receiving area shall be provided.

Section 712-1.24 Employee's facilities.

The size of employee's areas shall be determined by the size of the medical facility and the number of employees to be accommodated, and shall include:

(a) Female locker room(s), including rest space, lockers and separate toilet room(s).

(b) Male locker room(s), including lockers and separate toilet room(s).

Section 712-1.25 Engineering service and equipment areas.

The following minimum engineering service and equipment areas shall be provided:

- (a) a boiler room, where required;
- (b) an engineer's office;
- (c) a mechanical and electrical equipment room;
- (d) a maintenance shop;
- (e) storage rooms for building maintenance supplies, and for housekeeping equipment;
- (f) a toilet and shower room;
- (g) a refuse room for trash storage located conveniently to a service entrance; and
- (h) at least one janitor's closet on each floor.

Section 712-1.26 Details and finishes.

All details shall meet the following requirements:

- (a) Drinking fountains, telephone booths, vending machines and other such items shall be located so as not to obstruct or interfere with the required minimum widths of exit corridors.
- (b) All doors to toilets, bathrooms and shower rooms used by patients shall be equipped with hardware which will permit access in an emergency.
- (c) Janitor's closets, where required by other Parts of this Subchapter, shall each contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.
- (d) Paper towel dispensers or other acceptable hand-drying facilities shall be provided at all lavatories and sinks used for handwashing.
- (e) A floor drain shall be provided in the discharge room of any linen or refuse chute.

(f) Boiler rooms, food preparation centers and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of eighty degrees Fahrenheit.

(g) All finishes shall meet the following requirements:

(1) Floors shall be cleanable and shall have the wear resistance appropriate for the location involved. Floors in kitchens and related spaces shall be water-resistant and grease-proof. In all areas where floors are subject to wetting, they shall have a non-slip finish.

(2) Adjacent dissimilar floor materials in patient areas shall be flush with each other to provide an unbroken surface, or as nearly flush as is possible without any undue obstacles encountered at the point of material change.

(3) Walls shall be washable, and in the immediate area of plumbing fixtures, the finish shall be moisture-proof. Walls and wall bases in dietary areas shall be free of spaces that can harbor insects or harmful bacteria.

(4) Wall bases in areas used for surgical and obstetrical procedures shall be integral with the wall of the floor surface material and shall be without voids that can harbor harmful bacteria or insects.

(5) Ceilings shall be washable in operating suites, delivery suites, and nurseries. Such ceilings shall have no holes, fissures or openings except those required for ventilation or other mechanical equipment. Replacement ceilings in food preparation areas, and in equipment and utensil washing areas shall meet this requirement. All other ceilings shall be cleanable, except in boiler rooms, mechanical and building equipment rooms, shops, administrative and similar spaces, where this requirement shall not apply.

(h) All facilities in which patient bedrooms or occupant services, such as operating, delivery, diagnostic, recreation, patient dining, or therapy rooms, are located on other than the first floor, shall have electric or electrohydraulic elevators. At least one hospital-type elevator shall be provided.

(1) Elevator cabs and platforms shall be constructed of noncombustible material, except that fire-retardant-treated material may be used if all exterior surfaces of the cab are covered with metal. Cabs of the hospital-type elevators shall have inside dimensions that will accommodate a patient's bed and attendants. The cab door shall have a clear opening to permit passage of a patient's bed.

(2) Elevators shall have automatic leveling of the two-way automatic maintaining type with accuracy within plus or minus one-half inch, unless manually operated.

Section 712-1.27 Mechanical requirements.

(a) Boilers shall have the capacity to supply the normal requirements of all steam and hot water systems and equipment. The number and arrangement of boilers shall be such that when one boiler breaks down or when routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boilers shall be sufficient to operate all systems.

(b) Boiler feed pumps, condensate return pumps, fuel oil pumps and heating circulating pumps shall be connected and installed to provide standby service when any pump breaks down.

(c) Heating systems shall be capable of maintaining all rooms other than operating, delivery, recovery, nursery, and intensive care rooms at a minimum temperature of

seventy-five degrees Fahrenheit,

(d) Air conditioning systems shall be provided, capable of maintaining temperature and relative humidity at or between the following ranges:

	Temperature (°Fahrenheit)	Relative Humidity (%)
Operating Rooms	70 – 76	50 – 60
Recovery Rooms	75	50 – 60
Intensive Care Rooms	75 – 80	30 – 60
Delivery Rooms	71 – 75	50
Nurseries	75 – 80	30 – 60

Filters for the above systems shall be provided with a minimum efficiency of ninety percent.

(e) All air supplied to the operating and delivery rooms and nurseries shall be delivered at or near the ceiling of the area served, and all air exhausted from the area shall be removed near floor level.

(f) Gravity heating or cooling units such as radiators or convectors may not be used in operating, delivery, recovery, nursery, intensive care rooms or kitchens.

(g) Patients' rooms shall have operable windows, which can be used for ventilation.

(h) Bathing rooms, soiled workrooms, soiled linen rooms and janitors' closets shall have mechanical exhaust ventilation. A wall or window exhaust fan with back-draft louvers may be accepted.

(i) Toilet rooms, bathrooms and physical therapy rooms shall have mechanical exhaust.

However, a wall or window exhaust fan with back-draft louvers, or operable windows,

which can be used for ventilation may also be accepted, as equivalents.

(j) Kitchen areas shall have a mechanical ventilating system with an equal supply and exhaust and a minimum of ten air changes per hour. If all outside air is used, a filter with at least thirty five percent efficiency shall be installed in the system. Dishwashing areas shall have an exhaust system with a minimum of ten air changes per hour. Supply air for the dishwashing area may be taken from the kitchen. All exhaust air shall be discharged directly to the outdoors.

(k) Supply air for central ventilation systems for patient areas shall be provided with filters having an efficiency of ninety percent if air is recirculated, or eighty percent if all outdoor air is used.

(l) An incinerator shall be provided to treat biological, infectious, and pathological wastes, unless other methods of treatment and disposal of such wastes are approved. Design and construction of incinerators and refuse chutes shall meet the requirements for approval of the Department of Environmental Conservation and comply with NFPA 82, Standard on Incinerators and Waste and Linen Handling Systems and Equipment, as referenced in Section 711.2(a) of this Title.

(m) All handwashing fixtures used by medical and nursing staff and food handlers shall be trimmed with valves that can be operated without the use of hands. Hand-operated faucets may be used on lavatories in patients' rooms and in patients' toilet rooms.

(n) Water systems shall be provided to supply water of sufficient pressure to operate all fixtures and equipment.

(o) Vacuum breakers shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as laboratory and janitors' sinks, bedpan-flushing

attachments and autopsy tables.

(p) The hot water heating equipment shall have sufficient capacity to supply water at the temperatures and amounts indicated below. The water temperature is to be taken at hot water point of use or inlet to processing equipment.

	Clinical	Dietary	Laundry
Gallons (per hour per bed)	6-1/4	4	4-1/2
Temperature (°Fahrenheit)	110	120*	160**

*Wash water and rinse water when used as the sanitizer is to be provided at the temperature required by the equipment manufacturer, and one hundred seventy degrees Fahrenheit when manual methods are used.

**Lower temperature is permitted if a controlled program of sanitizing has prior approval of the department.

(q) Building sewers shall discharge into a municipal sewerage system. Where such a system is not available, an approved sewage treatment system shall be used.

Section 712-1.28 Electrical requirements.

(a) Adequate electrical outlets shall be provided in each patient room to accommodate equipment that the hospital may use for patient care without use of receptacle adapters. Each patient bedroom shall have at least one duplex electrical receptacle per bed, plus an additional receptacle on another wall. If electric beds are to be used, an additional receptacle is required at the head of each bed. Receptacles in pediatric areas shall be of

the safety type. Duplex receptacles for general use shall be installed approximately fifty feet apart in corridors.

(b) Patient rooms shall have general lighting and night lighting. A reading light shall be provided for each patient.

(c) Areas where inhalation anesthetics are used shall conform to NFPA 99, Standard for Healthcare Facilities. Further details concerning this referenced material are contained in section 711.2(a) of this Part. All anesthetizing areas must be grounded. Grounding systems need not be equipotential, but must be installed and maintained in each anesthetizing location with an isolation transformer to minimize the difference in potential which can occur between any conductive surface that the patient can or a person touching the patient contact. Isolation transformers may serve more than one room; however, each room must have its own branch circuit.

(d) For patients' use at each bed, nurses' calling stations shall be provided that will register a call from the patient at the nurses' station and actuate a visual signal at the patient room door, and in the clean workroom, soiled workroom and nourishment station of the nursing unit. In multicorridor nursing units, additional visible signs shall be installed at corridor intersections. An emergency calling station shall be provided convenient for patients' use at each patient toilet, bathroom or shower room. An emergency nurses' calling station shall be provided for nurses' use in each operating, delivery, recovery, emergency and intensive nursing care room, nurseries, supervised wards for psychiatric patients, and rooms for children.

(e) Fire signal systems consisting of an electrically supervised fire alarm system and a detection system shall be provided as follows:

(1) The fire alarm signal shall be coded to indicate fire zone of the station activated and shall be connected to the fire department protecting the facility or to a central station.

Any alarm signal in the system shall sound a general alarm audible throughout the building.

(2) A coded fire detection system connected to the fire alarm system of the facility shall be provided in kitchens, boiler rooms and attached garages.

(f) An emergency electric generating set with automatic transfer switch shall provide electricity during an interruption of the normal electric supply to the hospital. Emergency electric service shall be provided to circuits as follows:

(1) To light exitways and all necessary ways of approach thereto, including exit signs and exit direction signs, exterior of exits, exit doorways, stairways, corridors, surgical, obstetrical and emergency room operating lights, nursery, laboratory, recovery room, intensive care areas, nursing stations, medication preparation areas, labor rooms, generator set locations, switch-gear locations, boiler rooms, and elevators required for emergency operation.

(2) For equipment essential to life safety, including nurses' calling system, alarm devices of sprinkler system if electrically operated, fire-detecting and smoke-detecting systems, paging or speaker systems if intended for issuing instructions during emergency conditions, alarms required for nonflammable medical gas systems if installed, fire and domestic water pumps if installed, receptacles for incubators for infants, pumps for central suction systems, sewage or sump pumps if installed, receptacles for blood bank refrigerators, and receptacles in operating, recovery, intensive care and delivery rooms except those for x-ray equipment. In addition, at least one duplex receptacle in each

nursing station, duplex receptacles in patient corridors, one elevator where elevators are used to transport patients to operating and delivery rooms or from these rooms to nursing areas on another floor, equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls required for heating and sterilization, ventilation of operating and delivery rooms, equipment necessary for maintaining telephone service, one electric sterilizer if installed, and food refrigeration and freezer facilities. In facilities with all electric kitchens, a ratio of three duplex receptacles per nursing unit shall be provided in the kitchen for food preparation unless a prior approved emergency food preparation plan is in effect.

Subpart 712-2 Standards for General Hospital Construction Projects Approved or Completed on or after October 14, 1998

Section 712-2.1 Applicability.

This Subpart sets forth minimum construction and physical environment standards applicable to general hospitals built and to portions of general hospitals altered or renovated pursuant to department or commissioner approval granted on or after October 14, 1998 and to construction projects not requiring such approval that have been or are completed after October 14, 1998.

Section 712-2.2 General Standards.

(a) General hospitals shall be constructed to maintain a safe and functional physical environment for all services that the licensed operator of the general hospital provides. When pediatric, psychiatric, obstetric or other services are not provided in the general hospital, the licensed operator shall inform patients needing such services of the name and location of health providers that provide such services. The department may approve modifications or deletions in space requirements when services are permitted to be shared. General hospital facilities shall comply with the pertinent requirements technical standards and codes set forth or incorporated by reference into Part 711 of this Title.

Section 712-2.3 General hospital construction projects approved or completed between October 14, 1998 and December 31, 2010.

General hospitals built and portions of general hospitals altered or renovated pursuant to the department or commissioner's approval between October 14, 1998 and December 31, 2010 and to construction projects not requiring such approvals that have been completed between October 14, 1988 and December 31, 2010 shall comply with either of the following:

(a) Chapter 7, "General Hospitals", of the 1996-97 Guidelines for Design and Construction of Hospital and Health Care Facilities, 1996 edition. This referenced material is further described in section 711.2(b)(6) of this Title.

(b) Chapter 2.2, "Specific Requirements for General Hospitals", of Part 2, "Hospitals", of Guidelines for Design and Construction of Health Care Facilities, 2010 edition. This referenced material is further described in section 711.2(b) of this Title.

Section 712-2.4 General hospital construction projects approved or completed after January 1, 2011.

This section sets forth the minimum construction and physical environment standards applicable to general hospitals new built and to alterations and renovations of general hospitals pursuant to approvals granted by the department or the commissioner after January 1, 2011 and to construction projects not requiring such approvals that are completed after January 1, 2011. General hospital construction projects shall comply with Chapter 2.2, "Specific Requirements for General Hospitals", of Part 2, "Hospitals", of Guidelines for Design and Construction of Health Care Facilities, 2010 edition. This referenced material is further described in section 711.2(b)(7) of this Title.

Section 712-2.5 Allogeneic bone marrow transplant units.

This section sets forth the minimum construction and physical environment standards for all allogeneic bone marrow transplant units.

(a) Bone marrow transplant patient rooms shall be located so as to have access within the hospital to out-of-unit diagnostic and treatment equipment, particularly radiation therapy equipment. Patient beds shall be located in positive pressure isolation rooms with general air filtration of eighty-five percent or more. Where such filtration is not available, patient rooms shall be positive pressure isolation rooms equipped with HEPA filtration. A countertop with scrub sink and space for high level disinfection procedures shall be available outside the entrance to each positive pressure isolation room.

(b) Each patient in a positive pressure bone marrow transplant isolation room shall have a private toilet room with a lavatory and a bathtub or shower. Such patient shall have

exclusive use of the toilet room. The patient must be able to directly enter the toilet room from the patient's room without passing through the vestibule. The patient shall also have a lavatory for the patient's exclusive use. It shall be located in the patient's room or in the private toilet room.

(c) Closed unit patient rooms shall be single bedded rooms with full height partitions to prevent cross infections.

(1) All surfaces, floors, walls, ceilings, doors (if any), windows and curtains shall be scrubbable.

(2) Windows shall be provided so that each patient may be cognizant of the outdoor environment. Windowsill height shall not exceed three feet above the finished floor and shall be above grade. All windows in the unit shall be fixed sash, sealed to eliminate infiltration.

(3) Viewing panels shall be provided in doors or walls for nursing staff observation.

Flame retardant curtains or other means shall be provided to cover windows and viewing panels when a patient requires visual privacy. Glazing shall be safety glass, wire glass or clear plastic to reduce hazard from accidental breakage. Glass in corridors used as fire exits or smoke partitions shall be wire glass in steel frames.

(4) A nurses' calling system shall be provided at each bed, sitting area and patient toilet room.

(5) Facilities for administration of suction, compressed air and oxygen shall be provided at each bed.

(d) Each geographically distinct unit shall provide:

(1) a nurses' office;

- (2) a report room/conference room sized as required by the number of patients/staff within the unit;
- (3) a doctors' consultation room of sixty square feet;
- (4) a drug distribution and preparation area;
- (5) space for storage of emergency equipment;
- (6) a closed accessible waiting space for family members; and,
- (7) an emergency call system, provided at each patient bed and toilet, to summon additional personnel from on-call rooms, consultation rooms and staff lounges.

Part 713, Standards of Construction for Nursing Homes, is REPEALED in its entirety.

Part 713 is renamed and Subparts 713-1, 713-2, 713-3 and 713-4 are added as follows:

Part 713 Standards of Construction for Nursing Home Facilities

(Statutory Authority: Public Health Law Section 2803)

* * *

Subpart 713-1 Standards for Nursing Home Construction Projects Completed or

Approved Prior to August 25, 1975

Section 713-1.1 Applicability.

This Subpart sets forth minimum construction and physical environment standards applicable to nursing home facilities built, to portions of nursing homes facilities renovated or altered prior to August 25, 1975 and to nursing home construction projects approved by the commissioner or department prior to August 25, 1975.

Section 713-1.2 Pertinent standards.

Nursing homes shall comply with all pertinent requirements, technical standards and codes set forth or incorporated by reference into Part 711 of this Title, including, but not limited to, Chapter 19, "Existing Health Care Occupancies", of NFPA 101, Life Safety Code, 2000 edition, as referenced in section 711.2(a) of this Title.

Section 713-1.3 Nursing units.

Each nursing unit shall include the following service areas and shall meet the following minimum requirements:

- (a) A nurses' station.
- (b) A nurses' call system that can register a call from each resident's bedside, toilet and bathing facilities to the nurses' station. The call system shall also register a visual signal at each resident's doorway, the clean room, soiled workroom and nourishment station on the nursing unit.
- (c) A minimum of one clean utility room and one soiled utility room on each resident floor.
- (d) A storage and preparation area for drugs and biologicals.
- (e) Storage area, adequate for resident needs and equipment. This space may be located in

any accessible section of the facility.

(f) There shall be a maximum of four certified beds in any resident bedroom.

(g) Single resident bedrooms shall have a minimum usable floor area of one hundred square feet per bed, exclusive of closets, toilets and vestibules. Multi-resident bedrooms shall have a minimum usable floor area of eighty square feet per bed, exclusive of closets, toilets and vestibules.

(h) Resident bedrooms shall be designed and equipped for adequate nursing care, comfort and privacy of the residents and shall comply with the following:

(1) Placement of residents' beds shall be such that a bed may be approached from at least one side and one end. No bed shall be closer than three feet to a window, radiator, or an adjacent bed.

(2) All beds in multi-resident rooms shall have flame-retardant cubicle curtains for resident privacy.

(3) Resident bedrooms shall be arranged and furnished so that it shall be possible to move a resident from a bed to a stretcher and in or out of the room without moving other beds in the room.

(4) A closet or locker, measuring at least eighteen inches by eighteen inches by sixty inches high or the equivalent thereof, acceptable to the department, shall be provided for each resident and shall be located within, or directly adjacent to each resident bedroom.

(5) A handwashing facility shall be provided within or adjacent to each resident bedroom.

(6) Every resident bedroom shall have an exit access door leading directly to a corridor, which leads to an exit. One adjacent room may intervene, but this shall be limited to a lounge or anteroom.

(i) Each resident bedroom shall be equipped with or shall be conveniently located near adequate toilet and bathing facilities. Centralized toilets and bathing facilities, if provided, shall be on the same floor as the resident bedrooms served. At least one centralized toilet shall be provided for every eight resident beds in rooms without adjacent toilet facilities to serve the occupants of the room.

(j) Each resident bedroom shall have direct access to an outside exposure. Windowsills shall not be higher than three feet above the finished floor, and shall be above grade.

Section 713-1.4 Isolation rooms.

A nursing home shall have at least one single bed isolation room that is ventilated to the outside and includes a private toilet and handwashing facilities, equipped with other than hand controls.

Section 713-1.5 Treatment, examination and personal care rooms.

(a) A nursing home shall have at least one treatment or examining room that is accessible to all residents by means of a corridor or elevator, and equipped with a handwashing facility. A treatment room shall not be required in a facility where all resident rooms are in single rooms.

(b) A nursing home shall have a minimum of one personal care room.

Section 713-1.6 Nutrition and dining services.

(a) A nursing home shall have at least one room of adequate size and appropriately furnished and designed for resident dining and other resident activities. If a multipurpose

room is used for dining and other resident activities, there shall be sufficient space to accommodate all activities and prevent their interference with each other.

(b) Kitchen and dietary service areas shall comply with the requirements set forth in Part 14 of this Title (State Sanitary Code).

Section 713-1.7 Administrative areas and elevators.

(a) Office space shall be provided as required by the size of the facility, and the number of persons employed in administrative positions, to be used for business transactions, medical records and administration and admitting and discharge. Space shall also be provided for use by the director of nursing services. At least one toilet and lavatory shall be provided for staff and public use.

(b) Nursing home facilities shall include elevators as follows:

(1) Facilities with certified resident beds or resident services on two or more floors shall provide at least one elevator.

(2) Facilities with one hundred one to two hundred certified beds above the first floor shall provide at least two elevators.

(3) Facilities with more than two hundred certified beds above the first floor shall provide at least three elevators.

(4) The minimum platform size of a single elevator, where such elevator is required, shall measure at least four feet six inches by seven feet. Where a second elevator is required by this section, its platform shall measure at least four feet by six feet.

Section 713-1.8 Details and finishes.

Details and finishes shall comply with the requirements set forth in section 712.-1.26 of this Title and with the following:

- (a) Corridors used by residents shall be equipped with firmly secured handrails on both sides.
- (b) Resident toilets and bathing facilities shall be equipped with grab bars, firmly secured to the walls and/or fixtures, for the convenient use of the residents.
- (c) All floor, ceiling and wall surfaces shall be easily cleanable, and designed for the maintenance of a comfortable, sanitary environment for each resident. This shall not apply to ceilings in boiler rooms, mechanical and building equipment rooms, administration and similar spaces that are not typically occupied by residents.
- (d) At least one janitor's closet shall be provided in each facility.

Section 713-1.9 Mechanical requirements.

- (a) Boilers shall have the capacity to supply the normal requirements of all steam and hot water systems and equipment. The number and arrangement of boilers shall be such that when one boiler breaks down or when routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boilers shall be at least seventy percent of the total required capacity.
- (b) The heating system shall be capable of maintaining all occupied areas at a minimum temperature of seventy-five degrees Fahrenheit.
- (c) Resident bedrooms shall have operable windows that can be used for ventilation.
- (d) Bathing rooms, soiled workrooms, soiled linen rooms and janitors' closets shall have mechanical exhaust ventilation or a wall or, if approved by the department, window

exhaust fan with back-draft louvers.

(e) Toilet rooms and physical therapy rooms shall have mechanical exhaust or window exhaust fan with back-draft louvers or, if approved by the department, operable windows which can be used for ventilation.

(f) Kitchen areas shall have a mechanical ventilating system to maintain an equal supply and exhaust and a minimum of ten air changes per hour. Dishwashing areas shall have an exhaust system with a minimum of ten air changes per hour. If all outside air is used, a filter with at least thirty five percent efficiency shall be installed in the system. Supply air for the dishwashing area may be taken from the kitchen. All exhaust air shall be discharged directly to the outdoors.

(g) Supply air for central ventilation systems for resident care areas using outdoor air shall be equipped with filters having an efficiency of thirty five percent.

(h) Nursing homes shall include an incinerator to treat infectious wastes or other department approved methods of infectious waste disposal. Incinerators and refuse chutes shall comply with NFPA 82, Standard on Incinerators and Waste and Linen Handling Systems and Equipment, as referenced in section 711.2(a) of this Title, and shall meet the requirements for approval of the Department of Environmental Conservation.

(i) All handwashing fixtures used by medical and nursing staff and food handlers shall be trimmed with valves that can be operated without the use of hands. Hand operated faucets may be fitted on lavatories in residents' rooms and residents' toilets.

(j) Bedpan-flushing devices shall be provided on each resident floor.

(k) Vacuum breakers shall be installed on hose bibs and on all fixtures to which hoses or

tubing can be attached, such as janitor's sinks and bedpan-flushing attachments.

(l) Water supply systems shall be provided to supply water at sufficient pressure to operate all fixtures and equipment.

(m) Domestic hot water systems shall provide adequate hot water at each outlet at all times. Hot water temperature at fixtures used by residents shall not exceed one hundred ten degrees Fahrenheit.

(n) Building sewers shall discharge into a community sewerage system, if available, or a department approved sewage treatment system.

Section 713-1.10 Electrical requirements.

(a) Each resident bedroom shall have at least one duplex electrical receptacle per bed and an additional receptacle on another wall. If electric beds are used, an additional receptacle is required at the head of each bed. Duplex receptacles for general use shall be installed approximately fifty feet apart in all corridors.

