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Colorado Department  
of Public Health  
and Environment

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**  
**Health Facilities and Emergency Medical Services Division**

**6 CCR 1011-1**

**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**  
**(Promulgated by the State Board Of Health)**

**CHAPTER VIII – SUBCHAPTER 2**  
**INTERMEDIATE CARE FACILITIES FOR PERSONS WITH**  
**DEVELOPMENTAL DISABILITIES**

**Amended 4/15/09, effective 5/30/09**

## **CHAPTER VIII – Subchapter 2 INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

### **DEFINITIONS**

Facility for Persons with Developmental Disabilities means a facility specifically designed for the active treatment and habilitation of persons with developmental disabilities.

Plan review means the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter VIII, Subchapter 2. Plan review consists of the analysis of construction plans/documents and onsite inspections, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.

Structural element, for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations.

### **1 GOVERNING BODY**

DEFINITION. Governing body means the individual(s) or group in whom the ultimate authority and legal responsibility is vested for the conduct of the facility for persons with developmental disabilities.

1.1 ORGANIZATION. When the Governing Body includes more than one individual, the group shall be organized formally with written constitution or articles of incorporation and by-laws, have meetings at regularly stated intervals, and maintain records of these meetings. The facility's for persons with developmental disabilities ownership shall be disclosed fully on file with the Department. In the case of corporation, the corporate officers shall be disclosed fully on file with the Department.

1.2 ADMINISTRATIVE OFFICER. The Governing Body shall appoint an Administrative officer, duly licensed in the State of Colorado, who shall be responsible on a full-time basis to the Governing Body and who by training, at least one year's experience, and continuing education is qualified in health care administration; and delegate to him the executive authority and responsibility for the administration of the facility for persons with developmental disabilities.

1.3 FACILITIES. The governing body shall provide the necessary facilities, qualified personnel, and services for the welfare and safety of patients and in compliance with these standards.

The Governing Body has a responsibility for the program of all groups performing functions within the facility for persons with developmental disabilities.

1.4 EVALUATION COMMITTEE. The Facility shall have an Evaluation Committee which is a standing committee composed of representatives of all professional and program departments. This committee shall be responsible for the acquiring of comprehensive social, medical, and psychological data for optimum program planning for each individual.

### **2 ADMINISTRATIVE OFFICER**

2.1 RESPONSIBILITY. The Administrative Officer shall be responsible on a full-time basis to the Governing Body for planning, organizing, developing, and controlling the operations of the facility for persons with developmental disabilities.

- 2.2 ORGANIZATION. The facility for persons with developmental disabilities shall be organized formally to carry out its responsibilities. The plan of organization with the authority, responsibility, and functions of each category of all personnel shall be clearly in writing.
- 2.3 POLICIES. The Administrative Officer, in consultation with one or more physicians and one or more registered professional nurses and other related professional health care personnel, shall develop and at least annually review appropriate written policies and procedures for the care of residents, i.e. admission and transfer of residents; dental, diagnostic, dietary, medical and emergency care, nursing, pharmaceutical, physical and occupational therapy, training, and social services as applicable.
- 2.4 ACCOUNTING. A recognized system of accounting shall be used to accurately reflect the details of the business. A fiscal audit shall be performed at least annually by a qualified auditor independent of the facility for persons with developmental disabilities.

### **3 PHYSICIAN SERVICES**

- 3.1 SUPERVISION BY PHYSICIAN. Each resident shall have benefit of initial evaluation and at least quarterly reevaluation by a physician and benefit of continuing health care under the supervision of a physician.
- 3.2 MEDICAL CARE IN CASE OF EMERGENCY. There shall be written policies for provision of necessary medical care in case of emergency when a resident's physician is not available immediately. The management of the facility should consult with an appropriate medical society or hospital staff for guidance in establishing these policies.
- 3.3 MEDICAL RECORDS. 1) The medical record shall contain sufficient information to properly identify the resident; to provide and support the diagnosis(es); to cover orders for medications, treatments, restorative services, diet, special procedures, activities, plans for continuing care and discharge; and to indicate the resident's progress at appropriate intervals as specified in the written policies of the facility; 2) Only physicians shall write or dictate medical histories and physical examinations, dentists the dental histories; 3) Telephone orders written by the licensed nurse receiving them, shall be countersigned by the physician within 48 hours; 4) Each record shall be authenticated and signed by a licensed physician. Those on dental treatment shall be signed by a licensed dentist.
- 3.4 DIAGNOSTIC SERVICES. Written policies shall provide for obtaining necessary diagnostic services for the resident when prescribed by a physician or dentist. Arrangements shall be made for the transportation of the resident to and from the source of diagnostic services.

### **4 MEDICAL RECORDS**

- 4.1 FACILITIES. As a responsibility of administration, with periodic consultation from a medical record librarian, the facility for persons with developmental disabilities shall provide a medical record room or other medical record accommodations, supplies, and equipment adequate for medical record functions.
- 4.2 ENTRIES. All orders for diagnostic procedures, treatments, and medications shall be entered into the medical record and shall be signed by the physician. All reports, X-ray, laboratory, EKG, etc., shall be incorporated into the medical record and authenticated by the individual submitting such reports.

All entries in the medical record shall be the original ink or typed copy of valid copies thereof, kept current, dated and signed or authenticated. The completion of a medical record shall be the responsibility of the attending physician and the administration of the facility. Authentication may

be by written signature, identifiable initials or computer key. The use of rubber stamp signatures is acceptable under the following strict conditions:

1. The physician whose signature the rubber stamp represents is the only one who has possession of the stamp and is the only one who uses it; and
2. The physician places in the administrative offices of the facility a signed statement to the effect that he is the only one who has the stamp and is the only one who will use it.

4.3 CONTENT. A complete medical record shall be maintained on every resident from the time of admission through discharge. All resident records shall contain:

1. Identification and Summary Sheet that includes:
  - 1) Resident's name, social security number, marital status, age, race, sex, home address, date of birth, place of birth, religion, occupation, name of informant and other available identifying sociological data, e.g. citizen of what country, Father's name, Mother's maiden name, U.S. Armed Forces (if yes, give dates).
  - 2) Name, address and telephone number of referral source.
  - 3) Name, address and telephone number of attending physician and dentist.
  - 4) Name of next of kin or other responsible person.
  - 5) Date and time of admission and discharge.
  - 6) Admitting diagnosis, final diagnosis(es), condition on discharge and disposition,
  - 7) Signature of attending physician.
2. Medical Data when applicable, e.g:
  - 1) Medical history.
  - 2) Medical evaluation reports on admission and at least quarterly thereafter,
  - 3) Reports of any special examinations, including laboratory reports, X-ray reports, etc.
  - 4) Reports of consultations by consulting physicians, when applicable.
  - 5) Reports of special treatments; physical therapy, occupational therapy, etc.
  - 6) Dental reports, when applicable.
  - 7) Treatment and progress notes written and signed by the attending physician at the time of each visit.
  - 8) Authentication of hospital diagnosis(es) in a hospital summary sheet or transfer form when applicable, and a summary of the course of treatment followed in the hospital if resident hospitalized.
  - 9) Physician orders for all medications, treatments, diet, restorative and special procedures.

- 10) Autopsy protocol, if any, and authorization for autopsy,
- 11) Social service notes,
- 3. Nursing records that Include:
  - All medications and treatments administered, special procedures performed, notes of observations, time and circumstance of death. All such entries shall be recorded, dated and properly signed by nursing personnel.
- 4. Accidents and incidents resulting in possible resident injury shall be reported on special report forms. The report shall include date, time and place of incident; circumstances of the occurrence, signature of witness; time doctor was notified; physician's report; signature of person making the report, A copy of report shall be filed in the resident's medical record.

#### 4.4 FACILITY'S FOR PERSONS WITH DEVELOPMENTAL DISABILITIES RECORDS.

The following facility for persons with developmental disabilities records shall be maintained;

- 1. Daily census.
- 2. Admission and discharge records.
- 3. Resident master card file.

### 5 PERSONNEL

- 5.1 OBJECTIVES. The purpose and objectives of the facility for persons with developmental disabilities shall be explained to all personnel.

There shall be written personnel policies; job descriptions that clarify the type of functions to be preformed; and rules and regulations that govern the conditions of employment, the management of employees, and the quality and quantity of resident services to be maintained. Following approval by the Governing Body copies should be distributed to all employees.