(b) Resident rooms shall have general lighting and night lighting; a reading light shall be provided for each resident.

(c) An emergency generator shall be provided that is capable of providing energy to operate the following: lighting for all means of egress; equipment to maintain fire detection, alarm and extinguishing systems; life-support systems; water, sewage and sump pumps; refrigerators and freezers; and, minimal general lighting, and heating. In facilities with all-electric kitchens, a ratio of three duplex receptacles per nursing unit shall be provided in the kitchen for food preparation unless a prior approved emergency food preparation plan is in effect.

(d) Fire signal systems consisting of an electrically supervised fire alarm system and a detection system shall be provided as follows:

(1) The fire alarm signal shall be coded to indicate location of the station operated and shall be connected to the fire department protecting the facility or to a central station.

Any alarm signal in the system shall sound a general alarm audible throughout the facility.

(2) A coded fire detection system that is connected to the fire alarm system of the facility shall be provided in boiler rooms and attached garages.

(3) Each resident sleeping room shall be protected by an automatic smoke and heat detection system that includes an approved and operational automatic smoke and heat detector in such room. A facility with one or more resident sleeping rooms that are protected by an automatic smoke detection system, but do not have an automatic heat detection system, and otherwise complies with the requirements of this subparagraph, shall not be required to add an automatic heat detector to such system in such rooms.

Section 713-1.11 Requirements for long term ventilator programs.

(a) Each bedroom occupied by a resident receiving ventilator care shall comply with applicable criteria set forth in section 713-1.3 of this Subpart and shall include the following:

(1) adequate space for a bedside mechanical ventilator for each bed;

(2) adequate space for wheelchair access to all functional areas of the room as well as for

its storage and parking when not in use;

(3) adequate space for oxygen administration and suction equipment for each resident;

(4) a wheelchair accessible toilet room with adequate space for staff to assist residents;

and,

(5) at least one duplex outlet per bed that is connected to the emergency electrical service.

(b) One isolation room shall be provided on each nursing unit where ventilator dependent residents are housed.

(c) Facilities with long term ventilator programs shall provide:

(1) a conference room for in-service education and training of respiratory care staff;

(2) an easily accessible treatment room equipped with facilities for the administration of oxygen and suction;

(3) adequate office space for staff serving ventilator dependent residents;

(4) adequate storage and maintenance space to ensure routine servicing of ventilators and related equipment;

(5) dining space that is wheelchair accessible; and,

(6) adequate therapy space for respiratory rehabilitation.

Subpart 713-2 Standards for Nursing Home Construction Projects Completed or
Approved Between August 25, 1975 and July 1, 1990

Section 713-2.1 Applicability.

(a) This Subpart sets forth minimum construction and physical environment standards applicable to: (1) nursing home facilities built and to portions of nursing home facilities

renovated or altered pursuant to department or commissioner approval granted between August 25, 1975 and July 1, 1990; and (2) other nursing home facility construction projects that did not require department or commissioner approval and were completed between August 25, 1975 and July 1, 1990.

(b) This Subpart applies to skilled nursing facilities. Chronic disease hospitals shall comply with the requirements for general hospitals set forth in Part 712 of this Title, except that the functional requirements shall be modified as required by the department, to satisfy the specific needs of the chronic disease program.

Section 713-2.2 Pertinent standards.

Nursing homes shall comply with all pertinent requirements, technical standards and codes set forth or incorporated by reference into Part 711 of this Title, including, but not limited to, Chapter 19, "Existing Health Care Occupancies", of NFPA 101, Life Safety Code, 2000 edition, which is referenced in more detail in section 711.2(a) of this Title.

Section 713-2.3 Minimum bed capacities.

Unless the commissioner approves fewer beds, a nursing home unit of a hospital shall have a minimum of thirty certified beds and a freestanding nursing home facility shall have a minimum of sixty certified beds.

Section 713-2.4 Space and area requirements.

The commissioner may approve modifications or deletions in space requirements set forth in this Subpart when nursing home services or facilities are permitted to be shared.

The sizes of the various departments will depend upon program requirements and organization of services within the facility. Some functions requiring separate spaces or rooms may be combined, provided that the resulting plan will not compromise the best standards of safety and of medical and nursing practices.

Section 713-2.5 Nursing units.

(a) The number of certified beds on a nursing unit shall not exceed sixty unless additional services are provided. At least two-thirds of the total certified beds in any facility shall be located in rooms designed for one or two beds. At least one-tenth of the total certified beds in any facility shall be located in single bedrooms, each equipped with a private bath and toilet.

(b) Each resident bedroom shall meet the following requirements:

(1) The maximum room capacity shall be four residents.

(2) The minimum room areas exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules shall be one hundred twenty five square feet in single bedrooms and one hundred square feet per bed in multi-bed rooms.

(3) Each room shall have a window that can be opened without the use of tools. The windowsills shall not be higher than three feet above the finished floor and shall be above grade.

(4) A nurses' calling system shall be provided.

(5) One lavatory shall be provided in each resident room. The lavatory may be omitted from a single or a double bedroom when a lavatory is located in an adjoining toilet room, which serves that room only.

(6) Each resident shall have access to a toilet room without entering the general corridor area. One toilet room shall serve no more than four certified beds and no more than two resident rooms. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted only from a toilet room that serves not more than two single bedrooms if each such single bedroom contains a lavatory.

(7) Each resident shall have a wardrobe, locker, or closet with minimum clear dimensions of one foot ten inches by one foot eight inches. An adjustable clothes rod and shelf shall be provided.

(8) Visual privacy shall be provided for each resident in multi-bed rooms with non-combustible cubicle curtains.

(9) No resident bedroom shall be located more than one hundred twenty feet from the soiled workroom or the soiled holding room, or the clean work room or clean holding room.

(c) The following service areas shall be located in or be readily available to each nursing unit:

(1) A nurses' station with space for nurses' charting, doctors' charting, and storage for administrative supplies.

(2) A lounge and toilet room(s) for nursing staff.

(3) Individual closets or compartments for the safekeeping of coats and personal effects of nursing personnel. These shall be located convenient to the duty station of personnel or in a central location.

(4) Nursing homes that do not have exclusively single bedrooms shall have a medical treatment and examination room for residents. This room shall have a minimum floor

area of one hundred twenty square feet excluding space for vestibule, toilet, closets, and work counters, whether fixed or movable. The minimum room dimension shall be ten feet. The room shall contain a lavatory or sink equipped for handwashing; a work counter; storage facilities; and a desk, counter or shelf space for writing.

(5) A clean workroom with a work counter, handwashing, and storage facilities or a clean holding room that is part of a system for storage and distribution of clean and sterile supply materials. The clean holding room shall be similar to the clean workroom except that the work counter and handwashing facilities may be omitted.

(6) A soiled workroom that contains a clinical sink or equivalent flushing rim fixture, a sink equipped for handwashing, work counter, waste receptacle, and linen receptacle, or a soiled holding room that is part of an approved system for collection and disposal of soiled materials. The soiled holding room shall be similar to the soiled workroom except that the clinical sink and work counter may be omitted.

(7) A medication preparation room, or self contained medication dispensing unit or a department approved medication dispensing system for the convenient and prompt twenty four hour distribution of medication to residents. If used, a medicine preparation room or unit shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A medication dispensing unit may be located at the nurses' station, in the clean workroom, or in an alcove or other space under direct control of the nursing or pharmacy staff.

(8) A separate closet, designated area within the clean workroom or closed cart system for storage of clean linen. If a closed cart system is used, storage may be in an alcove.

(9) A nourishment station that contains a sink equipped for handwashing, equipment for serving nourishment between scheduled meals, a refrigerator and storage cabinets. Ice for residents' service and treatment shall be provided only by ice-maker dispenser units.

(10) A storage room for equipment such as intravenous stands, inhalators, air mattresses, and walkers.

(11) An area out of the path of normal traffic for parking for stretchers and wheelchairs.

(12) At least one bathtub or shower for every twelve beds in rooms that are not otherwise served by bathing facilities. At least one bathtub shall be provided in each nursing unit. Each tub or shower shall be in a room or enclosure with space for the private use of the bathing fixture, for drying and dressing, and for a wheelchair and an attendant. Showers in central bathing facilities shall be at least four feet square, without curbs and designed to permit use by a wheelchair bound resident.

(13) Facilities for the sterilization of equipment and supplies.

(d) Residents' toilet facilities shall comply with the following:

(1) The minimum dimensions of a room containing only a water closet shall be three feet by six feet; additional space shall be provided if a lavatory is located within the same room. Water closets must be conveniently located and usable by wheelchair bound residents.

(2) At least one room with a lavatory and water closet on each nursing floor shall be provided for toilet training. It shall be accessible from the nursing corridor. A clearance of three feet shall be provided at the front and at each side of the water closet.

(3) A toilet room shall be accessible to each central bathing area without going through

the general corridor. This may be arranged to serve as the required toilet training facility.

Section 713-2.6 Resident dining and recreation areas.

(a) Resident dining and recreation areas shall be not less than thirty square feet per certified bed for the first one hundred certified beds and twenty seven square feet per certified bed for all certified beds in excess of one hundred. Additional space shall be provided for visitors who participate in an adult day health care program.

(b) Storage space shall be provided for recreational equipment, within or adjacent to dining room.

(c) Toilets for resident use shall be located within or immediately adjacent to the dining room.

Section 713-2.7 Physical therapy facilities.

Physical therapy facilities shall include the following:

(a) Treatment areas with space and equipment for thermotherapy, diathermy, ultrasound and hydrotherapy. Provision shall be made for cubicle curtains around each individual treatment area, handwashing facility(ies) (one lavatory or sink may serve more than one cubicle), and facilities for the collection of soiled linen and other material.

(b) An exercise area.

(c) Storage for clean linen, supplies, and equipment.

(d) Residents' dressing areas, showers, lockers, and toilet rooms, as may be required by the functional program approved by the department.

(e) A service sink.

(f) Wheelchair and stretcher storage.

(g) Office space.

(h) The requirements of subdivisions (c), (d), (e), (f) and (g) of this section may be planned and arranged for shared use by residents receiving occupational therapy and staff if the approved functional program reflects this sharing concept.

Section 713-2.8 Occupational therapy facilities.

Occupational therapy facilities shall include the following:

(a) An activities area with a sink or lavatory and facilities for collection of waste products prior to disposal.

(b) Storage for supplies and equipment.

(c) Residents' toilet rooms, which may be shared with residents receiving physical therapy and staff, if the approved narrative program reflects this sharing concept.

Section 713-2.9 Personal care rooms.

A separate room shall be provided for hair care and grooming needs of residents.

Section 713-2.10 Dietary facilities.

(a) Construction, equipment, and installation of dietary facilities shall comply with the standards in Part 14 of this Title (State Sanitary Code). Food service facilities shall be designed and equipped to meet the requirements of the narrative program. These may consist of an on-site conventional food preparation system, a convenience food service

system, or an appropriate combination thereof.

(b) The following functional elements shall be provided in such size as required to implement the type of food service system selected:

- (1) A control station for receiving food supplies.
- (2) Storage space for four days' supply including cold storage.
- (3) Food preparation facilities as required by the narrative program. Conventional food preparation systems require space and equipment for preparing, cooking and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, individual packaged portions, or systems using contractual commissary services will require space and equipment for thawing, portioning, cooking, or baking.
- (4) Handwashing facility(ies) in the food preparation area.
- (5) Resident meal service space including facilities for tray assembly and distribution.
- (6) Dining area for ambulatory residents, staff, and visitors.
- (7) Ware washing in a room or an alcove separate from food preparation and serving areas. This shall include commercial-type dishwashing equipment. Space also shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using areas. A lavatory shall be conveniently available.
- (8) Pot washing facilities.
- (9) Sanitizing facilities and storage areas for cans, carts, and mobile tray conveyors. The sanitizing facilities may be combined with those required for linen services.
- (10) Waste storage facilities in a separate room that is easily accessible to the outside for direct pickup or disposal.
- (11) Office or suitable workspace for the dietitian or the dietary service manager.

(12) Toilets for dietary staff with handwashing facilities immediately available.

(13) A janitors' closet located within the dietary department. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(14) Self-dispensing ice making facilities.

Section 713-2.11 Administration and public areas.

Administration and public areas shall include and comply with the following:

(a) An entrance at grade level, sheltered from the weather and able to accommodate wheelchairs.

(b) A lobby, which shall include:

(1) storage space for wheelchairs;

(2) a reception and information counter or desk;

(3) waiting space(s);

(4) public toilet facilities;

(5) public telephone(s); and

(6) drinking fountain(s).

(c) Interview space(s) for private interviews relating to social services, credit and admissions.

(d) General or individual office(s) for business transactions, medical and financial records, and administrative and professional staff.

(e) A multi-purpose room for conferences, meetings and health education purposes including facilities for showing visual aids.

(f) Storage for office equipment and supplies.

Section 713-2.12 Linen services.

(a) If linen is to be processed on the site, the following shall be provided:

(1) A laundry processing room with commercial-type equipment that can process seven days' needs within a regularly scheduled work week. Handwashing facilities shall be provided.

(2) A soiled linen receiving, holding and sorting room with handwashing facilities.

(3) Storage for laundry supplies.

(4) A clean linen inspection and mending room or area.

(5) A clean linen storage, issuing and holding room area.

(6) A janitors' closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(7) Sanitizing facilities and storage area for carts. The sanitizing facilities may be combined with those required for dietary facilities.

(b) If linen is processed off the site, the following shall be provided:

(1) A soiled linen holding room.

(2) Clean linen receiving, holding, inspection and storage room(s).

(3) Sanitizing facilities and storage area for carts. The sanitizing facilities may be combined with those required for dietary facilities.

Section 713-2.13 Central stores.

General storage room(s) shall have a total area of not less than ten square feet per certified bed and shall generally be concentrated in one area.

Section 713-2.14 Employees' facilities.

In addition to employees' facilities such as locker rooms, lounges, toilets or shower facilities called for in certain departments, a sufficient number of such facilities as required to accommodate the needs of all personnel and volunteers shall be provided.

Section 713-2.15 Janitors' closets.

In addition to the janitors' closets called for in certain departments, sufficient janitors' closets shall be provided throughout the facility to maintain a clean and sanitary environment. These shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

Section 713-2.16 Engineering service and equipment areas.

Engineering service and equipment areas shall include the following:

- (a) equipment room(s), which shall consist of room(s) or separate building(s) for boilers, mechanical equipment and electrical equipment;
- (b) engineers' quarters providing office or suitable desk space for engineers;
- (c) maintenance shop(s);
- (d) storage room(s) for building maintenance supplies which may be part of maintenance shop in nursing homes of less than one hundred beds; and
- (e) yard equipment storage which shall consist of a separate room or building for year maintenance equipment and supplies.

Section 713-2.17 Waste processing facilities and services.

(a) Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal or by a combination of these techniques.

(b) A gas, electric or oil-fired incinerator shall be provided on site or by off-site shared services for the complete destruction of infectious waste. Infectious waste shall include, but shall not be limited to, dressings from open wounds, laboratory specimens, and all waste material from isolation rooms. If an incinerator is on site, it shall be located in a separate room or outdoors and shall meet the following requirements:

(1) Design and construction of incinerators and trash chutes shall be in accordance with NFPA 82, Standard on Incinerators and Waste and Linen Handling Systems and Equipment. Further details concerning this referenced material are contained in section 711.2(a) of this Title.

(2) Incinerators shall be designed and installed in accordance with the terms of the permit to construct, issued by the Department of Environmental Conservation.

Section 713-2.18 Details and finishes.

A high degree of safety for the occupants shall be provided to minimize the incidence of accidents with special consideration for ambulatory residents to enhance their ability to care for themselves. Hazards such as sharp corners shall be avoided.

(a) Details shall comply with the following requirements:

(1) Compartmentation, corridors, widths, exits, automatic extinguishment systems, and other details relating to fire prevention and fire protection shall comply with requirements

applicable to existing health care occupancies set forth in NFPA 101, Life Safety Code, 2000 edition. Further details concerning this referenced material are contained in section 711.2(a) of this Title.

(2) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.

(3) All rooms containing bathtubs, sitz baths, showers and water closets that are used or subject to occupancy by residents shall be equipped with doors and hardware that permit access from the outside in any emergency. When such rooms have only one opening or are small, the doors shall be capable of opening outwards or be otherwise designed to be opened without need to push against a resident who may have collapsed within the room.

(4) The minimum width of all doors to rooms needing access for beds or stretchers shall be three feet eight inches. Doors to resident toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of two feet ten inches.

(5) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type. Openings to showers, baths, residents' toilets, and other small wet-type areas not subject to fire hazard are exempt from this requirement.

(6) Windows and other doors which may be frequently left in an open position shall be provided with insect screens.

(7) Windows shall be designed to prevent accidental falls when open, or shall be provided with security screens.

(8) Except for doors to spaces that are not subject to occupancy such as small closets, all

doors shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width. Large walk-in type closets are considered spaces subject to occupancy.

(9) Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within eighteen inches of the floor, thereby creating possibility of accidental breakage by pedestrian traffic, shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings of recreation rooms and exercise rooms unless required otherwise for fire safety. Glazing materials as noted above shall be used for shower doors and bath enclosures.

(10) Where labeled fire doors are required, these shall be certified by an independent testing laboratory as meeting the construction requirements equal to those for fire doors in NFPA 80, Standard for Fire Doors and Fire Windows, 1999 edition. Reference to a labeled door shall be construed to include labeled frame and hardware. Further details concerning the material referenced herein are contained in section 711.2(a) of this Title.

(11) Elevator shaft openings shall have Class B 1-1/2-hour labeled fire doors.

(12) Linen and refuse chutes shall meet or exceed the following requirements:

(i) Service openings to chutes shall not be located in corridors or passageways but shall be located in a room of construction having a fire resistance of not less than two hours.

Doors to such rooms shall be not less than Class B 1-1/2-hour labeled fire doors.

(ii) Service openings to chutes shall be approved self-closing Class B 1-1/2-hour labeled fire doors.

(iii) Minimum cross-sectional dimension of gravity chutes shall be not less than two feet.

(iv) Chutes shall discharge directly into collection rooms separate from incinerators, laundry, or other services. Separate collection rooms shall be provided for trash and for linen. The enclosure construction for such rooms shall have a fire resistance of not less than two hours, and the doors thereto shall be not less than Class B 1-1/2 fire doors.

(v) Gravity chutes shall extend through the roof with provisions for continuous ventilation as well as for fire and smoke ventilation. Openings for fire and smoke ventilation shall have an effective area of not less than four feet above the roof and not less than six feet clear of other vertical surfaces. Fire and smoke ventilating openings may be covered with single strength sheet glass.

(13) Dumbwaiters, conveyors and material handling systems shall not open directly into a corridor or exit way but shall open into a room enclosed by construction having a fire resistance of not less than one hour and provided with Class C 3/4 labeled fire doors.

Service entrance doors to vertical shafts containing dumbwaiters, conveyors, and material handling systems shall be not less than Class B 1-1/2-hour labeled fire doors. Where horizontal conveyors and material handling systems penetrate fire-rated walls or smoke partitions, such openings must be provided with Class B 1-1/2-hour labeled fire doors for two hour walls and Class C 3/4-hour labeled fire doors for one hour walls or partitions.

(14) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.

(15) Grab bars shall be provided at all residents' toilets, showers, tubs and sitz baths. The bars shall have one and one-half inch clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of two hundred fifty pounds.

(16) Recessed soap dishes shall be provided in showers and bathrooms.

(17) Handrails for use by residents shall be provided on both sides of corridors. A clear distance of one and a half inches shall be provided between the handrail and the wall.

(18) Ends of handrails and grab bars shall be constructed to prevent snagging the clothes of residents.

(19) Location and arrangement of handwashing facilities shall permit their proper use and operation. Particular care should be given to the clearances required for blade-type operating handles. Lavatories intended for use by residents shall be installed to permit use by residents in wheelchairs.

(20) Mirrors shall be arranged for convenient use by residents in wheelchairs as well as by residents in a standing position.

(21) Paper towel dispensers and waste receptacles shall be provided at all handwashing fixtures.

(22) Ceiling heights shall be as follows:

(i) Boiler rooms shall have ceiling clearances not less than two feet six inches above the main boiler header and connecting piping.

(ii) Rooms containing ceiling-mounted equipment shall have height required to accommodate the equipment.

(iii) All other rooms shall have not less than eight foot ceilings except that corridors, storage rooms, toilet rooms, and other minor rooms may be not less than seven feet eight inches. Suspended tracks, rails and pipes located in path of normal traffic shall be not less than six feet eight inches above the floor.

(23) Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated shall not be located directly over resident bed unless special provisions are

made to minimize such noise.

(24) Rooms containing heat-producing equipment, such as boiler or heater rooms and laundries, shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature ten degrees Fahrenheit above the ambient room temperature.

(b) Finishes shall comply with the following:

(1) Cubicle curtains and draperies shall be noncombustible and shall pass both the large and small scale test of set forth in NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films, 1999 edition. Further details concerning this material referenced herein are contained in section 711.2(a) of this Title.

(2) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water-resistant and greaseproof. Joints in tile and similar material in such areas shall be resistant to food acids. In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet, such as shower and bath areas, kitchen and similar work areas, shall have a nonslip surface.

(3) Wall bases in kitchen, soiled workrooms, and other areas which are frequently subject to wet cleaning methods shall be made integral and coved with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects.

(4) Wall finishes shall be washable and the immediate area surrounding plumbing fixtures shall be smooth and moisture resistant. Finish, trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(5) Floor and wall penetrations by pipes, ducts and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(6) Ceilings throughout the facility shall be easily cleanable. Ceilings in the dietary and food preparation areas shall have a finished ceiling covering all overhead piping and duct work. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire-resistive purposes.

(7) Acoustical ceilings shall be provided for corridors in resident areas, nurses' stations, dayrooms, recreation rooms, dining areas and waiting areas.

Section 713-2.19 Construction, including fire-resistive requirements.

(a) Every building and every portion thereof shall be designed and constructed to sustain all dead and live load in accordance with accepted engineering practices and standards, including seismic forces, where they apply.

(b) Foundations shall rest on natural solid bearing if a satisfactory bearing is available at reasonable depths. Proper soil-bearing values shall be established in accordance with recognized standards. If solid bearing is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement, except that one-story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and placement of fill shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the compacted fill operation and certification of compliance with the job specifications. All footings shall extend to a depth not less than

one foot below the estimated maximum frost line.

(c) Construction standards for nursing home facilities shall comply with the following:

(1) One-story buildings shall be of Type I, or Type II (222) or (111) construction; buildings with two or more stories shall be of Type I construction. Building construction types shall be as defined in NFPA 220, Standard on Types of Building Construction, 1999 edition. Further details concerning the material referenced herein are contained in section 711.2(a) of this Title.

(2) Enclosures for stairs, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of one hundred square feet or greater area, shall be of construction having a fire resistance rating of at least two hours.

(d) Separate freestanding buildings housing the boiler plant, laundry, shops, or general storage may be of Type I, or Type II (222) or (111) construction. Building construction types shall be as defined in NFPA 220, Standard on Types of Building Construction, 1999 edition. Further details concerning the material referenced herein are contained in section 711.2(a) of this Title.

(e) Building insulation materials, unless sealed on all sides and edges, shall have a flame spread rating of twenty five or less and a smoke developed rating of one hundred fifty or less when tested in accordance with NFPA 255, Standard Method of Test of Surface Burning Characteristics of Building Materials, 2000 edition. Further details concerning the material referenced herein are contained in section 711.2(a) of this Title.

(f) An emergency radio communication system shall be provided in each facility. This system shall be self-sufficient in times of emergency and capable of operation without reliance on the building service or emergency electric power supply. It shall also be

linked with the available community or State emergency communication network, including connections with police and fire department or system.

Section 713-2.20 Elevators.

All buildings that have residents' facilities such as bedrooms, dining rooms or recreation areas, or critical services, such as diagnostic or therapy areas located on a floor other than the main entrance floor shall have electric or electrohydraulic elevators. All buildings with elevators shall comply with the requirements of this section.

(a) The facility shall have the following minimum number of elevators:

(1) At least one hospital-type elevator shall be installed where one to fifty nine resident beds are located on any floor other than the main entrance floor.

(2) At least two elevators, one of which shall be hospital-type, shall be installed where sixty to two hundred certified resident beds are located on floors other than the main entrance floor, or where the major resident services are located on a floor other than those containing certified resident beds. Elevator service may be reduced for those floors that provide only partial resident services.

(3) At least three elevators, one of which shall be hospital-type shall be installed where two hundred one to three hundred fifty certified resident beds are located on floors other than the main entrance floor, or where a major resident services are located on a floor other than those containing certified resident beds. Elevator service may be reduced for those floors that provide only partial resident services.

(4) For facilities with more than three hundred fifty certified resident beds, the number of

elevators shall be determined from a study of the facility plan and the estimated vertical transportation requirements.

(b) Hospital-type elevator cars shall have inside dimensions that will accommodate a resident bed and attendants, and shall be at least five feet wide by seven feet six inches deep. The car door shall have a clear opening of not less than three feet eight inches wide.

(c) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of one-half inch.

(d) Elevators, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(e) Elevator controls, alarm button and telephones shall be accessible to wheelchair occupants.

(f) Elevator call buttons, controls and door safety stops shall be of a type that will not be activated by heat or smoke.

(g) Field inspections and tests shall be made and the owner and licensed operator shall be furnished written certification that the installation meets the requirements set forth in this section and all applicable safety regulations and codes.

Section 713-2.21 Mechanical systems and equipment requirements.

(a) Prior to completion and acceptance of the facility, all mechanical systems shall be tested, balanced and operated to demonstrate to the owner or his or her representative that the installation and performance of these systems conform to the requirements of the plans and specifications. Upon completion of the contract, the owner shall be furnished

with a complete set of manufacturers' operating, maintenance, and preventive maintenance instructions, parts lists with numbers and description for each piece of equipment and instructions on the operation and use of systems and equipment.

(b) Thermal insulation and acoustical insulation (if applicable) shall be provided on the following fixtures and equipment within a nursing home facility and shall comply with the following:

- (1) boilers, smoke breeching and stacks;
- (2) steam supply and condensate return piping;
- (3) hot water piping above one hundred eighty degrees Fahrenheit and all hot water heaters, generators and converters;
- (4) hot water piping above one hundred twenty five degrees Fahrenheit, which is exposed to contact by residents;
- (5) chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point;
- (6) water supply and drainage piping on which condensation may occur;
- (7) air ducts and casings with outside surface temperatures below ambient dew point; and
- (8) other piping, ducts, and equipment as necessary to maintain the efficiency of the system.
- (9) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is unnecessary for preventing excessive system heat loss or excessive heat gain.
- (10) Insulation, including finishes and adhesives on the exterior surfaces of ducts, pipes and equipment, shall have a flame spread rating of twenty five or less and a smoke

developed rating of one hundred fifty or less as determined by an independent testing laboratory in accordance with NFPA 255, Standard Methods of Test of Surface Burning Characteristics of Building Materials, 2000 edition. Further details concerning the material referenced herein are contained in section 711.2(a) of this Title.

(11) Linings in air ducts and equipment including coatings and adhesives, and insulation on exterior surfaces of pipes and ducts in building spaces used as air supply plenums, shall have a flame spread rating of twenty five or less and a smoke developed rating of fifty or less as determined by an independent testing laboratory in accordance with NFPA 255, Standard Method of Test of Surface Burning Characteristics of Building Materials, 2000 edition. Further details concerning the material referenced herein are contained in section 711.2(a) of this Title.

(c) Steam and hot water systems shall comply with the following:

(1) Boilers shall have the capacity to supply the normal requirements of all systems and equipment. The number and arrangement of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler(s) shall be at least seventy percent of the total required capacity.

(2) Boiler feed pumps, heating circulating pumps, condensate return pumps and fuel oil pumps shall be connected and installed to provide normal and standby service.

(3) Supply and return mains and risers of cooling, heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends.

(d) Heating and ventilating systems shall comply with the following:

(1) A minimum design temperature of seventy-five degrees Fahrenheit at winter design conditions shall be provided for all occupied areas.

(2) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table 8 shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(i) Outdoor air intakes shall be located as far as practical but not less than twenty five feet from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six feet above ground level, or if installed above the roof, three feet above roof level.

(ii) The ventilation systems shall be designed and balanced to provide the pressure relationship as shown in Table 8, below.

TABLE 8
PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN AREAS OF
NURSING HOME FACILITIES

Area Designation	Pressure relationship to adjacent areas	Minimum air changes of outdoor air per hour supplied to room	Minimum total air changes per hour supplied to room	All air exhausted directly to outdoors	Recirculated within room units
Patient Room	E	2	2	Optional	Optional
Patient Area Corridor	E	2	4	Optional	Optional

Examination & Treatment Room	E	2	6	Optional	Optional
Physical Therapy	N	2	6	Optional	Optional
Occupational Therapy	N	2	6	Optional	Optional
Soiled workroom or soiled holding	N	2	10	Yes	No
Clean workroom or clean holding	P	2	4	Optional	Optional
Toilet room	N	Optional	10	Yes	No
Bathroom	N	Optional	10	Yes	No
Janitor closet	N	Optional	10	Yes	No
Sterilizer Equipment room	N	Optional	10	Yes	No
Linen & trash chute room	N	Optional	10	Yes	No
Food Prep Center	E	2	10	Yes	No
Warewashing Room	N	Optional	10	Yes	No
Dietary Day Storage	E	Optional	2	Yes	No
General Laundry	E	2	10	Yes	No
Soiled linen sorting & storage	N	Optional	10	Yes	No
Clean linen storage	P	2	2	Optional	Optional

P=Positive N=Negative E=Equal

(iii) The bottoms of ventilation openings shall be not less than three inches above the floor of any room.

(iv) Corridors shall not be used to supply air to or exhaust air from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.

(v) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than those specified in Table 9, below. The filter bed shall be located upstream of the air conditioning equipment, unless a prefilter is employed. In this

case, the prefilter shall be upstream of the equipment and the main filter may be located further downstream.

TABLE 9
 FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIRCONDITIONING
 SYSTEMS IN NURSING HOME FACILITIES

Area Designation	Minimum number of filter beds	Filter efficiency (percent) of main filter bed
Resident Care, Treatment, Diagnostic and Related Areas	1	80*
Food Preparation Areas and Laundries	1	80
Administrative, Bulk Storage and Soiled Holding Areas	1	25

*May be reduced to 35 percent for all outdoor air systems.

(vi) All filter(s) efficiencies shall be average atmospheric dust spot efficiencies tested in accordance with ANSI/ASHRAE Standard 52.2-1999, Method of Testing Air-Cleaning Devices for Removal Efficiency by Particle Size, 1999 edition. Further details concerning this referenced material are contained in section 711.2(b) of this Title.

(vii) Filter frames shall be durable and carefully dimensioned and shall provide an air-tight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide seal against air leakage.

(viii) A manometer shall be installed across each filter bed serving central air systems.

(ix) Air handling duct systems shall meet the requirements of NFPA 90A, Standard for the Installation of Air Conditioning and Ventilating Systems, 1999 edition. Further

details concerning the material referenced herein are contained in section 711.2(a) of this Title.

(x) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of NFPA 90A, Standard for the Installation of Air Conditioning and Ventilating Systems, 1999 edition. Access for maintenance shall be provided at all dampers. Further details concerning the material referenced herein are contained in section 711.2(a) of this Title.

(a) Supply and exhaust ducts which pass through a required smoke barrier and through which smoke can be transferred to another area shall be provided with dampers at the barrier, controlled to close automatically to prevent flow of air or smoke in either direction when the fan, which moves the air through the duct, stops. Dampers shall be equipped with remote control reset devices except that manual reopening will be permitted if dampers are conveniently located.

(b) Return air ducts which pass through a required smoke barrier shall be provided with a damper at the barrier actuated by smoke or products of combustion (other than heat) detectors. These dampers shall be operated by the detectors used to actuate door closing devices in the smoke partition or by detectors located to sense smoke in the return air duct from the smoke zone

(xi) Exhaust hoods in food preparation centers shall have an exhaust rate of not less than fifty cubic feet per minute per square foot of face area. Face area is defined for this purpose as the open area from the exposed perimeter of the cooking surfaces. All hoods over cooking ranges shall be equipped with grease filters, fire extinguishing systems, and

heat actuated fan controls. Cleanout openings shall be provided every twenty feet in horizontal exhaust duct systems serving these hoods.

(xii) Boiler room shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperature in working stations to ninety-seven degrees Fahrenheit.

(e) All plumbing and other piping systems shall comply with this subdivision.

(1) Plumbing fixtures shall comply with the following:

(i) The material used for plumbing fixtures shall be of non-absorptive acid-resistant material.

(ii) The water supply spout for lavatories and sinks required in resident care areas shall be mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by residents and food handlers shall be trimmed with valves, which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed four and one-half inches in length, except that handles on clinical sinks shall be not less than six inches long.

(iii) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(iv) Shower bases and tubs shall provide non-slip surfaces for standing residents.

(2) Water supply systems shall comply with the following:

(i) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(ii) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(iii) Backflow preventers (vacuum breakers) shall be installed on hose bibbs, janitors' sinks, bedpan flushing attachments, and on all other fixtures to which hoses or tubing can be attached.

(iv) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

(v) Bedpan flushing devices shall be provided in each resident toilet room.

(vi) Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing and handwashing facilities shall not exceed one hundred ten degrees Fahrenheit.

(3) Hot water heaters and tanks shall comply with the following:

(i) The hot water heating system shall have sufficient capacity to supply water at the temperatures and amounts indicated below. Water temperatures shall be taken at hot water point of use or inlet to processing equipment.

(ii) Storage tank(s) shall be fabricated of corrosion-resistant metal or lined with non-corrosive material.

Use	Gallons (per hour per bed)	Liters (per second per bed)	Temperature (degrees Fahrenheit)
Clinical	6-1/2	.007	110
Dietary	4	.004	180
Laundry	4-1/2	.005	180

(4) Drainage systems shall comply with the following:

(i) Insofar as is possible drainage piping shall not be installed within the ceiling, or installed in an exposed location in food preparation centers, food serving facilities, food storage areas, or other critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems.

(ii) Building sewers shall discharge into a community sewage system. Where such a system is not available, a facility providing sewage treatment must conform to applicable local and State regulations.

(5) If used, nonflammable medical gas systems installations shall be in accordance with the requirements of NFPA 99, Standard for Health Care Facilities, 1999 edition. Further details concerning this referenced material are contained in section 711.2(a) of this Title.

(6) If used, clinical vacuum (suction) system installations shall be in accordance with the requirements of Compressed Gas Association, Inc. (CGA) Pamphlet E-10, Maintenance of Medical Gas and Vacuum Systems in Health Care Facilities. Further details concerning this referenced material are contained in section 711.2(b) of this Title.

Section 713-2.22 Electrical requirements.

(a) All material including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. Materials and installation shall conform to NFPA 70, National Electrical Code, 1999 edition, and NFPA 99, Standard for Health Care Facilities. 1999 edition. Further details concerning these referenced materials are contained in section 711.2(a) of this

Title. All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified.

(b) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panel boards shall be enclosed or guarded to provide a deadfront type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

(c) Panel boards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

(d) All spaces occupied by people, machinery, equipment within buildings, approaches to buildings and parking lots shall have lighting. Residents' rooms shall have general lighting and night lighting. A reading light shall be provided for each resident. At least one light fixture for night lighting shall be switched at the entrance to each resident room. All switches for control of lighting in resident areas shall be of the quiet operating type.

(e) Receptacles (convenience outlets) shall comply with the following:

(1) Each resident room shall have duplex grounding-type receptacles as follows: one location each side of the head of each bed; one for television, if used; and one on another wall.

(2) Duplex receptacles for general use shall be installed approximately fifty feet apart in all corridors and within twenty-five feet of the ends of corridors.

(f) The electrical circuit(s) to fixed or portable equipment in hydrotherapy units shall be

provided with five milliamperes ground fault interrupters.

(g) Nurses' calling systems shall comply with the following:

(1) A call button shall be provided at each resident bedside, which calls to the nurse's station. Two call buttons serving adjacent beds may be served by one calling station. Calls shall register with the floor staff and shall activate a visible signal in the corridor at the resident's door, in the clean workroom, in the soiled workroom, and in the nourishment station of the nursing unit. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems that provide two-way voice communication shall be equipped with an indicating light at each calling station with lights, and remain lighted as long as the voice circuit is operating.

(2) A nurses' call emergency button shall be provided for residents' use at each resident's toilet, bath and shower room.

(h) Emergency electric services shall comply with the following:

(1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

(2) The source of this emergency electric service shall be as follows:

(i) an emergency generating set when the normal service is supplied by one or more central station transmission lines; and

(ii) an emergency generating set or a central station transmission line when the normal electric supply is generated on the premises.

(3) Emergency electric service shall be provided to the distribution systems as follows:

(i) Illumination for means of egress, exit signs and exit directional signs as required in NFPA 101, Life Safety Code, 2000 edition. Further details concerning this referenced material are contained in section 711.2(a) of this Title.

(ii) Corridor duplex receptacles in resident areas.

(iii) Nurses' calling systems.

(iv) Equipment necessary for maintaining telephone service.

(v) Elevator service that will reach every resident floor when resident rooms are located on other than ground floor. Throwover facilities shall be provided to allow temporary operation of any elevator for release of persons who may be trapped between floors.

(vi) A fire pump, if installed.

(vii) Equipment for heating resident rooms, except where the facility is served by two or more electrical services supplied from separate generators of a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources will not likely cause an interruption of its service feeders.

(viii) General illumination and selected receptacles in the vicinity of the generator set;

(ix) Paging or speaker systems if intended for communication during emergency. Radio transceivers where installed for emergency use shall be capable of operating for at least one hour upon total failure of both normal and emergency power.

(x) Alarm systems, including fire alarms activated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire- and smoke-detecting systems, and alarms required for nonflammable medical gas systems if installed.

(4) The emergency lighting shall be in operation within ten seconds after the interruption of normal electric power supply. Emergency service to receptacles and equipment may be delayed automatic or manually connected. Receptacles connected to emergency power shall be distinctively marked. When the generator is operated by fuel, which is normally piped underground to the site from a utility distribution system, fuel storage facilities on the site will not be required.

(5) Each resident sleeping room shall be protected by an automatic smoke and heat detection system that includes an approved and operational automatic smoke and heat detector in such room. The detectors shall conform to the applicable provisions of NFPA 72, National Fire Alarm Code, 1999 edition, and shall be electrically connected to the fire alarm system. Additional information regarding this material is available in section 711.2(a) of this Title.

713-2.23 Physical environment standards for long-term ventilator programs.

(a) Each bedroom occupied by a resident receiving long term ventilator care shall comply applicable criteria in section 713-2.3 of this Subpart and shall provide the following:

- (1) adequate space for a bedside mechanical ventilator for each bed;
 - (2) adequate space for wheelchair access to all functional areas of the room as well as for its storage and parking when not in use;
 - (3) adequate space for oxygen administration and suction equipment for each resident;
 - (4) a wheelchair accessible toilet room with adequate space for staff to assist residents;
- and,

- (5) at least one duplex outlet connected to the emergency electrical service per bed.
- (b) At least one isolation room shall be provided on each nursing unit where ventilator dependent residents are housed.
- (c) Facilities with long term ventilator programs shall provide the following service areas:
 - (1) a conference room for in-service education and training of respiratory care staff;
 - (2) a treatment room equipped with facilities for the administration of oxygen and suction;
 - (3) adequate office space for staff serving ventilator dependent residents;
 - (4) adequate storage and maintenance space to ensure routine servicing of ventilators and related equipment;
 - (5) dining space that is wheelchair accessible; and
 - (6) adequate therapy space for respiratory rehabilitation.

Subpart 713-3 Standards for Nursing Home Construction Projects Completed or Approved between July 2, 1990 and December 31, 2010

Section 713-3.1 Applicability.

This Subpart sets forth minimum construction and physical environment standards applicable to: (a) nursing home facilities built and to portions of nursing home facilities altered or renovated pursuant to department or commissioner approval granted between July 2, 1990 and December 31, 2010; and, (b) other nursing home facility construction

that does not require commissioner or department approval and is completed prior to December 31, 2010.

Section 713-3.2 Pertinent standards.

Nursing homes shall comply with pertinent requirements, codes and technical standards set forth or incorporated by reference into Part 711 of this Title. Nursing homes that were built and had received an operating certificate prior to September 11, 2003 shall comply with Chapter 19, "Existing Health Care Occupancies", of NFPA 101, Life Safety Code, 2000 edition. Nursing homes built and receiving an initial operating certificate after September 11, 2003 shall comply with Chapter 18, "New Health Care Occupancies" of NFPA 101, Life Safety Code, 2000 edition. These referenced materials are described in more detail in section 711.2(a) of this Title.

Section 713-3.3 General design criteria.

(a) Nursing homes shall be designed to provide flexibility in order to meet the changing physical, medical and psychological needs of the residents. The facility design shall produce a supportive environment to enhance and extend quality of life for residents. The architectural design, through the organization of functional space, the specification of ergonomically appropriate and arranged furniture, equipment, details and finishes, shall eliminate as many barriers as possible to effective access and use by residents of all space, services, equipment and utilities appropriate for daily living.

(b) Services for resident care shall be contained within the facility or the project narrative shall indicate the manner in which needed services are to be provided. Each space

provided within the facility must comply with the requirements outlined in this Subpart. Appropriate modifications or deletions in space requirements required by this Subpart may be made to meet an approved operational program or when support services are permitted to be shared or purchased from facilities other than the facility under review.

(c) The sizes of the various service departments will depend upon operational program objectives and the functional organization of support spaces within the facility such that they maximize the best standards of safety and of medical and nursing practices and a high level of resident amenities.

(d) The physical characteristics of the facility, including interior finishes, shall be designed to meet the unique characteristics and needs of the residents including, but not limited to, visual, olfactory and hearing impairments, temperature requirements, and ambulation.

(e) The resident use areas such as bedrooms, dining areas, lounges and recreational areas shall be designed to facilitate resident identification with surroundings while promoting privacy, dignity, self-identity and self-determination. The interior design of resident use areas shall consider lighting, the use of finish materials, furniture arrangement and equipment, and shall specify ergonomically designed furnishings and equipment in order to promote resident independence and self-propelled ambulation, commensurate with the physical and mental capacity of the residents. Resident toilet rooms shall be provided in close proximity to these areas and shall be accessible to the physically handicapped. The configuration of these areas shall allow for self-determined socialization and leisure activities. The spaces shall be planned to promote resident use.

Section 713-3.4 Nursing units.

(a) The layout and location of each nursing unit shall comply with the following:

(1) Nursing units shall be arranged to avoid travel through adjacent nursing units to gain access to resident service areas.

(2) The number of residents in a nursing unit arranged in a linear layout shall not exceed forty. However, the department will consider exceptions to this requirement to enhance the quality of life for residents when a higher number of residents clearly achieves a savings in operational costs, improves resident services and is based upon sub-groups of residents (sub-units).

(3) The maximum travel distance from a resident room door to a staff work area shall not exceed one hundred fifty feet. When sub-units are used, each sub-unit shall be arranged so as to provide access to a bathing room and a soiled workroom or soiled holding room located within, or readily accessible to, the sub-unit.

(4) At least one-tenth of the total number of residents in any facility shall be located in single rooms, with at least one toilet shared between two single rooms.

(5) The need for and the number of required airborne infection isolation room(s) in a nursing facility shall be determined by an infection control risk assessment.

(b) Each resident bedroom shall meet the following requirements:

(1) The maximum room capacity shall be two residents. Changes to the maximum number of two residents per room may be made upon a determination by the department that an alternate room configuration provides a clearly superior resident environment for residents with unusual care requirements. The maximum capacity of single rooms is one resident and such capacity shall not be exceeded.

(2) The net useable area and configuration of each room shall permit wheelchair accessibility. The bedroom shall be designed to permit wheelchair access and a minimum five foot (5'-0") diameter turnaround adjacent to at least one side of each bed. Where one side of a bed is permitted to be placed against a side wall of the room and resident care needs require additional space between the bed and the wall, the room shall be of sufficient dimension to maintain the required five foot (5'-0") turning space. Furniture and equipment intended for resident use shall be made accessible and useable by residents confined to a wheelchair.

(3) Each room shall have a window that can be opened without the use of tools. The windowsills shall not be higher than three feet above the floor and shall be above grade. Windows with operable sashes shall be provided with insect screens. Window openings shall be designed to prevent accidental falls when open, or shall be provided with security screens.

(4) A nurses' calling system shall be provided.

(5) Each resident shall have access to a toilet room without entering the general corridor area. One toilet room shall serve no more than two residents. The toilet room shall contain a water closet and a lavatory. Changes to the number of residents using one toilet room may be made on a case-by-case basis upon a determination by the department that such alternative does not adversely affect resident care and/or as special care needs of resident may require.

(6) Each resident shall have a wardrobe or closet with minimum clear inside dimensions of three feet long by one foot ten inches deep. An adjustable clothes rod and shelf shall be provided at heights useable by residents.

(7) Visual privacy shall be provided for each resident in multi-bed rooms through the use of non-combustible cubicle curtains.

(8) Medical equipment for the care and treatment of residents shall be provided in a resident's room as required by the resident's medical condition. In addition, each resident shall be provided with the following room furnishings:

(i) a bed;

(ii) a dresser and nightstand or a dresser/night stand combination which provides sufficient space for residents' personal effects;

(iii) over-bed tables as may be required;

(iv) a wall tackboard/display panel;

(v) a lockable drawer to personal valuables and storage of medications; and,

(vi) chairs for visitors and socialization.

(c) The service areas described in this subdivision shall be located in or be readily accessible to each nursing unit: The size and location of each service area will depend upon the number and types of residents served and the efficiency of the facility's staffing patterns. Although identifiable spaces are required to be provided for each of the indicated service areas, consideration will be given to design solutions, which would accommodate some services without a specific designation of areas or rooms.

Decentralized service areas within nursing units will be encouraged. The following service areas shall be provided:

(1) A staff work station with space for carrying out the administrative functions of the unit.

(2) Lounge and toilet room(s) for staff.

- (3) Individual closets or lockers for the safekeeping of coats and personal effects of staff. These shall be located convenient to the duty station of personnel or in a central location.
- (4) Room(s) to serve the function of clinical staff office or consultation room for up to four people.
- (5) A clean workroom with a work counter sized to store clean and sterile supplies as required by the functional program, or a clean holding facility that is part of an approved system for storage and distribution of clean and sterile supply materials. The location(s) of the clean workroom and the clean holding facility shall be based on the functional program and physical layout of the nursing unit.
- (6) A soiled workroom that contains a clinical sink or equivalent, flushing rim fixture with a rinsing hose or a bed pan sanitizer, handwashing facilities, work counter, and an area for soiled linen holding and waste receptacle(s) in a number and type as required by the functional program. The location of the soiled workroom shall be based on the functional program and the physical layout of the nursing unit. A soiled holding facility, if not provided within the workroom, shall be part of an approved system for collection and disposal of soiled materials.
- (7) A closet, designated area within the clean workroom or a closed cart system for clean linen storage. If a closed cart system is used, storage may be in an alcove.
- (8) A medication preparation room, self-contained medication dispensing unit, or an equivalent system for convenient and prompt distribution of medications to residents twenty-four hours a day. If used, a medication preparation room or a medication distribution unit shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biological and controlled substances.