- 5.2 DEPARTMENTAL. Each department of the facility for persons with developmental disabilities shall be under the direction of a person qualified by training, experience, and ability to direct effective services.

Sufficient qualified personnel shall be available in each department to properly operate the department.

All personnel shall have an appropriate annual screening test for tuberculosis and should have a pre-employment physical examination and such interim examinations as may be required by the facility for persons with developmental disabilities administration. The examining physician should certify that the employee, before returning from illness to duty, is free from infectious disease.

Employment health policies should be arranged so personnel are free to report their illness without fear of income loss.

There shall be an education program for all personnel to keep all employees abreast of changing methods and new techniques.

All personnel shall have an appropriate annual screening test for tuberculosis and should have a pre-employment physical examination and such interim examinations as may be required by the facility's administration. The examining physician should certify that the employee, before returning from illness to duty, is free of infectious disease. Employment health policies should be arranged so personnel are free to report their illness without fear of income loss.

- 5.3 RECORDS. There shall be personnel records on each person of the facility persons with developmental disabilities staff including employment application with resume of employee's training and experience, verification of credentials, and evidence of adequate health supervision.

## **6 ADMISSIONS**

- 6.1 POLICIES. The facility's written policies shall specify that only those individuals are admitted for care whose needs can be met within the accommodations and services the facility provides.
- 6.2 RESIDENT INFORMATION. When a resident is admitted, prior to or upon admission, essential information, including medical evaluation report, pertinent to the care of the resident, shall be made available to the facility by the referring agent,
- 6.3 IDENTIFICATION. Upon admission, adequate measures shall be taken to insure proper identification.
- 6.4 RESIDENT BEDROOM. No resident shall be admitted for care to any room or area other than one regularly designated as a bedroom. There shall be no more residents admitted to a bedroom than the number for which the room is designed and equipped.

## **7 DIETARY SERVICES**

- 7.1 ORGANIZATION. There shall be an organized food service planned, equipped, and staffed to serve adequate meals to residents according to physician's orders when applicable to an Individual resident. At least three meals or their equivalent are served daily, at regular times, with not more than an approximate 14-hour span between the evening and breakfast meals. Between-meal snacks of nourishing quality are offered. When the "four or five meal a day" plan is in effect, meals and snacks provide nutritional value equivalent to the daily food guide.
- 7.2 PERSONNEL. A person qualified by training and experience shall be designated by the administrator to be responsible for the dietary services. When this person is not a professional dietitian, frequent regularly scheduled consultation should be obtained from a professional dietitian who meets the American Dietetic Association's qualifications standards or from a person graduated from a baccalaureate degree program with major studies in foods and nutrition.

A sufficient number of trained food service personnel shall provide services over a period of 12 hours or more per day,

- 7.3 POLICIES. Policies and procedures for dietary practices shall be written.
- 7.4 ORDERS. All diets and nourishments shall be provided and served as prescribed by the attending physician, when applicable.
- 7.5 DIET MANUAL. A diet manual should be maintained by the facility for fulfilling dietary prescriptions.
- 7.6 MENUS. Menus shall be planned at least one week in advance. Personal tastes, desires, and cultural patterns of residents shall be considered and reasonable menu adjustments made.

The menus shall be posted in the kitchen area, and after use shall be filed and maintained for at least four weeks. Menus should meet the requirements of the Recommended Dietary Allowances For Food and Nutrition Board, National Research Council, 1968. Rotating menus are recommended.

Recipes appropriate to the needs of the facility shall be available to the cook.