(9) A nourishment station that contains a sink equipped for handwashing, equipment for serving nourishment between scheduled meals, a refrigerator, and storage cabinets. Ice for residents shall be provided by self-dispensing ice making unit.

(10) Storage for equipment in current use shall be provided.

(11) Sufficient space for the parking and holding of stretchers and wheelchairs shall be located out of the path of normal traffic.

(12) Bathing rooms for scheduled bathing shall be provided on each nursing unit at a ratio of one bathing fixture for each fifteen residents or fraction thereof, who are not otherwise served by bathing facilities within residents' room and shall be located away from public areas of the nursing unit. Each tub or shower shall be in a room or enclosure with space provided for the private use of the bathing fixture, for drying and dressing, and for a wheelchair and an attendant. The dressing area and the showers, without curbs, shall be designed to permit use by a wheelchair resident with staff assistance.

(13) Residents' toilet facilities shall comply with the following:

(i) Each resident toilet room shall be designed to permit wheelchair access and use. The size and configuration of the room, including the placement of fixtures within, shall allow space for staff assistance in transferring a wheelchair resident to the water closet.

(ii) A toilet room shall be accessible to each central bathing area without going through the general corridor.

(14) A minimum of one telephone per nursing unit shall be provided for residents' use. The telephone shall be wheelchair accessible and located to assure privacy of conversation.

Section 713-3.5 Physical environment standards for long-term care programs for ventilator dependent residents.

(a) Each bedroom occupied by a resident receiving long term ventilator care shall comply with applicable criteria in section 713-3.4 (b) of this Subpart and shall provide adequate space for a mechanical ventilator and for equipment to be used in the administration of oxygen and suction to each resident. The facility shall have a sufficient number of single rooms to accommodate one-fifth of the facility's total capacity of ventilator dependent residents. If the facility has less than five beds, there must be at least one single room for the treatment of ventilator dependency. At least one single-bedded ventilator care room shall be designed and equipped for use as an infection control room with an additional lavatory conveniently located for staff handwashing, but not within the resident toilet room (a bathing facility may be omitted).

(b) The following service areas shall be readily available:

- (1) a conference room for in-service education and training of respiratory care staff;
- (2) a treatment room equipped with facilities for the administration of oxygen and suction;
- (3) adequate office space for staff serving ventilator dependent residents;
- (4) adequate storage and maintenance space to ensure routine servicing of ventilators and related equipment;
- (5) dining space that is wheelchair accessible; and
- (6) adequate therapy space for respiratory rehabilitation.

(d) At least one resident bathing facility shall be equipped with a mechanical lift and space for equipment and staff assistance.

Section 713-3.6 Traumatic brain injury units.

(a) When provided, a separate head injury unit shall comply with the requirements of a general skilled nursing unit in accordance with section 713-3.4 of this Subpart, with the following variations and additional requirements:

(1) A minimum of twenty percent of the total residents in a unit shall be in single rooms.

(2) The minimum room areas exclusive of toilet rooms, closets, wardrobes, alcoves or vestibules shall provide adequate space for special needs and equipment for each resident.

(3) The resident rooms shall be provided with room furnishings and equipment required for continuing unscheduled therapeutic program activities.

(b) Therapy spaces for services such as cognitive therapy and psychological social therapy shall be provided and designed to meet the special needs of the program(s).

Ancillary support facilities such as resident toilet rooms and storage facilities shall be provided in each program area.

Section 713-3.7 Units for residents requiring behavioral interventions.

(a) When provided, behavioral intervention units shall comply with the requirements of a nursing unit in accordance with section 713-3.4 of this Subpart, with the following variations and additional requirements:

(1) The unit shall be planned as a secure unit that is separate from other units.

(2) The unit shall be designed for a minimum of fifteen residents and a maximum of twenty residents.

- (3) All resident bedrooms shall be single occupancy.
- (4) Doors to resident bedrooms shall open outward.
- (5) A private toilet room shall be provided for each resident bedroom.
- (6) An exercise room shall be located on the unit and provide a minimum of twenty-five square feet per resident. Additional space shall be provided for storage. Adjacent dedicated resident toilet and showers shall be provided.
- (7) An activity room shall be located on the unit and provide a minimum of thirty-eight square feet per resident. Additional space shall be provided for equipment storage. Adjacent resident toilet and bathing facilities shall be provided.
- (8) A room shall be provided for quieting down periods for over active and acting out residents. The room shall provide a minimum of one hundred twenty five square feet of clear space, and shall be designed and furnished to protect the resident from self-injury. The door to the room shall be provided with a one-way panel with a view of the entire room.
- (9) Conference/counseling rooms sufficient for private family meetings with facility personnel and for meetings of facility staff shall be provided on the nursing unit. At least one such room shall accommodate up to eight persons.
- (10) Adequate on-unit offices shall be provided for staff use.
- (11) Resident bathing facilities shall be provided at a ratio of one fixture per seven residents.
- (12) In addition to the requirements set forth in section 713-3.21 of this Subpart, details and finishes shall be designed to provide a high degree of safety and security for both residents and staff and shall comply with the following:

- (i) Doors to all resident rooms shall be located so as to negate a possible resident hiding space behind the door.
- (ii) Doors, which separate the unit from adjacent functional areas of the facility, shall be secure.
- (iii) The walls of resident use rooms shall be constructed so as to resist damage.
- (iv) The ceilings of resident use rooms shall be constructed to resist damage. The ceiling surface shall be monolithic from wall to wall.
- (v) Light switches and electric convenience outlets shall be tamper proof.
- (vi) Major room furnishings such as desks, dressers, night tables, and shelving shall be designed and/or installed to minimize the danger of injury to residents and staff.
- (vii) Shower heads in resident bathing rooms shall be of a recessed type.
- (viii) Operable windows shall be provided with devices that prevent the possibility of accidental falls. The operable sash opening shall be limited to six inches, however, alternate window opening protection may be acceptable, i.e., security screens. Window bars are not permitted.
- (ix) An emergency call system for staff use shall be provided in all resident use spaces to permit staff communications in an emergency.
- (x) Outside activity areas shall be provided. Resident access to the areas shall be directly from the unit.

Section 713-3.8 Dementia programs.

The department will review on a case-by-case basis the architectural designs and interior finishes which are required to implement special programs for residents with dementia.

Any special space requirements or interior features of approved programs will be considered additions to the minimum requirements of this Subpart.

Section 713-3.9 Communal areas.

Resident communal areas shall be provided and shall include, at a minimum, the following:

(a) Resident dining space shall be provided at a minimum ratio of twenty-eight square feet net useable areas per resident. Dining facilities may be provided in separate satellite dining areas within or adjacent to nursing units to accomplish less densely populated groupings and to be easily accessible to the residents. Toilets accommodating wheelchair residents shall be readily accessible to all dining areas.

(b) Resident recreation and lounge areas shall be provided at a minimum of twelve square feet net usable area per resident. Such spaces may be provided within or adjacent to nursing units to provide for resident accessibility.

(1) Recreation and lounge areas shall be designed and furnished in a home-like manner to encourage resident participation and provide for resident identification with surroundings.

(2) Toilets accommodating wheelchair residents shall be readily accessible to all recreation and lounge areas.

713-3.10 Physical therapy facilities.

Physical therapy facilities shall include and comply with the following:

(a) Treatment areas shall have space and equipment commensurate with all approved programs including, but not limited to, thermotherapy, diathermy, ultrasound, and

hydrotherapy. Provision shall be made for cubicle curtains around each individual treatment area, handwashing facility(ies) (one lavatory or sink may serve more than one cubicle), and facilities for the collection of soiled linen and other material.

(b) An exercise area.

(c) Storage for clean linen, supplies, and equipment.

(d) Residents' dressing areas, showers, lockers, and toilet rooms, as may be required by the approved program.

(e) A service sink.

(f) Wheelchair and stretcher storage.

(g) Office space.

(h) The requirements of subdivisions (c), (d), (e),(f) and (g) of this section may be planned and arranged for shared use by occupational therapy residents and staff if the approved program reflects this sharing concept.

(i) If there is an approved adult day health care program, additional space and equipment may be included.

Section 713-3.11 Occupational therapy facilities.

Occupational therapy facilities shall include and comply with the following:

(a) An activities area with space and equipment commensurate with department approved programs. Provision shall be made for sink or lavatory, and facilities for collection of waste products prior to disposal.

(b) Storage for supplies and equipment.

(c) Residents' toilet rooms that may be shared with residents receiving physical therapy

residents if the approved narrative program reflects this sharing concept.

(d) If there is an approved adult day health care program, operating on premises, the department may require that additional space and equipment be provided.

Section 713-3.12 Hair and grooming areas.

Separate room(s) shall be provided for hair care and grooming needs of residents.

The space and equipment provided shall be commensurate with the number of residents within the facility. At least one sink for staff handwashing shall be provided that is trimmed with valves that are operable without the use of hands. There shall be another sink that may be used to wash hair. Resident toilets shall be readily accessible to the hair and grooming area(s).

Section 713-3.13 Dietary facilities.

(a) Construction, equipment and installation of dietary facilities shall comply with the standards in Part 14 of this Title (State Sanitary Code). Food service facilities shall be designed and equipped to meet the nutritional requirements of the residents. Dietary facilities shall consist of an on-site food preparation system, a contractual convenience food service system, or an appropriate combination thereof.

(b) The following functional elements shall be provided in such size as required to implement the type of food service system selected:

(1) A control station for receiving food supplies.

(2) Storage space for four days' supply including cold storage.

(3) Food preparation facilities as required by the program. Conventional food preparation

systems shall include space and equipment for preparing, cooking, and baking.

Convenience food service systems such as frozen prepared meals, bulk packaged entrees, individual packaged portions, or systems using contractual commissary services shall include space and equipment for thawing, portioning, cooking or baking.

(4) Staff handwashing facilities located within the food preparation area.

(5) Resident meal service space including facilities for tray assembly and distribution.

(6) A dining area for ambulatory residents, staff and visitors.

(7) Space for dishwashing equipment in a room or an alcove separate from food preparation and serving areas. This shall include commercial-type dishwashing equipment. Space also shall be provided for receiving, scraping, sorting and stacking soiled tableware and for transferring clean tableware to the using areas. A lavatory shall be conveniently available for handwashing.

(8) Pot washing facilities.

(9) Sanitizing facilities and storage areas for cans, carts and mobile tray conveyors. The sanitizing facilities may be combined with those required for linen services.

(10) Waste storage facilities in a separate room that is easily accessible to the outside for direct pickup or disposal.

(11) Office or suitable workspace for the dietitian or the dietary service manager.

(12) Toilets for dietary staff with handwashing facilities immediately adjacent to the work area.

(13) A janitor's closet located within the dietary department. The closet shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(14) Self-dispensing ice-making facilities.

Section 713-3.14 Administration and public areas.

Administration and public areas shall include and comply with the following:

- (a) A main entrance at grade level sheltered from the weather that can accommodate wheelchairs.
- (b) A lobby, which shall include:
 - (1) a reception and information counter or desk;
 - (2) waiting space(s) with seating areas;
 - (3) public toilet facilities, which are wheelchair accessible;
 - (4) public telephone(s);
 - (5) drinking fountain(s); and
 - (6) a bulletin board.
- (c) Interview space(s) for private interviews relating to social services, credit arrangements and admissions.
- (d) General or individual office(s) for business transactions, medical and financial records, and administrative and professional staff.
- (e) A multi-purpose room for conferences, meetings and health education purposes, including facilities for showing visual aids.
- (f) Storage for office equipment and supplies.
- (g) An equipped clinical nurses aide training facility if the nursing home provides training support or a training program for nurses aides.

Section 713-3.15 Linen services.

(a) If linen is to be processed on the site, the following shall be provided:

(1) A laundry processing room with commercial type equipment that can process seven days' needs within a regularly scheduled workweek. Handwashing facilities shall be provided.

(2) A soiled linen receiving, holding and sorting room with handwashing facilities.

(3) Storage for laundry supplies.

(4) Clean linen inspection, storage and issuing room(s).

(5) A janitors' closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(6) Sanitizing facilities and storage area for carts. The sanitizing facilities may be combined with those required for dietary facilities.

(b) If linen is processed off the site, the following shall be provided:

(1) A soiled linen holding room.

(2) Clean linen receiving, holding, inspection and storage room(s).

(3) Sanitizing facilities and storage area for carts. The sanitizing facilities may be combined with those required for dietary facilities.

Section 713-3.16 Central stores.

General storage rooms shall have a total area of not less than twelve square feet per resident and not less than ninety cubic feet in volume per resident. Storage of not-in-use institutional furniture, equipment, and supplies shall generally be concentrated in one centralized area. Storage of out-of-season clothing and residents' belongings not currently in use may be decentralized in close proximity to nursing units.

Section 713-3.17 Employees' facilities.

In addition to employees' facilities such as locker rooms, lounges, toilets or shower facilities called for in certain departments, a sufficient number of such facilities as are required to accommodate the needs of all personnel and volunteers shall be provided. An outdoor smoking area shall be designated.

Section 713-3.18 Janitors' closets.

In addition to the janitors' closets called for in certain departments, sufficient janitors' closets shall be provided throughout the facility to maintain a clean and sanitary environment. These shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

Section 713-3.19 Engineering service and equipment areas.

Engineering service and equipment areas shall include and comply with the following:

- (a) Equipment room(s), which shall consist of room(s) or separate building(s) for boilers, mechanical equipment and electrical equipment;
- (b) engineers' quarters providing office or suitable desk space for engineer;
- (c) maintenance shop(s);
- (d) storage room(s) for building maintenance supplies which may be part of maintenance shop in nursing homes of less than one hundred residents; and
- (e) yard equipment storage, which shall consist of a separate room or building for yard maintenance equipment and supplies.

Section 713-3.20 Waste processing services, storage and treatment.

Space and facilities shall be provided for waste storage and removal. Where on-site treatment is by incineration, or other approved method, appropriate additional space and facilities shall be provided.

Section 713-3.21 Details and finishes.

Details and finishes shall be designed to provide a high degree of safety for the occupants and shall minimize the incidence of accidents with special consideration for residents who will be ambulatory. Hazards such as sharp corners shall be avoided.

(a) All details shall comply with the following requirements:

(1) Compartmentation, corridors widths, exits, automatic extinguishment systems, and other details relating to fire prevention and fire protection shall comply with requirements of NFPA 101, Life Safety Code, 2000 edition. Further details concerning this referenced material are contained in section 711.2(a) of this Title.

(2) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.

(3) All rooms containing bathtubs, sitz baths, showers or water closets that are subject to use or occupancy by residents, shall be equipped with doors and hardware which will permit access from the outside in any emergency. When such rooms have only one opening or are small, the doors shall be capable of opening outwards or be otherwise designed to be opened without need to push against a resident who may have collapsed

within the room.

(4) The minimum width of all openings to rooms needing access for beds or stretchers shall be three feet eight inches.

(5) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type. Opening to showers, baths, residents' toilets, and other small wet-type areas not subject to fire hazard are exempt from this requirement.

(6) Doors, except doors to spaces such as small closets that are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width. Large walk-in type closets are considered spaces subject to occupancy.

(7) Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within eighteen inches of the floor, thereby creating possibility of accidental breakage by pedestrian traffic, shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings of recreation rooms and exercise rooms unless required otherwise for fire safety. Glazing materials as noted above shall be used for shower doors and bath enclosures.

(8) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.

(9) Grab bars shall be provided for all residents' showers, tubs and sitz baths. All grab bars shall have sufficient strength and anchorage to sustain a concentrated load of two hundred fifty pounds.

- (10) Recessed soap dishes shall be provided in showers and bathrooms.
- (11) Handrails for use by residents shall be provided on both sides of corridors. A clear distance of one and a half inches shall be provided between the handrail and the wall.
- (12) Ends of handrail and grab bars shall be constructed to prevent snagging the clothes of residents.
- (13) The location and arrangement of handwashing facilities shall permit their proper use and operation. Particular care shall be given to the clearances required for blade-type operating handles. Lavatories intended for use by residents shall be installed to permit use by residents in wheelchairs.
- (14) Mirrors shall be arranged for convenient use by residents in wheelchairs as well as by residents in a standing position.
- (15) Paper towel dispensers and waste receptacles shall be provided at all handwashing fixtures.
- (16) Ceiling heights shall be as follows:
- (i) Boiler rooms shall have ceiling clearances not less than two feet six inches above the main boiler header and connecting piping.
 - (ii) Rooms containing ceiling-mounted equipment shall have height required to accommodate the equipment.
 - (iii) All other rooms shall have not less than seven feet ten inch ceilings. Suspended tracks, rails and pipes located in path of normal traffic, including resident room vestibule ceilings, shall be not less than six feet eight inches above the floor.
- (17) Recreation rooms, and similar spaces where impact noises may be generated shall not be located directly over resident bed areas unless special provisions are made to

minimize such noise.

(18) Rooms containing heat-producing equipment, such as boiler or heater rooms, and laundries, shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature ten degrees Fahrenheit above the ambient room temperature.

(b) Finishes shall include and comply with the following:

(1) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water-resistant and grease-proof. Joints in tile and similar material in such areas shall be resistant to food acids. In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet, such as shower and bath areas, kitchen and similar work areas, shall have a non-slip surface.

(2) Wall bases in kitchen, soiled workrooms, and other areas which are frequently subject to wet cleaning methods shall be made integral and coved with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects.

(3) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Finish, trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(4) Floor and wall penetrations by pipes, ducts and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(5) Ceilings throughout the facility shall be easily cleanable. Dietary and food preparation areas shall have finished ceilings covering all overhead piping and duct work. Finished

ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire-resistive purposes.

(6) Acoustical ceilings and acoustical wall treatment, including acoustical in-wall insulation as required, shall be provided for corridors in resident areas, nurses' stations, dayrooms, recreation rooms, dining areas and waiting areas to reduce ambient noise in resident living and sleeping areas.

Section 713-3.22 Construction, including fire-resistive requirements.

(a) Every building and every portion thereof shall be designed and constructed to sustain all dead and live loads in accordance with accepted engineering practices and standards, including seismic forces where they apply.

(b) Foundations shall rest on natural solid bearing if a satisfactory bearing is available at reasonable depths. Proper soil-bearing values shall be established in accordance with recognized standards. If solid bearing is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement, except that one-story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and placement of fill shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the compacted fill operation and certification of compliance with the job specifications. All footings shall extend to a depth not less than one foot below the estimated maximum frost line.

(c) An emergency radio communication system shall be provided in each facility. This system shall be self-sufficient in time of emergency and capable of operation without

reliance on the building service or emergency electric power supply. It shall also be linked with the available community or State emergency communication network, including connections with police and fire department or system.

713-3.23 Elevators. (a) All buildings having resident facilities such as bedrooms, dining rooms, recreation areas, critical services such as diagnostic and therapy functions located on other than the main entrance floor shall have at least two electric or electrohydraulic elevators, one of which shall be of the hospital-type. Engineering studies of the facility design and location of resident service areas including an analysis of peak loads and waiting time to determine the elevator needs for handling residents, staff, the public, food, and supplies shall be submitted to the department for approval prior to the completion of design development drawings.

(1) Hospital-type elevator cars shall have inside dimensions that will accommodate a resident bed and attendants, and shall be at least five feet wide by seven feet six inches deep. The car door shall have a clear opening of not less than three feet eight inches wide.

(2) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of one-half inch.

(3) Elevators, except freight elevators, shall be equipped with a two-way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor.

(4) Elevator controls, alarm button and telephones shall be accessible to persons in wheelchairs.

(5) Elevator call buttons, controls and door safety stops shall be of a type that will not be

activated by heat or smoke.

(b) The nursing home operator shall conduct or arrange for a third party to conduct field inspections and tests of elevators. The licensed operator of the nursing home facility shall obtain and maintain written certification that the installation meets the requirements set forth in this section and all applicable safety regulations and codes.

(c) The operation of elevators shall conform to NFPA 99, Standard for Health Care Facilities, 1999 edition, "Essential Electrical Distribution Requirements - Type II Systems". Further details concerning this referenced material are contained in section 711.2(a) of this Title.

Section 713-3.24 Mechanical systems and equipment.

(a) Prior to completion and acceptance of the facility, all mechanical systems shall be tested, balanced and operated to demonstrate to the licensed operator or owner or his or her representative that the installation and performance of these systems conform to the requirements of the approved plans and specifications. Upon completion of the contract, the owner and licensed operator shall be furnished with a complete set of manufacturers' operating, maintenance, and preventive maintenance instructions, parts lists with numbers and descriptions for each piece of equipment. The licensed operator shall obtain instructions on the operation of systems and equipment as required.

(b) Thermal insulation and acoustical insulation (if applicable) shall be provided on the following fixtures and equipment in the nursing home facility and shall comply with the following:

(1) boilers, smoke breeching and stacks;

- (2) steam supply and condensate return piping;
 - (3) hot water piping above one hundred eighty (180) degrees Fahrenheit and all hot water heaters, generators and converters;
 - (4) hot water piping above one hundred twenty five degrees Fahrenheit which is exposed to contact by residents;
 - (5) chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point;
 - (6) water supply and drainage piping on which condensation may occur;
 - (7) air ducts and casings with outside surface temperatures below ambient dew point;
- and,
- (8) other piping, ducts, and equipment as necessary to maintain the efficiency of the system.
 - (9) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is unnecessary for preventing excessive system heat loss or excessive heat gain.
- (c) Steam and hot water systems shall comply with the following: (1) Boilers shall have the capacity to supply the normal requirements of all systems and equipment. Boilers shall have the capacity, based on the net ratings published by the Hydronics Institute or another generally accepted national standard approved by the commissioner, which is adequate to assure resident safety and comfort, to supply not less than seventy percent of the normal requirements of all systems and equipment. Their number and arrangements shall accommodate facility needs despite the breakdown or routine maintenance of any one boiler. The capacity of the remaining boiler(s) shall be sufficient to provide hot water

service for clinical, dietary, and resident use; steam for dietary purposes, and heating for general resident rooms. However, reserve capacity for facility space heating is not required in geographic areas where a design dry-bulb temperature of twenty five degrees Fahrenheit (minus four degrees Celsius) or more represents not less than ninety nine percent of the total hours in any one heating month.

(2)Boiler feed pumps, heating circulating pumps, condensate return pumps and fuel oil pumps shall be connected and installed to provide normal and standby service.

(3)Supply and return mains and risers of cooling, heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends.

(d) Heating, cooling and ventilating systems for resident occupied areas of the facility shall comply with the following minimum standards except where other minimum standards are shown on Table 8 of this subdivision:

(1) Heating systems shall provide for a minimum temperature of seventy five degrees Fahrenheit at design temperature. Cooling systems shall be designed to permit a maximum temperature of eighty degrees Fahrenheit at design temperature.

(2) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table 8 of this subdivision shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates provided such higher rates do not result in undesirable air velocity in resident-use areas.

(i) Outdoor air intakes shall be located as far as practical, but not less than twenty five

feet, from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six feet above ground level, or if installed above the roof, three feet above roof level.

(ii) The ventilation systems shall be designed and balanced to provide the pressure relationship as shown in Table 8, below.

TABLE 8
PRESSURE RELATIONSHIPS AND VENTILATION OF NURSING HOME FACILITIES

Area designation	Pressure relationship adjacent areas	Minimum air changes of outdoor air per hour supplied to room	Minimum total air changes per hour supplied to room	All air exhausted directly to outdoors	Recirculated within room units
Resident Room	E	2	2	Optional	Optional
Resident Area Corridor	E	2	4	Optional	Optional
Examination and Treatment Room	E	2	6	Optional	Optional
Physical Therapy	N	2	6	Optional	Optional
Occupational Therapy	N	2	6	Optional	Optional
Soiled Workroom or Soiled Holding	N	2	10	Yes	No
Clean Workroom or Clean Holding	P	2	4	Optional	Optional
Toilet Room	N	Optional	10	Yes	No
Bathroom	N	Optional	10	Yes	No
Janitors' Closets	N	Optional	10	Yes	No
Sterilizer Equipment Room	N	Optional	10	Yes	No
Linen and Trash Chute Rooms	N	Optional	10	Yes	No
Food Preparation Center	E	2	10	Yes	No
Warewashing Room	N	Optional	10	Yes	No
Dietary Day Storage	E	Optional	2	Yes	No
Laundry, General	E	2	2	Yes	No

Soiled Linen Sorting and Storage	N	Optional	10	Yes	No
Clean Linen Storage	P	2	2	Optional	Optional

P=Positive N=Negative E=Equal

(iii) The bottoms of ventilation openings shall be not less than three inches above the floor of any room.

(iv) Corridors shall not be used to supply air to or exhaust air from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.

(v) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies no less than those specified in Table 9 of this subdivision, below. The filter bed shall be located upstream of the air conditioning equipment, unless a prefilter is employed. In this case, the prefilter shall be upstream of the equipment and the main filter may be located further downstream.

TABLE 9

FILTER EFFICIENCIES FOR CENTRAL VENTILATION AND AIR
CONDITIONING SYSTEMS IN NURSING HOME FACILITIES

Area Designation	Minimum number of filter beds	Filter efficiency (percent) main filter bed
Resident Care, Treatment Diagnostic & Related Areas	1	80*
Food Preparation Areas and Laundries	1	80
Administrative, Bulk Storage and Soiled Holding Areas	1	25

* May be reduced to thirty five percent for all outdoor air systems.

(vi) All filter(s) efficiencies shall be average atmospheric dust spot efficiencies tested in accordance with ANSI/ASHRAE Standard 52.2-1999, Method of Testing Air-Cleaning Devices for Removal Efficiency by Particle Size, 1999 edition. Further details concerning this referenced material are contained in section 711.2(b) of this Title (a) Filter frames shall be durable and carefully dimensioned and shall provide an air-tight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide seal against air leakage. A manometer shall be installed across each filter bed serving central air systems.

(vii) Exhaust hoods in food preparation centers shall have an exhaust rate of not less than fifty cubic feet per minute per square foot of face area. Face area is defined for this purpose as the open area from the exposed perimeter of the cooking surfaces. All hoods over cooking ranges shall be equipped with grease filters, fire extinguishing systems, and heat actuated fan controls. Cleanout openings shall be provided every twenty feet in horizontal exhaust duct systems serving these hoods.

(viii) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperature in working stations to ninety seven degrees Fahrenheit.

(e) All plumbing systems and other piping systems shall be designed and installed in accordance with the requirements of the local or municipal building code authority

having jurisdiction.

(1) Plumbing fixtures shall comply with the following:

(i) The material used for plumbing fixtures shall be of non-absorptive acid-resistant material.

(ii) The water supply spout for lavatories and sinks required in resident care areas shall be mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by residents and food handlers shall be trimmed with valves, which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed four and one-half inches in length, except that handles on clinical sinks shall be not less than six inches long.

(iii) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(iv) Shower bases and tubs shall provide non-slip surfaces for standing residents.

(2) Water supply systems shall comply with the following:

(i) Water in sufficient quantity shall be provided that is of a quality, which conforms to Part 5 of this Title.

(ii) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(iii) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(iv) Backflow preventers (vacuum breakers) shall be installed on hose bibs, janitors sinks, bedpan flushing attachments, and on all other fixtures to which hoses or tubing can be

attached.

(v) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

(vi) Water distribution systems shall be narrated to provide hot water at each hot water outlet at all times. Hot water at shower, bathing and handwashing facilities shall not exceed one hundred ten degrees Fahrenheit.

(3) Hot water heating systems shall comply with the following:

(i) The hot water heating system shall have sufficient capacity to supply water at the temperatures and amounts indicated below. Water temperatures shall be taken at hot water point of use or inlet to processing equipment.

(ii) Storage tank(s) shall be fabricated of corrosion-resistant metal or lined with non-corrosive material.

	Clinical	USE Dietary	Laundry
Gallons (per hour per resident)	6 1/2	4	4 1/2
Liters (per second per resident)	.007	.004	.005
Temperature (F)	110 *	180	180

*Maximum

(4) Drainage systems shall comply with the following requirements:

(i) Insofar as possible, drainage piping shall not be installed within the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food

storage areas, and other critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems.

(ii) Building sewers shall discharge into a community sewage system. Where such a system is not available, a facility providing sewage treatment must conform to applicable local and state regulations.

(5) If used, nonflammable medical gas systems installations shall be in accordance with the requirements of NFPA 99, Standard for Health Care Facilities, 1999 edition. Further details concerning this reference material are contained in section 711.2(a) of this Title.

(6) If used, clinical vacuum system installations shall be in accordance with the requirements of NFPA 99, Standard for Health Care Facilities, 1999 edition, and Compressed Gas Association Inc. (CGA) Pamphlet E-10: Maintenance of Medical Gas and Vacuum Systems in Health Care Facilities, third edition. Further details concerning these reference materials are contained in section 711.2 of this Title.

Section 713-3.25 Electrical Requirements.

(a) All material including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. Materials and installation shall conform to NFPA 70, National Electric Code, 1999 edition and NFPA 99, Standard for Health Care Facilities, 1999 edition. Further details concerning these referenced materials are contained in section 711.2(a) of this Title.

All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified.

(b) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panel boards shall be enclosed or guarded to provide a deadfront type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

(c) Panel boards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

(d) All spaces occupied by people, machinery, equipment within buildings, approaches to buildings, and parking lots shall have lighting commensurate with intended use.

Residents' rooms shall have general lighting and night lighting. A reading light shall be provided for each resident. At least one light fixture for night lighting shall be switched at the entrance to each resident room. All switches for control of lighting in resident areas shall be of the quiet operating type.

(e) Receptacles (convenience outlets) shall comply with the following:

(1) Each resident room shall have duplex grounding-type receptacles as follows: one located near each side of the head of each bed; one for television if used; and one on another wall.

(2) Duplex receptacles for general use shall be installed approximately fifty feet apart in all corridors and within twenty five feet of ends of corridors.

(f) The electrical circuit(s) to fixed or portable equipment in hydrotherapy units shall be

provided with five milliamperes ground fault interrupters.

(g) Nurses' calling systems shall comply with the following:

(1) In resident occupied areas, each room shall be served by at least one calling station and each resident shall be provided with a call device. Two call devices serving adjacent beds may be served by one calling station. Calls shall register with the floor staff and shall activate a visible signal in the corridor at the residents' door, in the clean workroom, in the soiled workroom, and in the nourishment station of the nursing unit. In multi-corridor nursing units, additional visible signals shall be installed at corridor intersections, in rooms containing two or more calling stations, indicating lights shall be provided at each station. Nurses' calling systems that provide two-way voice communication shall be equipped with an indicating light at each calling station with lights, and remain lighted as long as the voice circuit is operating.

(2) A nurse's call emergency device shall be provided for residents' use at each residents' toilet, bath and shower.

(3) Alternate technologies can be considered for emergency or nurse call systems. If radio frequency systems are used, consideration should be given to electromagnetic compatibility between internal and external sources. The department will consider the use of alternate technologies on a case-by-case basis and may approve the use of such technology if resident safety is assured.

(h) Emergency electric services shall comply with the following requirements:

(1) To provide electricity during an interruption of the normal electric supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power.

(2) The source of this emergency electric service shall be as follows:

(i) an emergency generating set when the normal service is supplied by one or more central station transmission lines; and,

(ii) an emergency generating set or a central station transmission line when the normal electric supply is generated on the premises.

(3) Emergency electrical service shall be provided to the distribution systems as follows:

(i) Illumination for means of egress and for exit signs and exit directional signs as required in NFPA101, Life Safety Code, 2000 edition. Further details concerning this referenced material are contained in section 711.2(a) of this Title.

(ii) Corridor duplex receptacles in resident areas.

(iii) Nurses' calling systems.

(iv) Equipment necessary for maintaining telephone service.

(v) Elevator service that will reach every resident floor when resident rooms are located on other than the ground floor. Throwover facilities shall be provided to allow temporary operation of any elevator for release of persons who may be trapped between floors.

(vi) A fire pump, if installed.

(vii) Equipment for heating resident rooms, except where the facility is served by two or more electrical services supplied from separate generators of a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources will not likely cause an interruption of its service feeders.

(viii) General illumination and selected receptacles in the vicinity of the generator set.

(ix) Paging or speaker systems if intended for communication during emergency. Radio

transceivers where installed for emergency use shall be capable of operating for at least one hour upon total failure of both normal and emergency power.

(x) Alarm systems, including fire alarms activated at manual stations, water flow alarm devices of sprinkler system if electrically operated, fire and smoke detecting systems, and alarms required for non-flammable medical gas systems if installed.

(xi) Walk-in refrigerator and freezer.

(xii) Electric duplex outlets for all resident rooms, communal areas and service areas serving residents requiring ventilator care.

(4) The emergency lighting shall be in operation within ten seconds after the interruption of normal electric power supply. Emergency service to receptacles and equipment may be delayed automatic or manually connected. Receptacles connected to emergency power shall be distinctively marked. When the generator is operated by fuel, which is normally piped underground to the site from a utility distribution system, fuel storage facilities on the site will not be required.

(5) Each resident sleeping room shall be protected by an automatic smoke and heat detection system which includes an approved and operational automatic smoke and heat detector in such room. The detector shall conform to the applicable provisions of NFPA 72, National Fire Alarm Code, 1999 edition. Further details concerning this referenced material are contained in section 711.2(a) of this Title.

Section 713-3.26 Compliance with more current standards.

Notwithstanding any provision to the contrary in this title, a licensed operator or applicant, when submitting a construction project application for approval, may elect to

comply with all applicable requirements of Subpart 713-4 in lieu of complying with this Subpart.

Subpart 713-4 Standards for Nursing Home Construction after December 31, 2010

Section 713-4.1 Applicability.

This Subpart sets forth minimum construction and physical environment standards applicable to nursing home facilities built and to portions of nursing home facilities altered or renovated pursuant to department or commissioner approval granted on or after January 1, 2011 and to other nursing home construction projects not requiring such approval that are completed on or after January 1, 2011.

Section 713-4.2 General requirements.

Nursing homes shall be designed to provide flexibility in order to meet the changing physical, medical and psychological needs of the residents. The facility design shall produce a supportive environment to enhance and extend quality of life for residents. The architectural design, through the organization of functional space, the specification of ergonomically appropriate and arranged furniture, equipment, details and finishes, shall eliminate as many barriers as possible to effective access and use by residents of all space, services, equipment and utilities appropriate for daily living.

Section 713-4.3 Pertinent standards.

Nursing homes shall comply with all pertinent requirements, technical standards and codes set forth or incorporated by reference into Part 711 of this Title, including but not limited to, Chapter 18, "New Health Care Occupancies", of NFPA 101, Life Safety Code, 2000 edition, which is described in more detail in Section 711.2(a) of this Title. Nursing home facilities shall also comply with the Chapter 4.2, "Specific Requirements for Nursing Facilities", of Part 4, "Residential Health Care Facilities", of Guidelines for the Design and Construction of Health Care Facilities, 2010 edition, except where such guidelines and standards are inconsistent with the requirements of this Subpart. The Guidelines for the Design and Construction of Health Care Facilities, 2010 edition, is described in more detail in section 711.2(b)(7) of this Title.

Section 713-4.4 Resident units.

(a) The number of residents in a resident unit arranged in a linear layout shall not exceed forty. However, the Department will consider exceptions to this requirement to enhance the quality of life for residents when a higher number of residents clearly achieves a savings in operational costs, improves resident services and is based upon sub-groups of residents (sub-units).

(b) When sub-units are used, each sub-unit shall be arranged so as to provide access to a bathing room and a soiled workroom or soiled holding room located within, or readily accessible to, the unit.

(c) At least one-tenth of the total residents in any facility shall be located in single rooms. Each room shall have a window that can be opened without the use of tools. The windowsills shall not be higher than two feet eight inches above the finished floor to

facilitate views to the exterior for residents seated in wheelchairs, and shall be above grade.

(d) Each resident shall have a wardrobe or closet with minimum clear inside dimensions of three feet by one foot ten inches deep. Drawer space may be provided as part of the wardrobe, as long as hanging space measuring two feet wide by one foot ten inches deep by five feet high, accessible to the resident, is maintained.

Section 713-4.5 Physical environment standards for long-term care programs for ventilator dependent residents.

(a) Each resident room for ventilator care shall provide adequate space for a mechanical ventilator and for equipment to be used in the administration of oxygen and suction, which must be available from a central location and piped to each bed, to each resident. A facility shall have a sufficient number of single rooms to accommodate one-fifth of the facility's total capacity of ventilator dependent residents. If the facility has less than five beds certified for ventilator care, there must be at least one single room for the treatment of ventilator dependency. At least one single-bedded ventilator care room shall be designed and equipped for use as an infection control room with an additional lavatory conveniently located for staff handwashing, but not within the resident toilet room (a bathing facility may be omitted). If the facilities risk assessment indicates the facility is at high or intermediate risk for airborne infections, the infection control room shall be in compliance with the requirements for airborne infection isolation room(s) in Section 2.1-2.4.2, "Airborne Infection Isolation (AII) Room", of Part 2, "Hospitals", of Guidelines for

Design and Construction of Health Care Facilities, 2010 edition, as described in more detail in section 711.2(b)(7) of this Title.

(b) The following service areas shall be readily available:

- (1) adequate office space for staff serving ventilator dependent residents;
- (2) staff unit workstation shall be of sufficient size to accommodate multiple disciplines;
- (3) adequate storage and maintenance space to ensure routine servicing as required by program for ventilators and related equipment; this room shall contain provisions for hand washing;
- (4) dining space that is accessible; and
- (5) adequate therapy space for rehabilitation.

(c) At least one resident bathing facility shall be equipped to accommodate a stretcher-type bathing apparatus, and space for equipment and staff assistance. The entrance shall have a clear opening of at least forty-five inches (45") to accommodate residents utilizing multiple equipment, such as ventilators and infusion pumps.

713-4.6 Traumatic brain injury units.

(a) When provided, a separate head injury unit shall comply with Section 4.2-2.2, "Resident Unit" of Part 4, "Residential Health Care Facilities", of Guidelines for Design and Construction of Health Care Facilities, 2010 edition, as described in more detail in section 711.2(b)(7) of this Title, and with the following variations and additional requirements:

- (1) A minimum of twenty percent of the total residents in a unit shall be in single rooms.

(2) The minimum room areas exclusive of toilet rooms, closets, wardrobes, alcoves or vestibules shall provide adequate space for special needs and equipment for each resident.

(3) The resident rooms shall be provided with room furnishings and equipment required for continuing unscheduled therapeutic program activities.

(b) Therapy spaces for services such as cognitive therapy and psychological social therapy shall be provided and designed to meet the special needs of the program(s).

Ancillary support facilities such as resident toilet rooms and storage facilities shall be provided in each program area.

713-4.7 Units for residents requiring neurobehavioral interventions.

(a) These dedicated and discrete units shall be either Neurobehavioral Units, or Neurobehavioral Step-down Units. When provided, these separate units shall comply with Section 4.2-2.2, "Resident Unit", of Part 4, "Residential Health Care Facilities", of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition, as described in more detail in section 711.2(b)(7) of this Title, and with the following variations and additional requirements:

(1) Each Neurobehavioral Unit shall be designed for a minimum of fifteen residents and a maximum of twenty residents and shall be planned as a secure unit. All resident bedrooms in Neurobehavioral Units shall be single occupancy.

(2) Each Neurobehavioral Step-down Unit shall be limited to a maximum of twenty certified beds, and shall not be a secure unit. This unit shall be monitored for elopement however, with a delayed egress system on all unit doors. Neurobehavioral Step-down

Units shall provide single occupancy resident rooms for at least ten percent of the unit capacity. For the balance of the unit, the maximum number of beds in a resident room shall be two.

(3) Doors to resident bedrooms shall open outward.

(4) A private toilet room shall be provided for each resident bedroom.

(5) An exercise room shall be located on the unit and provide a minimum of twenty-five net square feet per resident. Additional space shall be provided for storage. Adjacent dedicated resident toilet and showers shall be provided.

(6) An activity room shall be located on the unit and provide a minimum of thirty-eight net square feet per resident. Additional space shall be provided for equipment storage. Adjacent resident toilet and bathing facilities shall be provided.

(7) Each Neurobehavioral Step-down Unit shall be provided at least one separate enclosed room providing a distraction-free treatment environment with visual and auditory separation from adjacent spaces and functions. This space shall accommodate a maximum of eight persons, for activities for functional living skills or cognitive skill development.

(8) Conference/counseling rooms sufficient for private family meetings with facility personnel and for meetings of facility staff shall be provided on the nursing unit. At least one room shall accommodate up to eight persons.

(9) Adequate on-unit offices shall be provided for staff use.

(10) Resident bathing facilities shall be provided at a ratio of one fixture per seven residents.

(11) Details and finishes shall be designed to provide a high degree of safety and security for both residents and staff.

(i) Doors to all resident rooms shall be located so as to negate a possible resident hiding space behind the door.

(ii) Doors, which separate the Neurobehavioral Units from adjacent functional areas of the facility shall be secure. Delayed egress doors shall be sufficient for Neurobehavioral Step-down Units.

(iii) The walls of resident use rooms shall be constructed so as to resist damage.

(iv) The ceilings of resident use rooms shall be constructed to resist damage. The ceiling surface shall be monolithic from wall to wall.

(v) Light switches and electric convenience outlets shall be tamper proof.

(vi) Major room furnishings such as desks, dressers, night tables, and shelving shall be designed and/or installed to minimize the danger of injury to residents and staff.

(vii) Shower heads in resident bathing rooms shall be of a recessed type.

(viii) Operable windows shall be provided with devices, which will prevent the possibility of accidental falls. The operable sash opening shall be limited to six inches, however, alternate window opening protection may be acceptable, i.e., security screens.

Window bars are not permitted.

(ix) An emergency call system for staff use shall be provided in all resident use spaces to permit staff communications in an emergency.

(x) Secure outside activity areas shall be provided. Resident access to the areas shall be directly from the unit.

Section 713-4.8 Communal areas.

Resident communal areas shall be designed and furnished to encourage resident use.

(a) Toilets accommodating wheelchair residents shall be readily accessible to all communal areas.

(b) Resident Dining: Dining areas shall:

(1) Provide adequate space for resident dining in accordance with the functional program, including residents in wheelchairs when applicable.

(2) Provide adequate clear space for residents to access and leave their tables without disturbing other residents,

(3) Include adequate clearances for residents in wheel chairs and/or other mobility devices

(4) Provide clear and unobstructed lanes for servers and food carts

(5) Include space for attendants to assist residents who cannot feed themselves.

(6) Be permitted to be located in separate satellite dining areas within or adjacent to nursing units to accomplish less densely populated groupings and to be easily accessible to the residents.

(7) Provide toilet facilities accommodating wheelchair residents that are readily accessible to all dining areas.

(8) Be permitted to be used for other activities in accordance with the functional program.

(b) Recreation and lounge areas shall:

(1) Provide adequate space for resident activities in accordance with the functional program.

(2) Be sufficient in number and configuration to allow for varying sizes of resident groups and separate and distinct activities.

Section 713-4.9 Support Services

(a) Construction, equipment and installation of dietary facilities shall comply with the standards in Part 14 of this Title.

(b) General storage rooms shall have a total area of not less than twelve net square feet per resident and not less than ninety cubic feet in volume per resident. Storage of not-in-use institutional furniture, equipment and supplies shall generally be concentrated in one centralized area. Storage of out-of-season clothing and residents' belongings not currently in use may be decentralized in close proximity to nursing units.

(c) In addition to employees' facilities such as locker rooms, lounges, toilets or shower facilities called for in certain departments, a sufficient number of such facilities as are required to accommodate the needs of all personnel and volunteers shall be provided.

Section 713-4.10 Details and finishes.

(a) Doors to all rooms containing bathtubs, sitz baths, showers and toilets for resident use shall be hinged or sliding. When such rooms have only one opening, the door shall be designed to be opened without need to push against a resident who may have collapsed within the room.

(b) The minimum width of all openings to rooms needing access for beds or stretchers shall be at minimum three feet eight inches.

(c) Floors in wet areas, such as bathing/shower facilities, shall be pitched to floor drains to prevent any run-off to areas outside the room.

(d) Acoustical treatment shall be provided between corridors in resident areas, nurse's stations, dayrooms, recreation rooms, dining areas and waiting areas and resident rooms to reduce ambient noise in resident living and sleeping areas. The STC (Sound Transmission Classification) between those spaces shall not be less than fifty-one and the NRC (Noise Reduction Coefficient) shall not be less than sixty-five for ceilings in those spaces.

New Part 714 is hereby added as follows:

Part 714 Standards of Construction for Adult Day Health Care Program Facilities

(Statutory Authority: Public Health Law Section 2803).

Section 714.1 Applicability.

This Part sets forth minimum construction and physical environment standards applicable to facilities for adult day health care programs approved by the department or commissioner. All adult day health care program facilities shall comply with all pertinent requirements, technical standards and codes set forth or incorporated by reference into Part 711 of this Title.

Section 714.2 Adult day health care program facilities prior to March 17, 2004.

This section applies to all adult day health care program facilities that were approved to operate by the commissioner or department prior to March 17, 2004.

(a) Each adult day health care program facility site shall provide sufficient space to accommodate a full range of program activities and services required by this Title. The space shall be designed to be flexible and adaptable in order to accommodate both individual and group activities and services. When an adult day health care program shares space and services with the residential health care facility's resident population, the operator shall ensure the availability of adequate space, equipment, staff and services to accommodate both groups of individuals and that the proper provision of services to one group does not interfere with the proper provision of services to the other.

(b) Each adult day health care program facility site shall include the following public, administrative and service areas:

(1) An entrance that shall be located at grade level, sheltered from the weather and accessible by wheelchairs.

(2) A lobby that shall include:

(i) a reception and information counter or desk;

(ii) a waiting area;

(iii) public toilet facilities;

(iv) one or more public telephones;

(v) a drinking fountain; and,

(vi) a registrants' and public outer garment closet.

(3) Interview/counseling spaces for private consultations.

(4) A multipurpose room for staff conferences, meetings and health education.

(5) General storage facilities for office supplies, equipment, educational materials and records.

- (6) General or individual offices for program staff.
- (7) A medical care and examination room for registrant health care. The medical care and examination room shall provide an examination table, lockable medication storage for registrants' daily medicine, a small refrigerator for registrants' daily medicine, a lavatory or sink equipped for handwashing and a counter or shelf space for writing. The arrangement shall permit at least two feet six inches of clearance on at least one side and at the ends of the examination table.
- (8) Physical rehabilitation therapy areas that shall be designed to provide sufficient functional net area to accommodate a full range of approved activities. It shall be flexible and adaptable for both individual and group treatment.
- (9) Social activities therapy areas that shall include sufficient functional net area to accommodate a full range of approved program activities.
- (10) Storage space shall be provided for therapy supplies and equipment.
- (11) Toilets for registrants' use shall be provided within or accessible to the program area with sufficient water closets and lavatories available for registrants participating during a scheduled session.
- (12) Dietary/dining areas that are adequate to meet the needs of the registrants. The dining area may be combined with the social activities area.
- (13) Employees' facilities that include a sufficient number of employees' lockers and toilet facilities to accommodate the needs of all personnel and volunteers shall be provided.
- (14) Soiled holding room or an enclosed space shall be provided for the holding and

disposal of soiled linens.