- 7.7 SPACE. Adequate space shall be provided to allow for fixed and movable equipment and employee functions; for receiving, storage, refrigeration, food preparation, tray assembly, cart storage when applicable; and for dishwashing and scullery.
- 7.8 REGULATIONS. Food Service design, equipment, and practices and dishwashing shall be in accordance with the Rules and Regulations Governing the Maintenance and Operation of Restaurants In the State of Colorado, Colorado Department of Health, May 1964, See Section 10, Infectious Disease Control.
- 7.9 FOOD SUPPLIES. All food in nursing care facilities shall be from sources approved or considered satisfactory by the health authority, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. No hermetically sealed, nonacid and low-acid food which has been processed in a place other than a commercial food-processing establishment shall be used.
- 7.10 STORAGE. Adequate, clean, well ventilated food storage space shall be provided. Containers of food shall be stored above the floor on clean shelves, dollies, or other clean surfaces to protect them from contamination.
- 7.11 REFRIGERATION. A minimum of two units of refrigeration shall be provided to protect foods kept on hand. Refrigerators and walk-in boxes used for perishable foods shall be equipped with reliable thermometers.
- 7.12 REFRIGERATOR SAFETY. Walk-in refrigerators and freezers shall have inside lighting and inside lock releases, and should have audio-visual signal system as a secondary safety device.
- 7.13 PERISHABLE FOODS. Potentially hazardous foods including eggs, shall be maintained at a temperature of 45°F or below, or 140°F. or above, except when being prepared or served. Home canned vegetables and home canned meats shall not be served.
- 7.14 TOXIC MATERIALS. Poisonous and toxic materials' shall be labeled, stored separately from food, and used only in such ways that they will neither contaminate food nor be hazardous to employees.
- 7.15 UTENSILS. Convenient and suitable utensils, including self-service, such as forks, knives, tongs, and spoons shall be used to handle food at all points where food is prepared and served.
- 7.16 DISPLAYED FOOD. Unwrapped food on display for service shall be protected against contamination by counter-protector devices.

Food being conveyed should be covered, completely wrapped or packaged to protect from contamination.

Appropriate precautionary measures shall be taken to protect food from contamination when feeding patients.

- 7.17 HANDWASHING. Employees shall wash their hands thoroughly in an approved handwashing facility before starting work and as often as may be necessary to remove soil and contamination.

Each employee shall wash his hands before resuming work after visiting the toilet room. Handwashing facilities shall be provided in the kitchen areas.

- 7.18 HEAD PROTECTION. All dietary employees shall wear hair nets, caps, or other effective hair restraints.
- 7.19 TOBACCO. Employees shall not use tobacco in any form while engaged in food preparation, service, or equipment washing.
- 7.20 EQUIPMENT. Adequate equipment shall be provided for efficient preparation of meals. Food contact surfaces of equipment and utensils shall be non-toxic, smooth, free from breaks, open seams, cracks, chips, and similar imperfections; and free of difficult-to-clean internal corners and crevices. Cutting blocks, boards, and table tops shall be of impervious material which is non-toxic, smooth, and free of cracks, crevices, and open seams.
- 7.21 COUNTER EQUIPMENT. Equipment on tables or counters, unless readily movable, shall be installed so as to facilitate cleaning and safety.
- 7.22 FLOOR-MOUNTED EQUIPMENT. Floor-mounted equipment, unless readily movable, shall be sealed to the floor to prevent liquids or debris from settling under the equipment. Lubricated bearings and gears shall be constructed so that lubricants cannot get into the food.
- 7.23 SILVERWARE. Facilities and systems for storage of silverware shall be designed and maintained to prevent contamination.
- 7.24 CUPS AND GLASSES. Clean cups and glasses shall not be stored with entrapped moisture.
- 7.25 EQUIPMENT AND UTENSIL SANITIZATION. Portable equipment and utensils shall be cleaned, sanitized, and stored above the floor in a clean, dry location. Utensils shall be air-dried before storing. Stored containers and utensils shall be covered or inverted.
- 7.26 ISOLATION. Food served to patients in isolation, because of infectious diseases, shall be served in disposable utensils or in utensils that shall be sterilized.
- 7.27 MECHANICAL WASHING. Commercial-type mechanical dishwashing equipment shall be provided separate from food preparation and serving areas, and equipped with an easily readable thermometer in each tank. Equipment and utensils shall be preflushed or pre-scraped and, when necessary, presoaked to remove soil. A suitable detergent in effective concentration shall be used. Wash water shall be kept reasonably clean, and washing cycle properly timed. The wash water temperature shall be compatible with the detergent used. The final rinse water shall be unused water at temperature not less than 180°F manifold temperature, 170°F on surface of the dishes. Rinsing cycles shall be timed accurately. The use of automatic dishwashing machines using chemical sanitization is acceptable if properly installed and maintained; the chemical sanitizer applied in such concentration and for such a period of time as to provide effective bactericidal treatment of the equipment and utensils.