(15) One or more janitor's closets.

(c) Adult day health care facilities that were approved to operate by the commissioner or department between February 28, 1989 and March 17, 2004 shall comply with the following additional requirements:

(1) Heating, ventilation, electrical and plumbing services shall be provided for the comfort of the registrants.

(2) Facilities with registrant services located on other than the first floor shall have electric or electrohydraulic elevators.

(3) Physical rehabilitation therapy areas shall be designed to provide sufficient functional net area of at least fifty square feet for each registrant participating in rehabilitation during a scheduled period.

(4) Social activities therapy areas shall include a functional net area of at least 30 square feet for each registrant participating during a scheduled period.

(5) Each facility's dining area shall include a functional net area of at least 30 square feet for each registrant participating in a scheduled period.

(d) Adult day health care facilities that are not located at a residential health care facility shall comply with Chapter 17, "Existing Day-Care Occupancies" of NFPA 101, Life Safety Code, 2000 edition, as described in more detail in section 711.2(a) of this Title.

Section 714.3 Adult day health care program facilities between March 17, 2004 and December 31, 2010.

This section applies to adult day health care facilities approved to operate by the commissioner or department between March 17, 2004 and December 31, 2010.

(a) Each adult day health care program facility site shall provide sufficient space to accommodate the full range of program activities and services required by this Title. The space shall be designed to be flexible and adaptable in order to accommodate both individual and group activities and services. When an adult day health care program shares space and services with the residential health care facility's resident population, the licensed operator shall ensure the availability of adequate space, equipment, staff and services to accommodate both groups of individuals and ensure that the proper provision of services to one group does not interfere with the proper provision of services to the other.

(b) Each adult day health care program facility site shall include the following public, administrative and service areas:

(1) An entrance that shall be located at grade level, sheltered from the weather and accessible by wheelchairs.

(2) A lobby that shall include:

(i) a reception and information counter or desk;

(ii) a waiting area;

(iii) public toilet facilities;

(iv) one or more public telephones;

(v) a drinking fountain;

(vi) an outer garment closet for registrants and the public.

(3) General or Individual office(s) for professional and administrative staff.

- (4) Interview/counseling space(s) for private consultations.
- (5) A multipurpose room for staff conferences, meetings and health education.
- (6) General storage facilities for office supplies, equipment, educational materials and records.
- (7) General or individual office(s) for program staff.
- (8) A medical care and examination room for registrant health services. The medical care and examination room shall provide an examination table, lockable medication storage for registrants' daily medicine, a small refrigerator for registrants' daily medicine, a lavatory or sink equipped for handwashing and a counter or shelf space for writing. The arrangement shall permit at least two feet six inches of clearance on at least one side and at the ends of the examination table.
- (9) Physical rehabilitation therapy areas that shall be designed to provide sufficient functional net area of at least fifty square feet for each registrant participating during a scheduled period to accommodate a full range of approved activities. It shall be flexible and adaptable for both individual and group treatment.
- (10) Social activities therapy and dietary/dining areas that include sufficient functional net area of at least thirty square feet for each registrant based upon program capacity and accommodate a full range of approved program activities and dining facilities to meet the needs of the registrants. Accommodation for quiet space(s) shall be provided within the program area relevant to the program space.
- (11) Storage space shall be provided for therapy supplies and equipment.
- (12) Toilets for registrants' use shall be provided within or accessible to the program area. Unisex toilets shall be provided at a ratio of at least one (1) water closet and lavatory per

twelve (12) registrants, or major fraction thereof, based on program capacity. Gender dedicated toilets may be provided at a ratio of at least one (1) water closet and lavatory per twelve (12) registrants, or major fraction thereof, based on the gender distribution within the program capacity. At least one-half of the toilets shall be handicapped accessible.

(13) One bathing facility shall be provided within or accessible to the program facility. The dressing area and the shower(s), without curbs, shall be designed to permit use by a wheelchair resident with staff assistance.

(14) Employees' facilities with a sufficient number of employees' lockers and toilet facilities to accommodate the needs of all personnel and volunteers shall be provided.

(15) A soiled holding room or an enclosed space shall be provided for the holding and disposal of soiled linens.

(16) One or more janitor's closets shall be provided.

(17) Facilities with registrant services located on other than the main entrance floor shall have electric or electrohydraulic elevators.

(c) Adult day health care facilities that are not located at a residential health care facility shall comply with Chapter 17, "Existing Day Care Occupancies", of NFPA 101, Life Safety Code, 2000 edition, as described in more detail in section 711.2(a) of this Title.

Section 714.4 Adult day health care program facilities after January 1, 2011.

This section applies to adult day health care facility construction projects approved by the department of commissioner on or after January 1, 2011 and to other adult day health care construction projects completed on or after January 1, 2011.

(a) All adult day health care program facilities shall comply with Chapter 5.3, "Adult Day Health Care Facilities", of Part 5, "Other Health Care Facilities", of Guidelines for Design and Construction of Health Care Facilities, 2010 edition. This referenced material is further described in section 711.2(b)(7) of this Title.

(b) Adult day health care program facilities that are not located at a residential health care facility shall comply with the requirements of Chapter 16, "New Day-Care Occupancies", of NFPA101, Life Safety Code, 2000 edition. Further details concerning these referenced materials are contained in sections 711.2(a) of this Title.

(c) All adult day health care program facility sites shall include the following public, administrative and program areas:

(1) An entrance that shall be located at grade level, sheltered from the weather and accessible by wheelchairs.

(2) A lobby that shall include:

(i) a reception and information counter or desk;

(ii) a waiting area;

(iii) public toilet facilities;

(iv) one or more public telephones;

(v) a drinking fountain;

(vi) outer garment closet for registrants and the public.

(3) General or Individual office(s) for professional and administrative staff.

(4) Interview/counseling space(s) for private consultations.

(5) A multipurpose room for staff conferences, meetings and health education.

(6) General storage facilities for office supplies, equipment, educational materials and records.

(7) General or individual office(s) for program staff.

(8) A medical care and examination room for registrant health care. The medical care and examination room shall include an examination table with at least two feet six inches of clearance on at least one side and at the ends of the table and a lavatory equipped for handwashing.

(9) Employees' facilities with a sufficient number of employees' lockers and toilet facilities to accommodate the needs of all personnel and volunteers shall be provided.

(10) Soiled holding room or an enclosed space shall be provided for the holding and disposal of soiled linens.

(11) Facilities with registrant services located on other than the main entrance floor shall have electric or electrohydraulic elevators.

Part 715 Standards of Construction for Diagnostic or Treatment Centers is repealed in its entirety. Part 715 is renamed and new Subparts 715-1 and 715-2 are added as follows.

Part 715 Standards of Construction for Freestanding Ambulatory Care Facilities

(Statutory Authority: Public Health Law Section 2803)

* * *

Subpart 715-1 Standards for Freestanding Ambulatory Care Facility Construction

Projects Approved or Completed Prior to January 1, 2011

Section 715-1.1 Applicability.

(a) This Subpart sets forth minimum construction and physical environment standards applicable to:

(1) diagnostic center and treatment center facilities built and to portions of such facilities renovated or altered prior to January 1, 2011;

(2) general hospital offsite outpatient facilities built and to portions of such facilities renovated or altered prior to January 1, 2011; and,

(3) general hospital offsite outpatient facility construction projects and diagnostic center and treatment center facility construction projects approved by the commissioner or department prior to January 1, 2011.

(b) Whenever used in this Subpart, the terms below shall have the following meanings:

(1) Ambulatory care facilities shall refer collectively to general hospital offsite outpatient facilities and diagnostic center and treatment center facilities.

(2) Ambulatory surgery facilities shall refer collectively to freestanding ambulatory surgery center facilities and general hospital offsite ambulatory surgery center facilities.

(3) Ambulatory medical facilities shall refer collectively to general hospital offsite outpatient facilities other than offsite ambulatory surgery center facilities and diagnostic center and treatment center facilities other than ambulatory surgery center facilities.

(c) Notwithstanding any provision in this section to the contrary, this Subpart shall not apply to freestanding adult day health care program facilities.

Section 715-1.2 Pertinent standards. Ambulatory care facilities shall comply with all pertinent requirements, technical standards and codes set forth or incorporated by reference into Part 711 of this Title.

Section 715-1.3 Ambulatory care facility construction projects approved or completed prior to October 14, 1998.

This section applies to ambulatory care facility construction projects approved by the commissioner or department prior to October 14, 1998 and to ambulatory care facility construction projects not requiring such approval that were completed prior to October 14, 1998.

(a) Ambulatory care facilities shall comply with Chapter 39, "Existing Business Occupancies", of NFPA 101, Life Safety Code, 2000 edition, which is described in more detail in section 711.2(a) of this Title.

(b) Ambulatory care facilities shall include all pertinent elements described in this section. When services are shared or purchased, the commissioner may approve appropriate deletions and modifications in space and equipment requirements to avoid duplication. With respect to ambulatory care facilities that provide specialized services or a limited scope of services, the commissioner may, on the basis of an approved program, waive compliance with the requirements of this Subpart, provided that the granting of waiver would not adversely affect the life safety, efficiency or function of the facility.

(c) An ambulatory care facility's administration and public areas shall include and comply with the following:

- (1) An entrance located at grade level, sheltered from the weather, and able to accommodate wheelchairs.
- (2) A lobby that shall include:
 - (i) wheelchair storage space(s);
 - (ii) a reception and information counter or desk;
 - (iii) waiting space; however, no corridor, sub corridor or passageway shall be used as waiting space;
 - (iv) public toilet facilities;
 - (v) public telephone(s); and
 - (vi) drinking fountain(s).
- (3) Interview space for private interviews relating to social services, credit and admissions.
- (4) General or individual office for business transactions, records and administrative and professional staffs. Adequate space for storage and processing medical records shall be provided.
- (5) Multi-purpose rooms for conferences, meetings and health education purposes.
- (6) Special storage for employees' personal effects.
- (7) General storage facilities for office supplies, sterile supplies, pharmaceutical supplies, splints and other orthopedic supplies, housekeeping supplies and equipment.
- (d) An ambulatory care facility's clinical areas shall include and comply with the following:

(1) One or more general purpose examination rooms for medical, obstetrical and similar examinations, which shall include a lavatory or sink equipped for hand washing and a counter or shelf space for writing.

(2) Special purpose examination rooms. The room sizes for special clinics such as eye, dental, and ear, nose and throat examinations shall be determined by types of equipment used. A lavatory or sink equipped for hand washing and a counter or shelf space for writing shall be provided.

(3) One or more treatment rooms for outpatient surgical procedures and cast procedures which shall have a minimum floor area of approximately one hundred twenty square feet, excluding such space as vestibule, toilet, closet and work counter whether fixed or movable. A work counter, storage cabinets and lavatory or sink equipped for hand washing with foot or knee control shall be provided. The minimum room dimension shall be ten feet.

(4) One or more observation rooms for handling isolation, suspect, or disturbed patients which shall be conveniently located to nurses' station or other control station to permit close observation of patients and to minimize their hiding, escape, injury or suicide. Patients shall have access to a toilet room without entering the general corridor area. In facilities having an annual patient visit load of fifteen thousand or fewer, a separate room is not required if an examination room is modified to accommodate this function.

(5) Facilities for charting and for clinical records or nurses' station(s) with work counter, communication system, and space for supplies shall be provided. A separate space may be omitted if these functions are accommodated in each examination room and each treatment room.

(6) A medicine preparation room or unit, a self-contained medicine dispensing unit, or other approved system shall be provided. If used, a medicine preparation room or unit shall be under nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A medicine dispensing unit may be located at the nurses' station, in the clean workroom, or in an alcove or other space under direct control of nursing or pharmacy staff.

(7) A pharmacy, close to the reception area, shall be provided, if required by the operational program of the facility. A pharmacy need not be provided in facilities performing only termination of pregnancy procedures, if justified by the program, and if approved by the commissioner. The pharmacy should include space for:

- (i) administrative functions, including requisitioning, recording, reporting, receiving, storage, including refrigeration, and counting;
- (ii) quality control area if bulk compounding and/or packaging functions are performed;
- (iii) locked storage for drugs and biologicals;
- (iv) dispensing area;
- (v) hand washing facilities;
- (vi) drug information area; and,
- (vii) sterile products area.

(8) If procedures for termination of pregnancy are performed, the facilities shall also have:

- (i) procedure rooms with a minimum dimension of twelve feet by fifteen feet;
- (ii) scrub-up facilities adjacent to the procedure rooms;
- (iii) separate male and female locker and dressing rooms and toilet rooms;

(iv) recovery room, consisting of two recovery beds for each procedure room, and lounge with sitting space for four patients for each procedure room;

(v) stretcher parking area or alcove;

(vi) patient dressing and toilet facilities;

(vii) storage space for oxygen and inhalation.

(9) A radiology suite with equipment for diagnostic imaging and other radiology procedures shall be provided, if required by the operational program of the facility.

Radiology suites located outside of New York City shall comply with applicable requirements of Part 16 of this Title. Radiology suites located in New York City shall comply with applicable requirements of Article 175 of the New York City Health Code.

If therapeutic radiology is provided, the suite shall contain:

(i) radiographic room(s);

(ii) file processing facilities;

(iii) viewing and administration area(s);

(iv) file storage facilities;

(v) toilet room with hand washing facilities directly accessible from each fluoroscopy room without entering the general corridor area; and

(vi) dressing area(s) with convenient access to public toilets.

(10) Laboratory facilities shall be provided directly within the ambulatory care facility or through an effective contract arrangement with a clinical laboratory. If clinical laboratory services are provided through such a contract, then at least the following minimum laboratory facilities shall be provided in the ambulatory care facility:

(i) Laboratory work counter(s), with sink and vacuum, gas and electric services.

- (ii) Lavatory(ies) or counter sink(s) equipped for hand washing.
- (iii) Storage cabinet(s) or closet(s).
- (iv) Specimen collection facilities. Urine collection rooms shall be equipped with a water closet and lavatory. Blood collection facilities shall have space for a chair and work counter.
- (e) An ambulatory care facility's service areas shall include and comply with the following:
 - (1) At least one janitor's closet shall be included on each floor, which shall contain a floor receptor or service sink and storage for housekeeping supplies and equipment.
 - (2) A clean workroom or clean holding room with a work counter, hand washing and storage facilities. The clean holding room shall be part of a system for storage and distribution of clean and sterile supply materials and shall be similar to the clean workroom except that the work counter and hand washing facilities may be omitted.
 - (3) A soiled workroom or soiled holding room. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture, sink equipped for hand washing, work counter, waste receptacle and linen receptacle. A soiled holding room shall be part of a system for the collection and disposal of soiled materials and shall be similar to the soiled workroom except that the clinical sink and the work counter may be omitted.
 - (4) Sterilizing facilities used for the sterilization of equipment and supplies shall be provided, which may be in the clean workroom.
 - (5) Stretcher storage space.
 - (6) Employees' facilities, consisting of locker rooms, lounges, toilets or shower facilities, as required, shall be provided to accommodate the needs of all personnel and volunteers.

(f) Ambulatory care facility engineering service and equipment areas shall include and comply with the following:

(1) Equipment room(s) for boilers, mechanical equipment and electrical equipment.

(2) Storage room(s). General storage areas for bulk office and janitor's supplies, clinical supplies, educational materials.

(3) Waste processing services, consisting of:

(i) Space and facilities for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques.

(ii) If provided, design and construction of incinerators and trash chutes shall be in accordance with the requirements of NFPA 82, Standard on Incinerators and Waste and Linen Handling Systems and Equipment, 1999 edition, as described in more detail in section 711.2(a) of this Title.

(iii) If provided, the incinerator shall be in a separate room or placed outdoors and be designed and equipped to conform to the requirements prescribed by air pollution regulations in the area.

(g) Ambulatory care facility details and finishes shall include and comply with the following:

(1) Minimum widths of public corridors shall be four feet. In facilities where terminations of pregnancy are performed, these corridors shall be five feet.

(2) Minimum widths of doors for patient access to examination, consultation and treatment rooms shall be two feet six inches. In facilities where terminations of pregnancy are performed, these doors shall be three feet two inches.

(3) Toilet rooms, which may be used by patients, shall be equipped with doors and hardware which will permit access from the outside in any emergency. When such rooms have only one opening, or are small, the doors shall be capable of opening outward, or be otherwise designed to be opened without need to push against a patient who may have collapsed within the room.

(4) Doors on all openings between corridors and rooms or space subject to occupancy, except elevator doors, shall be swing type.

(5) Doors, except doors to spaces such as small closets, which are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width. Large walk-in type closets are considered subject to occupancy.

(6) Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within 18 inches of the floor thereby creating possibility of accidental breakage by pedestrian traffic, shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings of playrooms and exercise rooms unless required otherwise for fire safety. Safety glass or plastic glazing materials shall be used for shower doors and bath enclosures.

(7) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.

(8) The location and arrangement of hand washing facilities shall permit their proper use and operation. Particular care shall be given to the clearances required for blade-type operating handles.

(9) Paper towel dispensers and waste receptacles shall be provided at all hand washing fixtures.

(10) In facilities where procedures for termination of pregnancy are performed, the arrangement of corridor doors, elevators and other passages shall be adequate to allow a stretcher-borne patient to be moved from each procedure room and recovery room to a street level exit.

(11) All buildings having examination rooms, treatment rooms or diagnostic services located on other than the main entrance floor shall have an elevator.

(12) Mechanical facilities shall conform to Subpart 712-1 of this Part, where applicable.

(13) Electrical facilities shall conform to Subpart 712-1 of this Title, where applicable.

Section 715-1.4 Ambulatory medical facility construction projects approved or completed between October 14, 1998 and December 31, 2010.

This section applies to ambulatory medical facility construction projects approved by the department or commissioner between October 14, 1998 and December 31, 2010 and to ambulatory medical facility construction projects not requiring such approval that are completed between October 14, 1998 and December 31, 2010. (a) Ambulatory medical facilities other than chronic renal dialysis facilities shall comply with Chapter 39, "Existing Business Occupancies", of NFPA 101, Life Safety Code, 2000 edition. Chronic renal dialysis facilities shall comply with provisions of NFPA 101, Life Safety Code, 2000 edition, applicable to new or existing Ambulatory Health Care Centers, as appropriate. The materials referred to in this subdivision are described in more detail in section 711.2(a) of this Title

(b) Ambulatory medical facilities, where specifically indicated, shall comply with applicable provisions of the 1996-97 Guidelines for Design and Construction of Hospital and Health Care Facilities, 1996 edition, which is described in more detail in section 711.2(b)(6) of this Title.

(c) Ambulatory medical facilities shall include all pertinent elements described in this section. The amount and types of diagnostic, clinical and administrative facilities to be provided shall be determined by the services contemplated and the estimated patient volume as described in the construction application. When services are shared or purchased, the commissioner may approve appropriate deletions and modifications in space and equipment requirements to avoid duplication. With respect to ambulatory medical facilities that provide specialized services or a limited scope of services, the commissioner may, on the basis of an approved program, waive compliance with the requirements of this Subpart, provided that the waiver does not adversely affect the health and safety or function of the facility.

(d) The design and size of each examination, treatment, or patient care room or space provided shall be determined by the equipment used therein, efficient access to the patient and the need for safe circulation of health care personnel within the space.

(e) All ambulatory medical facilities shall include:

- (1) at least one private toilet for the exclusive use of patients;
- (2) a separate enclosed space for the exclusive purpose of holding soiled disposable items and other medical waste;
- (3) for each exam, diagnostic, treatment room or laboratory, provide a separate lavatory, equipped for hand washing, within the room or space; and

(4) privacy for patient. The planning of ambulatory medical facilities shall provide for the patient's privacy and dignity during interview, examination and treatment.

(f) Ventilation shall be provided in accordance with Section 7.31.D1 of the 1996-97 Guidelines for Design and Construction of Hospital and Health Care Facilities, 1996 edition, which is described in more detail in section 711.2(b)(6) of this Title.

(g) Freestanding renal dialysis centers shall comply with pertinent requirements in Section 7.14 of Chapter 7, "General Hospital", of the 1996-97 Guidelines for Design and Construction of Hospital and Health Care Facilities, 1996 edition, which is described in more detail in section 711.2(b)(6) of this Title, and the provisions of Chapter 21, "Existing Ambulatory Health Care Occupancies" of NFPA 101, Life Safety Code, 2000 edition, which is described in more detail in section 711.2(a) of this Title. Patient areas and patient-related service areas shall also comply with the following:

(1) Individual cubicles for treatment shall be separated by non-inflammable curtains.

(2) A lavatory for hand washing, operable without the use of hands, shall be provided for each ten patients served.

(3) A sealed floor and floor drain shall be provided in each dialysis unit where hemodialysis is performed.

(h) Freestanding birthing center facilities shall include and comply with the following:

(1) Each birthing room shall have available oxygen, vacuum and medical air.

(2) An area for locked storage for drugs and refrigeration for biologicals (separate from the nourishment area refrigerator) shall be provided.

(3) A separate area for storing clean and sterile supplies shall be provided.

(4) Provisions shall be made for separate collection, storage and disposal of soiled

materials. Fluid waste may be disposed of in the toilet adjacent to the birth room.

(5) Sterile supplies may be prepackaged disposables or processed off-site. If instruments and supplies are sterilized on-site, an area for accommodation of sterilizing equipment as appropriate shall be provided.

(6) As needed, the following elements shall be provided for clinical services to satisfy the functional program:

(i) birthing rooms shall be adequate in size, excluding vestibule, toilet and closets, to accommodate one patient, her family or other companion(s) and attending staff;

(ii) toilet, sink and bath/shower facilities with appropriately placed grab bars shall be adjacent to each birthing room. Bath/shower facilities shall be shared by not more than two birthing rooms;

(iii) hand washing fixtures operable without the use of hands, shall be located conveniently accessible to the birthing rooms; and

(iv) each birthing room shall be equipped with a system for communicating to other parts of the center and to an outside telephone line.

Section 715-1.5 Ambulatory surgery facility construction projects approved or completed between October 14, 1998 and December 31, 2010.

This section applies to ambulatory surgery facility construction projects approved by the department or commissioner between October 14, 1998 and December 31, 2010 and to ambulatory surgery facility construction projects not requiring such approval that are completed between October 14, 1998 and December 31, 2010.

(a) Ambulatory surgery facilities shall comply with Chapter 21, "Existing Ambulatory Health Care Occupancies", of NFPA 101, Life Safety Code, 2000 edition, which is described in section 711.2(a) of this Title. Where an ambulatory surgery facility includes medical gas installations and clinical vacuum systems, and is part of a larger building that does not comply with or exceeds the fire safety requirements applicable to the installation of medical gases and clinical vacuum systems described in NFPA 101, Life Safety Code, 2000 edition, and NFPA 99, Standard for Health Care Facilities, 1999 edition, there shall be not less than one hour fire-related separation between the ambulatory surgery facility and other parts of the building. The ambulatory surgery facility shall have not less than two exits to the exterior. The documents referred to in this subdivision are described in more detail in section 711.2(a) of this Title.

(b) The extent (number and types) of the diagnostic, clinical, and administrative facilities to be provided will be determined by the services contemplated and the estimated patient load as described in the narrative program. Provisions shall be made for patient examination, interview, preparation testing, and obtaining vital signs of patient for ambulatory surgeries, in addition to the following:

(1) An area for locked storage for drugs and refrigeration for biologicals (separate from the nourishment area refrigerator) shall be provided.

(2) A separate area for storing clean and sterile supplies shall be provided.

(3) Provisions shall be made for separate collection, storage and disposal of soiled materials.

(4) Sterile supplies may be prepackaged disposables, or processed off-site. If instruments and supplies are sterilized on-site, an area for accommodation of sterilizing equipment as

appropriate shall be provided.

(c) Clinical facilities shall include and comply with the following:

(1) At least one room shall be provided for examination and testing of patients prior to surgery.

(2) The operating room suite shall be arranged so as to preclude unrelated traffic, and the following shall be provided for:

(i) a control station located to permit visual surveillance of all traffic which enters the operating suite;

(ii) scrub facilities near the entrance of each operating room;

(iii) fluid waste disposable facilities;

(iv) clean workroom;

(v) central stored and piped medical gas and storage space for reserve nitrous oxide and oxygen cylinders;

(vi) at least one x-ray film illuminator for each operating room;

(vii) an emergency communication system;

(viii) a drug distribution center; and

(ix) a soiled holding room.

(3) Room(s) for post-operative recovery of surgical patients with at least one bed per operating room.

(4) All ceilings and walls shall be cleanable, readily washable and free of crevices that can retain dirt particles.

(5) Hand washing facilities for staff in patient care areas shall be trimmed with valves that are operable without the use of hands.

(6) Emergency lighting and power shall be provided for in accordance with NFPA 99: Standard for Health Care Facilities, 1999 edition, and NFPA 101, Life Safety Code, 2000 edition, and NFPA 110, Standard for Emergency and Standby Power Systems, 1999 edition, as described in section 711.2(a) of this Title.

Subpart 715-2 Standards of Construction for Freestanding Ambulatory Care Facilities after December 31, 2010.

Section 715-2.1 Applicability.

(a) This Subpart sets forth minimum construction and physical environment standards applicable to:

(1) diagnostic center and treatment center facilities built and to portions of such facilities renovated or altered pursuant to department or commissioner approval granted after December 31, 2010;

(2) general hospital offsite outpatient facilities built and to portions of such facilities renovated or altered pursuant to department or commissioner approval granted after December 31, 2010; and,

(3) general hospital off site outpatient facility construction projects and diagnostic center and treatment center facility construction projects not requiring department or commissioner approval that are completed after December 31, 2010.

(b) Whenever used in this Subpart, the terms below shall have the following meanings:

(1) Ambulatory care facilities shall refer collectively to general hospital offsite outpatient facilities and diagnostic center and treatment center facilities.

(2) Ambulatory surgery facilities shall refer collectively to freestanding ambulatory surgery center facilities and general hospital offsite ambulatory surgery center facilities.

(3) Ambulatory medical facilities shall refer collectively to general hospital offsite outpatient facilities other than offsite ambulatory surgery center facilities and diagnostic center and treatment center facilities other than ambulatory surgery center facilities.

(c) Notwithstanding any provision in this section to the contrary, this Subpart shall not apply to freestanding adult day health care program facilities.

Section 715-2.2 Pertinent standards.

Ambulatory care facilities shall comply with all pertinent requirements, technical standards and codes set forth or incorporated by reference into Part 711 of this Title

Section 715-2.3 General requirements.

(a) Ambulatory care facilities shall include all pertinent elements described in this Subpart. When services are shared or purchased, the commissioner may approve appropriate deletions and modifications in space and equipment requirements may be made to avoid duplication. With respect to ambulatory care facilities that provide specialized services or a limited scope of services, the commissioner may, on the basis of an approved program, waive compliance with the requirements of this Subpart, provided that the granting of waiver would not adversely affect the life safety, efficiency or function of the facility.

(b) Services, facilities and equipment shall be available and accessible to the individuals with disabilities (public, staff and patients).

Section 715-2.4 Ambulatory medical facility construction standards.

(a) Ambulatory medical facilities other than renal dialysis facilities shall comply with Chapter 38, "New Business Occupancies", of NFPA 101, Life Safety Code, 2000 edition. Renal dialysis facilities shall comply with provisions of NFPA 101, Life Safety Code, 2000 edition, that apply to Ambulatory Health Care Occupancies. The materials referenced in this subdivision are described in more detail in section 711.2(a) of this Title.

(b) Ambulatory medical facilities shall comply with applicable chapters of Part 3, "Ambulatory Care Facilities", of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition, which is described in section 711.2(b)(7) of this Title, subject to additional modifications to the requirements set forth in this subdivision. The applicability Guidelines for Design and Construction of Health Care Facilities, 2010 edition, shall be further modified in accordance with the following:

(1) Chapter 3.2, "Specific Requirements for Primary Care Outpatient Centers," of Part 3, "Ambulatory Care Facilities", shall apply to ambulatory medical facilities with a primary focus on the provision of routine primary care services to outpatients, which may include basic imaging services.

(2) Chapter 3.3, "Specific Requirements for Small Primary Care (Neighborhood) Outpatient Facilities", of Part 3, "Ambulatory Care Facilities", shall apply to ambulatory medical facilities providing primary care services to outpatients in small facilities with limited staffing and no more than three (3) examination and/or treatment rooms.

(3) Chapter 3.4, "Specific Requirements for Freestanding Outpatient Diagnostic and Treatment Facilities", of Part 3, "Ambulatory Care Facilities", shall apply to ambulatory

medical facilities providing a full range of diagnostic and treatment services, including on-site imaging and minimally invasive procedures.

(4) Applicable sections of Chapter 2.6 "Specific Requirements for Rehabilitation Hospitals and other Facilities", of Part 2, "Hospitals", including, Section 2.6-3 "Diagnostic and Treatment Locations", shall apply when rehabilitation therapy services are provided in any ambulatory medical facility.

(5) Chapter 5.2, "Freestanding Birthing Centers" of Part 5, "Other Health Care Facilities", shall apply to any diagnostic or treatment centers established under Public Health Law, Article 28 as a birthing center.

(c) Freestanding renal dialysis centers shall comply with pertinent requirements of Chapter 3.10 " Specific Requirements for Renal Dialysis Centers", of Part 3, "Ambulatory Care Facilities", of Guidelines for Design and Construction of Health Care Facilities, 2010 edition, which is described in more detail in section 711.2(b)(7) of this Title. Freestanding renal dialysis center patient areas and patient-related service areas shall also comply with the following:

(1) A lavatory for hand washing, operable without the use of hands, shall be provided for each ten patients served.

(2) A sealed floor and floor drain shall be provided in each dialysis unit where hemodialysis is performed.

(d) Where ambulatory services are provided in mobile facilities, such facilities shall comply with pertinent requirements of Chapter 5.1 "Mobile, Transportable and Relocatable Units", of Part 5, "Other Health Care Facilities", of Guidelines for Design

and Construction of Health Care Facilities, 2010 edition, which is described in more detail in section 711.2(b)(7) of this Title.

Section 715-2.5 Construction standards for ambulatory surgery facilities.

(a) Ambulatory Surgery facilities shall comply with Chapter 20, "New Ambulatory Health Care Occupancies", of NFPA 101, Life Safety Code, 2000 edition. This material is described in more detail in section 711.2(a) of this Title.

(b) Where an ambulatory surgery facility includes medical gas installations and clinical vacuum systems and is part of a larger building that does not comply with or exceeds the fire safety requirements applicable to installation of medical gases and clinical vacuum systems described in NFPA 101, Life Safety Code, 2000 edition, and NFPA 99, Standard for Health Care Facilities, 1999 edition, there shall be not less than one hour fire-related separation between the ambulatory surgery facility and other parts of the building.

(c) Ambulatory surgery facilities shall comply with Chapter 3.7, "Specific Requirements for Outpatient Surgical Facilities", of Part 3, "Ambulatory Care Facilities", of Guidelines for Design and Construction of Health Care Facilities, 2000 edition. Chapter 3.8, "Specific Requirements for Office Surgical Facilities", of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition, shall not apply to any ambulatory surgery facilities. Chapter 3.9, "Specific Requirements for Gastrointestinal Endoscopy Facilities", of Part 3, "Ambulatory Care Facilities", shall apply to any part of a multi-service ambulatory surgery facility, or a complete single-specialty ambulatory surgery facility dedicated to gastrointestinal or endoscopy procedures. The referenced materials in this clause are described in more detail in section 711.2(b)(8) of this Title.

Part 716 Standards of Construction for Rehabilitation Facilities is repealed and a new

Part 716 is added as follows:

Part 716 Standards of Construction for Rehabilitation Facilities

(Statutory authority: Public Health Law Section 2803)

Section 716.1 Applicability.

This Part sets forth minimum construction and physical environment standards applicable to the following types of rehabilitation facilities:

(a) specialty general hospitals or parts of general hospitals that offer intensive inpatient medical rehabilitation therapy; and,

(b) general hospital outpatient facilities or diagnostic and treatment centers that provide physical medicine and intensive rehabilitation therapy to patients with severe physically disabling conditions.

Section 716.2 Pertinent standards.

Rehabilitation facilities shall comply with all pertinent requirements, technical standards and codes set forth or incorporated by reference into Part 711 of this Title.

Section 716.3 General requirements.

Rehabilitation facilities shall be constructed to maintain a safe and functional physical environment for all services that the licensed operator of the rehabilitation facility provides. The sizes of the various departments shall depend upon the program

requirements and the organization of services within the facility. Some functions allotted separate spaces or rooms in these minimum requirements may be combined if the best standards of safety and patient care are not compromised. Some of the areas may be omitted from the facility if the necessary services are conveniently available elsewhere.

Section 716.4 Rehabilitation facility construction projects approved or completed prior to October 14, 1998.

This section applies to rehabilitation facilities built, renovated or altered prior to October 14, 1998 and to rehabilitation facility construction projects approved by the department or commissioner prior to October 14, 1998.

(a) Outpatient rehabilitation facilities shall comply with applicable requirements set forth in Part 715 of this Title. Inpatient rehabilitation facilities shall comply with applicable requirements set forth in Part 712 of this Title. The requirements of this Part shall supercede any inconsistent requirements set forth in Part 715 or Part 712 of this Title.

(b) Each inpatient and outpatient rehabilitation facility shall contain a medical evaluation unit. The medical evaluation unit shall include an office for medical personnel and one or more examination rooms. Each examination room shall contain a lavatory or sink equipped for handwashing, a work counter, storage facilities and a desk, counter or shelf space for writing. In addition, each inpatient and outpatient rehabilitation facility shall include one or more of the following units:

- (1) a psychological services unit;
- (2) a social services unit; and,

(3) a vocational services unit.

(c) Each inpatient and outpatient rehabilitation facility shall provide the following service areas if they are not otherwise conveniently available to the facility:

(1) patient's dining, activities and day spaces;

(2) dietary unit;

(3) personal care facilities;

(4) unit for teaching activities of daily living;

(5) administration department;

(6) engineering service and equipment areas;

(7) linen services;

(8) janitor's closet; and,

(9) employee's facilities.

(d) The department may require, based on the proposed services to be provided at a rehabilitation facility, that a rehabilitation facility have additional special service areas.

The sizes of the various departments shall depend upon the requirements of the facility.

The additional service areas may include the following:

(1) an inpatient nursing unit;

(2) sterilizing facilities;

(3) a physical therapy unit;

(4) an occupational therapy unit;

(5) a prosthetics and orthotics unit;

(6) a speech and hearing unit;

(7) a dental unit;

(8) a radiology unit;

(9) a pharmacy unit; and,

(10) an electromyography room.

(e) Clinical laboratory facilities shall be provided within the rehabilitation facility or clinical laboratory services may be provided through a contract arrangement with a clinical laboratory. If clinical laboratory services are provided through such a contract, then the following minimum laboratory facilities shall be provided in the rehabilitation facility:

(1) A laboratory work counter(s) with sink, gas and electric service.

(2) Lavatory(ies) or sink(s) equipped for handwashing.

(3) Storage cabinet(s) or closet(s).

(4) Specimen collection facilities including urine collection rooms equipped with a water closet, lavatory and blood collection facilities with space for a chair and work counter.

(f) When provided in an inpatient or outpatient rehabilitation facility, a psychological service unit shall include an office and workspace for testing, evaluation and counseling.

(g) When provided in an inpatient or outpatient rehabilitation facility, a social services unit shall include office space for private interviewing and counseling.

(h) When provided in an inpatient or outpatient rehabilitation facility, a vocational services unit shall include office and workspace for vocational services activities such as evaluation, both prevocational and vocational, training, counseling and placement.

(i) Inpatient and outpatient rehabilitation facilities shall include one or more rooms of adequate size, appropriately furnished and designed for patient dining and patient activities or such rooms shall be conveniently available to inpatient and outpatient

rehabilitation facilities. If a multi-purpose room is used for dining and patient activities, there shall be sufficient space to accommodate all activities and prevent their interference with each other. Storage space shall be provided for activities' supplies and recreational equipment.

(j) A dietary unit shall be provided or conveniently available to all inpatient and outpatient rehabilitation facilities. Construction, equipment and installation of such dietary facilities shall comply with applicable standards of Subpart 712-1 of this Title.

(k) A minimum of one personal care room shall be provided or be conveniently available to all inpatient and outpatient rehabilitation facilities.

(l) A unit for teaching activities for daily living shall be provided at or be conveniently available to all inpatient and outpatient rehabilitation facilities. It shall include a bedroom, bath, kitchen and space for stairs.

(m) The following shall be provided for all inpatient and outpatient rehabilitation facilities:

(1) A public entrance, located at grade level, sheltered from the weather and able to accommodate wheelchairs.

(2) A lobby that includes:

(i) wheelchair storage space(s);

(ii) reception and information counter or desk;

(iii) waiting space(s);

(iv) public toilet facilities;

(v) public telephone(s); and,

(vi) drinking fountain(s).

- (3) Interview space(s) for private interviews relating to social service, credit and admissions.
- (4) General or individual office(s) for business transactions, records and administrative and professional staffs.
- (5) Multi-purpose room(s) for conferences, meetings, health education purposes and library.
- (6) Special storage for employee's personal effects.
- (7) General storage for office supplies, sterile supplies, pharmaceutical supplies, splints and other orthopedic supplies and housekeeping supplies and equipment.
- (n) All inpatient and outpatient rehabilitation facilities shall include the following:
 - (1) Equipment rooms for boilers, mechanical equipment and electrical equipment.
 - (2) Storage room(s) for building maintenance supplies and yard equipment.
- (o) All inpatient and outpatient rehabilitation facilities shall provide clean linen consistent with this subdivision.
 - (1) If linen is to be processed on the site, the following shall be provided:
 - (i) a laundry processing room with commercial-type equipment;
 - (ii) A soiled linen receiving, holding and sorting room with handwashing facilities;
 - (iii) storage for laundry supplies;
 - (iv) a clean linen inspection and mending room or area;
 - (v) clean linen storage, issuing and holding room or area;
 - (vi) a janitor's closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies; and,
 - (vii) sanitizing facilities and storage area for carts.

(2) If linen is processed off the rehabilitation facility site, the following shall be provided:

(i) a soiled linen holding room;

(ii) clean linen receiving, holding, inspection and storage room(s); and,

(iii) sanitizing facilities and storage area for carts.

(p) At least one janitors' closet shall be provided on each floor of all inpatient and outpatient rehabilitation facilities. Each janitor's closet shall contain a floor receptor or service sink and storage space for housekeeping supplies and equipment.

(q) In addition to the employees' facilities such as locker rooms, lounges, toilets or shower facilities called for in certain departments, all inpatient and outpatient rehabilitation facilities shall provide a sufficient number of such facilities as required to accommodate the needs of all personnel and volunteers.

(r) When provided, physical and occupational therapy units in inpatient or outpatient rehabilitation facilities shall comply with this subdivision.

(1) The physical therapy unit shall include:

(i) Office space.

(ii) Waiting space.

(iii) Treatment area(s) that comply with the following:

(a) cubicle curtains shall be provided around each individual treatment area for thermotherapy, diathermy, ultrasound, hydrotherapy and similar treatments;

(b) handwashing facilities shall be provided, although one lavatory or sink may serve more than one cubicle; and,

(c) facilities for collection of wet and soiled linen and other material shall be provided;

(iv) An exercise area.

(v) Storage for clean linen, supplies and equipment.

(vi) Patients' dressing areas, showers, lockers and toilet rooms.

(vii) A service sink.

(viii) Wheelchair and stretcher storage.

(2) The occupational therapy unit shall include:

(i) Office space.

(ii) Waiting space.

(iii) Treatment and activities of daily living area. Provision shall be made for a sink or lavatory and for the collection of waste products prior to disposal.

(iv) Storage for supplies and equipment.

(v) Patients' dressing areas, showers, lockers and toilet rooms.

(3) Office space, waiting space, storage areas and patients' dressing areas, showers, lockers and toilet rooms may be shared by physical and occupational therapy.

(s) When provided in inpatient or outpatient rehabilitation facilities, the prosthetics and orthotics unit shall consist of the following:

(1) work space for technician(s);

(2) space for evaluation and fitting with provision for privacy; and

(3) space for equipment, supplies and storage.

(t) When provided, speech and hearing units in inpatient or outpatient rehabilitation facilities shall consist of:

(1) office(s) for therapists;

(2) space for evaluation and treatment; and

(3) space for equipment and storage.

(u) When provided, dental units in inpatient or outpatient rehabilitation facilities shall include an operatory with a lavatory and a laboratory and film processing facilities.

(v) When provided, radiology units provided in inpatient or outpatient rehabilitation facilities shall contain the following:

(1) radiographic room(s);

(2) film processing facilities;

(3) viewing and administration area(s);

(4) film storage facilities;

(5) a toilet room with handwashing facility, directly accessible from each fluoroscopy room without entering the general corridor area;

(6) dressing area(s);

(7) a waiting room or alcove for ambulatory patients; and

(8) a holding area for stretcher patients, out of direct line of normal traffic.

(w) When provided in inpatient or outpatient rehabilitation facilities, the size and type of services to be provided in the pharmacy shall depend upon the type of drug distribution system to be used in the rehabilitation facility and whether the rehabilitation facility proposes to provide, purchase or share pharmacy services with other facilities. Provision shall be made for the following:

(1) administrative functions, to include requisitioning, recording and reporting, receiving, storage including refrigeration, and counting;

(2) quality control area, if bulk compounding and/or packaging functions are performed;

(3) locked storage for drugs and biologicals;

(4) dispensing area;

- (5) handwashing facilities;
- (6) drug information area for reference materials and personnel, with convenient access to public toilets; and
- (7) sterile products area for compounding of intravenous admixtures and other sterile dosage forms.
- (x) In freestanding outpatient rehabilitation facilities, details relating to exits and fire safety shall be in accordance with the provisions of NFPA 101, Life Safety Code, 2000 edition, applicable to business occupancies. Further details concerning this referenced material are contained in section 711.2(a) of this Title.
- (y) Details and finishes shall comply with the following requirements:
 - (1) Items such as drinking fountains, telephone booths, vending machines and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.
 - (2) Minimum width of all doors to rooms needing access for beds or stretchers shall be three feet four inches. Doors to patients' toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of two feet six inches.
 - (3) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type. Openings to showers, baths, patients' toilets and other small wet-type areas not subject to fire hazard are exempt from this requirement.
 - (4) No corridor, subcorridor or passageway shall be used as a waiting space.

- (5) Dumbwaiters, conveyors and material handling systems shall comply with the requirements set forth in Subpart 712-1 of this Title. Grab bars shall be provided at all patients' toilets, tubs, showers and sitz baths.
- (6) Soap dishes shall be provided in showers and bathrooms.
- (7) Ends of handrails and grab bars shall be constructed to prevent snagging the clothes of patients.
- (8) Mirrors shall be arranged for convenient use by patients in wheelchairs as well as by patients in a standing position.
- (9) Paper towel dispensers and waste receptacles shall be provided at all handwashing fixtures.
- (z) At least one elevator shall be provided if any patient areas are located on any floor above or below the entry level.
- (aa) Each inpatient nursing unit of a rehabilitation facility shall comply with applicable requirements of Subpart 713-2 of this Title, including but not limited to, mechanical requirements, details and finishes.

Section 716.5 Rehabilitation facility construction projects completed or approved between October 14, 1998 and December 31, 2010.

(a) This section applies to rehabilitation facility construction projects approved by the department or commissioner between October 14, 1998 and December 31, 2010 and to rehabilitation facility construction projects not requiring such approval that are completed between October 14, 1998 and December 31, 2010. Rehabilitation facilities shall comply with the requirements of Chapter 10, "Rehabilitation Facilities", of 1996-97 Guidelines

for Design and Construction of Hospital and Health Care Facilities, 1996 edition. Further details concerning the referenced material are contained in section 711.2(b)(6) of this Title.

(b) Notwithstanding any provision herein to the contrary, a licensed operator or applicant, when submitting a construction application for approval, may elect to comply with all applicable requirements of section 716.6 of this Part in lieu of complying with this section.

Section 716.6 Rehabilitation facility construction projects approved or completed after December 31, 2010.

This section applies to rehabilitation facility construction projects approved by the department or commissioner after December 31, 2010 and to rehabilitation facility construction projects not requiring such approval that are completed after December 31, 2010. Rehabilitation facilities shall comply with Chapter 2.6, "Specific Requirements for Rehabilitation Hospitals and Other Facilities", of Part 2, "Hospitals", of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition. Further details concerning the referenced material are contained in section 711.2(b)(7) of this Title.

Regulatory Impact Statement Summary

The Department believes that the proposed regulatory amendments offer many benefits to regulated parties and would improve the quality of health care facility construction while reducing construction costs. The proposal to amend these regulations would reorganize, simplify and clarify construction and physical environment requirements applicable to health care facilities licensed pursuant to PHL Article 28 and would eliminate irrelevant and redundant requirements. It would update state required life safety code standards so that they would be equivalent to the life safety code standards required for Medicaid and Medicare certification; health care facilities would no longer have to comply with two sets of life safety code standards. The proposal would also require health care facilities to comply with updated national codes relating to: radiation protection; facility heating, cooling and ventilation; food service; plumbing; and gas and vacuum systems. The regulatory proposal would require future facility construction to comply with most current nationally recognized architectural guidelines for health facility construction. If promulgated, these regulatory amendments would make it easier for facility staff, design architects and engineers, construction managers, and the Department's regulatory and surveillance staff to ensure the safety and appropriateness of existing facilities as well as the appropriate design and construction of new facilities. The proposed regulatory amendments would also result in cost savings in the construction of facilities.

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REGULATORY IMPACT STATEMENT

Statutory Authority:

The statutory authority for the promulgation of the regulatory proposal is Sections 2802 and 2803 of the Public Health Law ("PHL"). PHL Section 2803 requires the Commissioner of Health to ensure the fitness and adequacy of health care facilities licensed pursuant to PHL Article 28. These health care facilities include general hospitals, clinics, nursing homes, ambulatory surgery centers and rehabilitation facilities. PHL Section 2803(2) specifically authorizes the State Hospital Review and Planning Council to adopt and amend rules and regulations, subject to the approval of the commissioner, for standards and procedures relating to hospital operating certificates. This requirement extends not only to the services, personnel, administrative systems and governance of the facility but also to the safety and physical integrity of the health care facility. PHL Section 2802 defines criteria for the commissioner and the Department of Health to consider when evaluating applications for approval to construct a health care facility. 10 NYCRR Parts 711, 712, 713, 714(currently vacant), 715 and 716 implement PHL Sections 2802 and 2803 by setting forth architectural, engineering and life safety standards for hospitals, nursing facilities, rehabilitation centers, diagnostic and treatment centers and other health care facilities.

Legislative Objectives:

The legislative objective of PHL Article 28 is to protect and promote the health of the inhabitants of the New York State by assuring the efficient, accessible, and affordable

provision of high quality health services in hospitals, nursing homes and diagnostic and treatment centers. Consistent with this legislative intent, the proposed amendments will ensure that such health care facilities are constructed to ensure the delivery of high quality care at a reasonable cost.