Only air drying shall be employed after washing and rinsing. All dishes and utensils shall be stored in clean, dry areas free of contamination,

- 7.28 MANUAL WASHING. Utility ware, pots, pans, and similar utensils shall be cleaned in an area separated from the dishwashing operation. Separate two-compartment sinks are required for manual washing operations, and they shall be of such length, width, and depth to permit complete immersion of equipment and utensils. Each compartment shall be supplied with hot-cold mixing faucet.

- 7.29 DRAINBOARDS. Separate drainboards shall be used for soiled utensils prior to washing, and for clean utensils following disinfecting,
- 7.30 LIGHTING. Areas for preparing food, and storing and cleaning utensils shall be adequately lighted.
- 7.31 VENTILATION. Rooms for preparing and serving food and washing utensils shall be well ventilated. Ventilation hood, ducts, and devices shall be designed to comply with, or equal to, NFPA Bulletin No. 96, 1964. Filters shall be readily removable for cleaning or replacement.
- 7.32 TOILET FACILITIES. Adequate, clean toilet facilities shall be provided,
- 7.33 HANDWASHING FACILITIES. Approved handwashing facilities with soap and sanitary hand-drying accommodations shall be conveniently provided.
- 7.34 WASTE. Garbage and refuse shall be placed in impervious containers equipped with tightly fitting covers when filled or stored, or not in continuous use. Containers shall be stored in a safe area or refrigerated space pending removal and shall be removed from the premises and cleaned at frequent intervals.
- 7.35 WASTE GRINDERS. Food waste grinders shall, be installed in compliance with applicable laws and regulations.
- 7.36 INFESTATIONS. Storage rooms, loading docks, and premises shall be free from rodent and insect infestation, odors, dust, and other sources of contamination.
- 7.37 MILK. Milk may be served in the containers to the resident if the container is no larger than an individual serving.
- 7.38 DINING AND RECREATION FACILITIES. Dining and recreation areas shall be provided, shall be readily accessible to all residents, and should not be in a hallway or lane of traffic in or out of the facility. The dining and recreation areas may be separate or combined.

## **8 EMERGENCY SERVICES**

- 8.1 EMERGENCY CARE POLICIES. Statements of policies for the care of residents in an emergency shall be developed and incorporated into a manual for staff use. See Section 2.3, 3.1, and 3.7. The manual should include but not be limited to: 1) Arrangements for the necessary medical care when a resident's physician is not available immediately; 2) Procedures and training programs which cover immediate care of the resident; 3) Persons to be notified,
- 8.2 FIRE AND INTERNAL DISASTER PLAN, Written policies and procedures shall be formulated for the protection of persons within the building in case of fire, explosion,, or other emergency in the building, and shall consist of the following:
  - 8.2.1 Brief, written instructions to be posted at appropriate places, of persons to be notified, and other immediate steps to be taken before the fire department or other assistance arrives.
  - 8.2.2 A schematic plan of the building, or portions thereof, to be posted at appropriate places showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm pull boxes.
  - 8.2.3 Other policies and procedures that need not be posted but -must include: procedures for evacuating helpless residents, assignment of specific tasks and responsibilities to the

personnel of each shift, provision for at least annual training and instruction sessions to keep employees informed of their duties, and provision for conducting simulated fire drills at least three times annually.

The above policies, procedures, and plan must be developed with the assistance of qualified fire and safety experts.

- 8.3 MASS CASUALTY PROGRAM. Each facility for persons with developmental disabilities should develop a written mass casualty plan for the management of residents and the treatment and disposition of casualties in the event of an external or community disaster. This program should be developed in cooperation with other health facilities of the area and with official and non-official agencies concerned.

## **9 INFECTIOUS DISEASE CONTROL**

- 9.1 CONTROL. The facility shall have an Infection control program which provides for policies, procedures and training programs.
- 9.2 POLICIES. There shall be written policies including but not limited to the following: 1) The non-admission of residents having an Infectious disease and the protective Isolation of residents who, subsequent to admission, are discovered to have an Infectious disease; 2) The reporting of diseases as required by Laws and Regulations, pertaining to Disease Control, Colorado Department of Health.
- 9.3 RESIDENT ISOLATION. Intermediate Health Care Facilities for the Mentally Retarded shall observe the rules pertaining to isolation as required by Laws and Regulations, pertaining to Disease Control, Colorado Department of Health.