Needs and Benefits:

The Department believes that the proposed regulatory amendments offer many benefits to regulated parties and would improve the quality of health care facility construction while reducing construction costs. The regulatory proposal would reorganize, simplify and clarify construction and physical environment requirements applicable to health care facilities licensed pursuant to PHL Article 28 and would eliminate irrelevant and redundant requirements. It would update state required life safety code standards so that they would be equivalent to the life safety code standards required for Medicaid and Medicare certification; health care facilities would no longer have to comply with two sets of life safety code standards. The proposal would also require health care facilities to comply with updated national codes relating to: radiation protection; facility heating, cooling and ventilation; food service; plumbing; and gas and vacuum systems. The regulatory proposal would require new construction to comply with most current nationally recognized architectural guidelines for health facility construction. Further, these changes will facilitate the effort of facility staff, design architects and engineers, construction managers, and the Department's regulatory and surveillance staff as they seek to ensure the safety and appropriateness of existing facilities as well as the appropriate design and construction of new facilities. The

proposed regulatory amendments would also result in cost savings in the construction of facilities.

Since the last major state regulatory revision in 1998, the need to keep construction regulations updated and current has become increasingly critical. Construction costs for medical facilities continue to escalate at an unprecedented pace and the importance of facilities completing construction in a timely fashion becomes necessary for patient safety purposes. The Department has been subjected to increasing pressure, from the provider and construction industry alike, to update its construction regulations for consistency with national standards and to correct conflicts that occur due to such inconsistencies.

The current proposal is required to achieve consistency with referenced national standards, and to allow the state's aging infrastructure of health care facilities to access the most current functional and design standards while undergoing necessary capital investment. An additional and very significant benefit to expanding the use of national standards for design and construction is the potential for streamlining it, which presents to the Department, in terms of both time and cost, for future regulatory updates.

The proposed amendments have been developed in consultation with the health care industry and professional groups involved in the design and construction of medical facilities. Originally convened in 1995 by the Department of Health's Bureau of Architectural & Engineering Facility Planning, with assistance and support of the New York State Chapter of the American Institute of Architects, the Construction Standards Advisory Group (CSAG) reviewed the various parts of 10 NYCRR pertaining to medical facility construction in an effort to improve those regulations. The CSAG consists of

some eighty-nine members, representing those organizations and individuals most affected by regulations governing the design and construction of health care facilities (i.e., architects, engineers, construction managers, hospital administrators, nursing home owners, and directors of diagnostic and treatment centers). The CSAG also included representatives of state and federal agencies concerned with the administration of building codes and with the financing and construction of health care facilities. Also, the Governor's Office of Regulatory Reform (GORR) was contacted at the very outset of this effort, resulting in the attendance and participation of GORR representatives at the initial organizational and subcommittee workgroup meetings.

Consumer representation in the development of the proposed regulations was achieved through invitations from the Department and the CSAG to various consumer advocacy groups. These organizations sent representatives to the meetings of the CSAG and its various subcommittees as they saw fit.

The CSAG met regularly on this matter since the first quarter of 2001, and established special subcommittees made up of members representing the individual categories of health care facilities and services addressed in 10 NYCRR. A recommendation for updates was presented in 2004. Subsequently, the CSAG renewed its efforts to update 10 NYCRR based on newly available industry standards. These proposed regulatory amendments have the strong endorsement of the CSAG. An overview of the benefits of the revisions to 10 NYCRR Parts 711, 712, 713, 714, 715, and 716 follow.

Proposed Revisions to 10 NYCRR Part 711

10 NYCRR Part 711 establishes general architectural, engineering physical environment and construction standards for all types of health care facilities subject to regulation by the Department. The proposed amendments would update 10 NYCRR Part 711 to reflect advances in life safety, architectural, engineering and other physical environment standards, and changes in prevailing norms of treatment and care that affect how facilities and services are structured and configured. The proposed amendments are also intended to assist health care providers to compete in a continuously changing health care market.

In 2004, the CSAG initially made many of their recommendations to amend 10 NYCRR Part 711 based on the 2001 edition of the “Guidelines for Design and Construction of Hospital and Health Care Facilities” (hereinafter referred to as the "Guidelines"), published by the American Institute of Architects with significant input from the U.S. Department of Health and Human Services. This was consistent with the Department’s use of the Guidelines in past years to develop periodic revisions of the various parts of the code, and successful adoption by reference of the 1996-1997 edition of the Guidelines for hospital and rehabilitation facilities. In recognition of New York State’s prominent role in the national health care environment, and in addition to the numerous clinical, design and construction representatives already serving, a representative from the Department was asked to serve in a leadership role on the Guidelines revision committee for the fourth consecutive edition (1997, 2001, 2006 and 2010). Reliance on the Guidelines is in keeping with the growing trend nationwide toward consistency in state building codes. Some forty-two states currently employ part of or the entire Guidelines, as their state's medical facilities building code. A number of

the remaining states use the Guidelines as a template for their own distinctive state codes. In addition, the Guidelines continue to be used by the U.S. Department of Housing and Urban Development (HUD) for the evaluation of applications from medical facilities for Federal mortgage insurance and are also used by the U.S. Centers for Medicare and Medicaid Services (CMS) in reviewing medical facilities for Medicare and Medicaid participation. The Guidelines are also used by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), a nationally recognized accrediting organization, in reviewing hospitals and other facilities for accreditation. The presence of the Guidelines, formally adopted by New York State in 1998, continues to serve providers well in obtaining federal insurance and in remaining competitive with their counterparts in other states.

The proposed regulatory amendments would also incorporate by reference the 2000 edition of the NFPA 101, Life Safety Code. CMS has required health care facilities to comply with 2000 edition of the NFPA 101, Life Safety Code since March, 2003. New York state health facilities would no longer have to comply with two different sets of life safety code standards.

10 NYCRR Section 711.1 sets forth general standards for filing an application for construction approval with the Department. The regulatory proposal would more clearly define the criteria for filing a construction application as well as the required elements to be included in a functional program. The language defining elements of the mandatory functional program has also been revised to be more consistent with the Guidelines.

The regulatory proposal would revise 10 NYCRR Section 711.2 to replace outdated life safety, architectural and engineering standards with more current ones that

are also adopted or used by CMS, HUD and JCAHO. This would reduce redundant and conflicting regulatory requirements. Specifically, 10 NYCRR Section 711.2 would be revised to replace the reference to the 1997 edition of NFPA 101 Life Safety Code with the 2000 edition of the NFPA 101 Life Safety Code. CMS regulations, which have been in effect since March 2003, have required health care facilities to comply with the 2000 edition of NFPA 101, Life Safety Code. Other NFPA outdated standards would be eliminated. The proposal would add newer editions of NFPA codes that are referenced in the 2000 edition of NFPA 101 Life Safety Code. In addition, the most current 2010 edition of the Guidelines is proposed, as a replacement for the 1996-97 edition of the Guidelines, for future construction projects. These later editions of both NFPA 101 and the Guidelines are also utilized by HUD, CMS, and JCAHO. These expanded revisions to current references will ensure that New York State's regulations are consistent with other federal and national authorities having jurisdiction, and reflect the latest research in life safety, design, and all matters pertaining to the design and construction of medical facilities.

10 NYCRR Section 711.2 would be revised to eliminate compliance with the National Standard Plumbing Code, which has been superseded by New York State's adoption of the International Building Code as the Uniform Fire Prevention and Building Code of New York State for all occupancy types. Outdated standards relating to food service sanitation, radiation safety and HVAC filter requirements would be replaced with more current standards.

10 NYCRR Section 711.3, which establishes general site requirements for health care facilities, would be revised to clarify language and add requirements that benefit

facility occupants other than patients. The proposal would also eliminate outdated or unenforceable site requirements.

10 NYCRR Sections 711.4 and 711.5, which apply to nursing homes and hospitals respectively, would be repealed. However, the requirements in these sections would be consolidated into 10 NYCRR Parts 712 and 713. Part 712 would be revised to include all requirements specific to general hospital facilities to make it easier to locate these requirements. Part 713 would be revised to include all requirements specific to nursing home facilities to make it easier to locate these requirements

10 NYCRR Sections 711.7 and 711.10, which apply to diagnostic and treatment centers and ambulatory surgery centers respectively, would be repealed. The requirements set forth in these sections would be consolidated into 10 NYCRR Part 715. Part 715 would be revised to include all requirements specific to ambulatory care facilities to make it easier to locate these requirements.

10 NYCRR Section 711.8, which applies to rehabilitation facilities, would be repealed. The requirements of this section would be consolidated into 10 NYCRR Part 716. Part 716 would be revised to include all requirements specific to rehabilitation facilities to make it easier to locate these requirements.

10 NYCRR Section 711.9 would be revised to include an approval process for waivers of certain construction standards. The revisions would include clear and specific criteria for granting waiver approvals. The revised waiver process will enable licensed operators to formally seek approvals to improve the quality and suitability of a proposed construction project while avoiding the costs of complying with burdensome or unnecessary construction requirements.

Proposed Revisions to 10 NYCRR Part 712

The regulatory proposal would repeal existing 10 NYCRR Part 712 and replace it with a new Part 712. All requirements specific to general hospital construction would be consolidated into new 10 NYCRR Part 712. Part 712 would be divided into two Subparts based on the date of hospital construction in order to make the regulations easier to use.

In 1998, the Department transitioned from its own hospital construction standards and adopted by reference a national consensus standard; the 1996-97 Guidelines for Design and Construction of Hospitals and Health Care Facilities. The benefits of this transition have exceeded all expectations, as design architects, engineers and construction managers have praised the consistency that results from utilizing a national standard. This amendment proposes to replace the 1996-97 edition of the Guidelines with the latest 2010 Edition of the Guidelines for future construction projects. Department staff, with the assistance CSAG members, compared both documents and determined the updated Guidelines represent the up-to-date standards in terms of the latest medical equipment, and functional and clinical protocols. As in the 1998 amendment, the Department continues to include specific requirements for allogeneic bone marrow transplant units, as these critical standards have not yet been adopted by the Guidelines.

Proposed Revisions to 10 NYCRR Part 713

The regulatory proposal would repeal existing 10 NYCRR Part 713 and replace it with a new Part 713. The regulatory proposal would consolidate all requirements specific to nursing home construction into 10 NYCRR Part 713. New Part 713 would be divided

into four Subparts based on the date when nursing home construction was or is to be undertaken in order to make the regulations easier to use. New Part 713 would retain existing standards for existing nursing homes to facilitate ongoing licensure and surveillance efforts.

During the previous Title 10 update in 1998, the Department and the CSAG reviewed Part 713 closely, and determined that the Department's compilation of nursing home design and construction standards were superior to the Guidelines available at that time. However, the 2010 edition of the Guidelines has proven much improved/advanced. The Department is now proposing to transition its own nursing home construction standards to the 2010 edition of the Guidelines, which was drafted with input from numerous New York State architects, including Department staff. This has resulted in a number of improvements to the Guidelines, which align the document much more closely with the Department's expectations for nursing home design. National standards have the benefit of consistency in understanding and interpretation, overall ease of use and increased use experience on a national basis. The Department is convinced that the Guidelines represent the most efficient means of maintaining current construction standards in regulation.

Proposed Revisions to 10 NYCRR Part 714

During the current review process, it was noted that inclusion of adult day health care requirements (a non-residential program) within the construction standards for nursing homes (a residential program) often resulted in confusion. Consequently, the regulatory proposal would consolidate all requirements specific to adult day health care

program facility construction into 10 NYCRR Part 714. It would require future adult day health care program facility construction to comply with the 2010 Guidelines. The existing construction standards for this non-residential program for the elderly are currently embedded in the standards of construction for nursing homes in 10 NYCRR Part 713. These standards would be removed from 10 NYCRR Part 713 and relocated into 10 NYCRR Part 714, which would make them easier to locate for reference and surveillance purposes. Further, since costly institutional-based care for the elderly will likely be replaced in the future with less costly and more appropriate alternatives, such as adult day health care programs, New York State will benefit from the increased national experience and consistency the Guidelines represents. Future updates to this Part will be greatly facilitated by this action.

Proposed Revisions to 10 NYCRR Part 715

The regulatory proposal would repeal existing 10 NYCRR Part 715 and replace it with a new Part 715. The regulatory proposal would consolidate all requirements specific to freestanding ambulatory care facilities into 10 NYCRR Part 715.

In 1998, Department regulations governing diagnostic and treatment center construction were relaxed. Although well intentioned, the reduction in prescriptive standards enacted in October 1998 for diagnostic and treatment centers (D&TC's) did not prove effective since they were difficult to enforce. Additionally, some Article 28 providers found it too easy to revise the programmed use of clinical space after the Department had already approved a previous use. The guidance and direction provided by well written design and construction standards was not fully appreciated or needed.

These amendments propose to return to more prescriptive construction standards, to assist initial programming, design and on-going surveillance. The use of the Guidelines for ambulatory care facilities offer the same benefits of national consistency and consensus development, which support the use of the Guidelines for hospitals, nursing homes, and adult day health care programs. A further advantage is that the Guidelines provides varying requirements for different types of freestanding ambulatory care facilities, in recognition of the multiple possibilities of scope and size of outpatient facilities. The Guidelines, for example, provide well-written standards for mobile and transportable facilities, a growing mode of service-delivery across the nation.

Proposed Revisions to 10 NYCRR Part 716

The regulatory proposal would repeal existing 10 NYCRR Part 716 and replace it with a new Part 716, consolidating all requirements specific to rehabilitation facility construction. Similar to the experience of hospitals, transitioning from Department-written standards to the Guidelines in 1998 proved very beneficial to the design and regulation of rehabilitation facilities. This amendment proposes to replace the 1996-97 edition of the Guidelines with the latest 2010 edition for future construction projects. Department staff, with the assistance CSAG members, compared both documents and determined the updated Guidelines represent the up-to-date standards in terms of the latest medical and rehabilitation equipment, and functional and clinical protocols.

Costs to Private Regulated Parties:

The proposed amendments are expected to have a favorable fiscal impact on health care facility construction. The simplification of current regulations should result in cost savings for most health care providers. Currently the process of ensuring compliance with Department standards is complicated by the existing facility versus new facility format, and by inconsistency of referenced standards with the federal government/CMS. Additional consulting time, effort and cost is needed to reconcile confusion and conflicts between these standards, all of which accrue to the total cost of the project. The use of identical life safety standards and the Guidelines, as well as cohorting existing and new facility requirements in the same Part should reduce the higher consulting and architectural fees expended by providers to resolve inconsistencies between New York State regulations and the updated requirements of CMS federal regulations, HUD mortgage insurance requirements, and prevailing industry norms that are required for JCAHO accreditation. This will save valuable time, and related costs, which would have been expended to finalize a project for CON approval. Further, this would minimize delays in construction and health facility openings, which affect revenue streams. The proposed amendments would also reduce the time and effort required for the preparation of Certificate of Need (CON) applications.

The adoption of the updated 2010 edition of the Guidelines will ensure the compatibility of state regulatory requirements with prevailing architectural and engineering practices nationwide. Competition for projects will be enhanced by the use of design and construction standards that are employed by the majority of states in this country. Additional architectural, engineering and construction firms familiar with the use of these standards in other states will be facilitated in their efforts to seek work in New

York State, providing healthy competition and lower proposed costs. Overall, lower costs for design and construction of health care facilities will result.

Savings estimates are projected to be 2.5 to 5% of total construction project costs, based upon experience with earlier versions of both NFPA 101 and the Guidelines. These estimates are confirmed by members of the Department's Construction Standards Advisory Group (CSAG), an ad hoc workgroup of over 80 volunteer professionals in New York State's health care industry representing health care facilities, architects, engineers, design consultants, construction managers, health care administrators and other organizations and businesses most affected by this proposal. They confirm that these regulatory updates will significantly speed design development, bidding, construction, and the pre-opening process; each of these functions is frequently delayed by conflicts between regulations and difficulty in securing accurate interpretations. With construction cost escalation approaching 12% annually between 2004 and 2007, and DOH-initiated delays totaling 3 months a common occurrence, the escalation of cost due to that delay alone on a \$50 million construction project approximates \$500,000 each month or \$1.5 million overall. Even with today's construction cost escalation approximating 6% annually, that same delay represents an additional cost of \$250,000 each month or \$750,000 in total. Overall capital costs for health care construction projects on an annual basis approved by the Department range from \$2.0 to \$2.5 billion each year. Therefore, when considering the overall cost avoidance of a more streamlined and efficient process, estimates of savings to the health care industry range from \$50 to \$60 million per year.

Costs to Local Government:

In general, there are no costs to local governments imposed by the proposed regulations, because the Department is solely responsible for enforcement of the health facility construction regulations. Local governments that seek approval to construct or renovate a health care facility licensed pursuant to PHL Article 28 would potentially receive cost savings as described in the previous section. Any county or municipal agencies seeking to construct health care facilities would benefit from the savings projected in the previous section.

Costs to State Agencies other than the Department of Health:

There are no potential costs to state agencies other than the Department of Health.

Costs to the Department of Health:

The proposed amendments impose no new costs on the Department of Health. Compliance with the amended regulations will continue to be monitored by existing Department staff in pre-construction and construction stages of each project, and by surveillance staff according to established surveillance practices. In fact, these amendments should reduce costs since Department staff will devote less time to reconciling conflicts between federal and state standards, as well as less time for the future review and revision of these standards.

Local Government Mandates:

The proposed regulatory amendments do not impose any new programs, services, duties or responsibilities upon any county, city, town, village, school district, fire district, or other special district.

Paperwork:

The proposed regulatory amendments would clearly define information to be included in functional programs. Functional programs are documents that comprehensively describe and define the physical characteristics of a health care facility. Existing regulations currently require construction applications to include information similar to what is required in the functional program. Any additional paperwork associated with this proposal is expected to be minimal. Other than the foregoing, the proposed amendments impose no new reporting requirements, forms, or other paperwork

Duplication:

There are no relevant state or federal rules that duplicate, overlap or conflict with the proposed amendments. In fact, the proposed amendments are intended to eliminate conflict with state construction codes and federal life safety standards.

Alternatives Considered:

The only alternative available for consideration by the CSAG and the Department was not to amend the regulations, thereby requiring compliance with outdated editions of both the Life Safety Code 101 and the Guidelines. However, the incompatibility of those standards with the updated requirements of federal regulatory and mortgage insurance

agencies, the JCAHO, and the New York State Uniform Building Code was viewed as costly, ineffective and inappropriate. Furthermore, updated standards of the 2010 Guidelines reflect current design, construction and equipment standards that constitute the latest design expectations. Therefore, this proposal is advanced to achieve consistency in mandatory standards of design and construction and to minimizing costs.

Compliance Schedule:

The proposed regulations would be effective immediately upon publication of a Notice of Adoption in the State Register. The regulations would apply to all construction applications submitted to the Department after the regulations are adopted. Regulated parties should be able to immediately comply with the regulations upon adoption.

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REGULATORY FLEXIBILITY ANALYSIS FOR SMALL BUSINESSES AND LOCAL GOVERNMENTS

Finding:

The proposed regulatory amendments do not impose any economic impact on small businesses or local governments that do not operate or propose to operate a health care facility licensed pursuant to Public Health Law (PHL) Article 28. They do not impose reporting, record keeping or other compliance requirements on such entities. The proposed amendments do not impose an adverse impact on small business and local governments that operate or propose to operate a health care facility licensed pursuant to PHL Article 28. The regulatory proposal's reporting, record keeping and compliance requirements are less burdensome than existing reporting, record keeping and compliance mandates.

Reasons for the Finding:

The proposed regulatory amendments are intended to achieve greater consistency between New York State regulations and the American Institute of Architects/U.S. Department of Health and Human Services Guidelines (hereinafter referred to as the Guidelines). Existing inconsistencies between state regulatory requirements and national construction standards have increased construction costs to correct errors and increase consulting and architectural fees. The benefits of consistency and flexibility projected by the original adoption of the Guidelines by New York State in 1998 have been achieved, and this latest proposal to adopt the latest edition of the Guidelines is expected to

maintain those advantages. Also, similar to current Guidelines inconsistencies; increased construction costs are necessary to correct errors.

Updating the Life Safety Code 101 to the edition recently adopted by the U.S. Centers for Medicare and Medicaid Services (CMS) is essential to ensure that all existing and future health facility construction is compliant with applicable federal standards. Therefore, the proposed amendments do not impose new compliance requirements on those health care facilities and design and consulting firms that are small businesses, nor on local governments that run medical facilities since they need to conform to such standards in any event.

Measures Taken to Ascertain the Finding:

Consistent with the previous major revision effort in 1998, the Department sought assistance from the Construction Standards Advisory Group (CSAG), which represented health care facilities, architects, engineers, design consultants, construction managers, health care administrators and other organizations and businesses most affected by this proposal. Among the most important factors that influenced the CSAG to recommend a regulatory amendment was that the amendment would not increase the costs of design, construction or operation of health care facilities. After numerous meetings throughout 2008 and 2009 where CSAG members compared the current State Hospital Code with the 2006, and then 2010 edition of the Guidelines, the CSAG concluded in June 2009 that this amendment was the most logical course to take, and would not increase costs to the system.

Department staff deals with architects, construction managers and facility planners on a daily basis in the interpretation and application of construction regulations for individual projects. There have been numerous statements, including high profile media reports that attest to the potential savings of this update with its alignment with federal regulations and national standards. The long-term involvement and input of industry professionals (i.e., architects and engineers) demonstrates the economic and technical feasibility of complying with these new standards.

**STATEMENT IN LIEU OF
RURAL AREA FLEXIBILITY ANALYSIS**

No Rural Area Flexibility Analysis is required pursuant to section 202-bb(4)(a) of the State Administrative Procedures Act. The proposed provisions apply uniformly throughout New York State, including in rural areas.

The proposed amendments, if promulgated, would not have an adverse impact on facilities in rural areas. They would not impose reporting, record keeping or other compliance requirement on facilities in rural areas that are not licensed pursuant to PHL Article 28. The additional flexibility in design approval and code enforcement afforded the Department of Health by reliance on the functional program (architectural and design plans for health care facilities) actually facilitate the approval of projects in rural areas, where lower volume and less predictable levels of occupancy and utilization often make it advisable to design and operate services (e. g. nursing units) on a smaller scale than the minimal levels specified in regulation. Similarly, adoption by reference of the 2010 Guidelines for Design and Construction of Health Care Facilities on an expanded basis to include diagnostic or treatment centers will also benefit rural areas due the inclusion of new standards for small primary care clinics and mobile units, which are particularly applicable to rural locations.

JOB IMPACT STATEMENT

Nature of Impact:

The proposed amendments will continue to offer health care providers the opportunity to be more innovative in the designing and functioning of health care facilities, and in tailoring the physical plant and equipment more to individual programs of care. The Department of Health expects that providers will continue to undertake projects necessary to maintain and preserve their existing physical plants, which represent significant investments and capital assets. These circumstances will prompt most facilities to retain staff currently employed in facility planning and design or to continue to rely on design consulting firms for such services. No significant negative impact on employment as a result of the proposed regulations is anticipated. This projection has been borne out by experience subsequent to the original adoption of the Guidelines and updated Life Safety Code 101 in 1998.

Categories and Number Affected:

The categories of jobs most affected by changes in the design and construction of health care facilities are those in the architecture and engineering professions. However, as discussed above, no significant negative effects on employment are anticipated with reference to these or any other occupations. Implementation of the latest edition the Guidelines in future health care facility construction will positively affect health care workers and patients. The enhanced health care environment resulting from these standards suggest increased staff satisfaction and safety, resulting in fewer staff injuries

and minimizing workforce turnover. With the proposed expansion of Guidelines use for outpatient facilities and nursing homes, these benefits will be available to a greater number of health care workers.

Regions of Adverse Impact:

The proposed amendments will not impose an adverse impact on any regions of the State.

Minimization of Adverse Impact:

There are no adverse impacts to this rule. Therefore, no measures to minimize adverse impact are necessary.

The proposed amendments are not expected to have a negative effect on self-employment opportunities for architects and engineers who specialize in health care facility design.