## **10 RESIDENT SERVICES**

- 10.1 ORGANIZATION. The facility for persons with developmental disabilities shall be organized to provide effective services to each resident. The authority and responsibility of personnel shall be defined clearly in written job descriptions.
- 10.2 MASTER STAFFING PLAN. There shall be a master staffing plan, including provision for licensed nurses, for providing 24-hour resident services.

A registered professional nurse or licensed practical nurse shall be employed full time by the facility and responsible for the residents' needs.

Licensed practical nurses and auxiliary nursing personnel shall be assigned only those duties for which they are qualified.

Supplemental staff shall be available to assure that treatments, medications, and other services prescribed by the resident's physician are properly carried out and recorded.

If the facility utilizes more than one building for the care of residents, there shall be personnel on duty in each building 24 hours daily. The care required by residents shall be the major consideration in determining the number, quality, and category of personnel that are needed in any given situation.

- 10.3 WRITTEN PROCEDURES. There shall be written procedures that establish the standards of performance for safe, effective care of residents. These procedures shall be reviewed periodically and revised as necessary.

There should be a written plan for continuous evaluation of resident services including nursing services. There should be periodic evaluation of the facility in terms of residents' needs.

## **11 PROGRAMMING**

11.1 OCCUPATIONAL THERAPY, When occupational therapy services are provided, the following requirements shall be observed;

11.1.1 MEDICAL DIRECTION, Direct resident care requires a physician's referral,

11.1.2 POLICIES. There shall be written policies identifying the organization, administration, performance standards, and direction and supervision of resident care rendered.

11.1.3 PERSONNEL. Occupational therapy shall be rendered only by a registered occupational therapist. All personnel assisting with the occupational therapy of residents shall be under the direct supervision of a registered occupational therapist.

11.1.4 RECORDS. Occupational therapy records shall include a physician's referral for treatment, resident progress notes, and results of special tests and measurements.

11.1.5 FACILITIES. There shall be adequate facilities, space, appropriate equipment and storage areas for the treatment of referred residents. The occupational therapy services shall be located in an area readily accessible to residents,

11.1.6 EQUIPMENT. Commonly used therapeutic equipment necessary for the occupational therapy service shall be properly maintained to insure the safety of both residents and employees using the equipment.

11.2 PHYSICAL THERAPY. When physical therapy services are offered and when the term "physical therapy" is used in any type of advertisement or as a door sign, the following requirements shall be observed:

11.2.1 MEDICAL DIRECTION. Direct resident care requires a referral from a physician or dentist.

11.2.2 POLICIES. There shall be written policies governing the services.

11.2.3 PERSONNEL. Physical therapy shall be rendered only by a licensed physical therapist, All personnel assisting with the physical therapy of residents must be under the supervision of a physical therapist.

11.2.4 TREATMENT RECORDS. Treatment records shall include the physician's referral, evaluation and progress notes of the physical therapist and result of special tests and measurements,

11.2.5 FACILITIES, There shall be adequate facilities, space, appropriate equipment and storage area for the care and treatment of referred residents. If a special room is used it shall be located where it is readily accessible for residents.

11.3 RESIDENT ACTIVITIES

11.3.1 GENERAL. The facility involves planning for individual residents in terms of determined abilities and disabilities, potentials for future growth and development, specific services needed, resources available and potentials for release to the community involves

homogeneous grouping of the resident population and providing appropriate services for the respective groups.

The above programs should be available either in the facility or in the community.

11.3.2 THERAPIES AND ACTIVITIES. Programming should include the following: Volunteer Services, Library Services, Music Therapy, Industrial Therapy, and Recreational Therapies. Physical and Occupational Therapy are included in a separate section. The purpose shall be to plan and administer a comprehensive schedule of activities, suited to the individual and group needs of the residents, and contribute to their maximum growth and development. The purposes of such activities are:

Provide Leisure Time Activities.

Facilitate the Development of Social Skills.

Develop Tension-reducing Activities.

Promote Physical Health.

Provide Experiences in Avocational Skills.

Promote the Development of Motor Skills.

Promote Functional Skills.

Provide for Normalization.

These therapies and activities should be planned in relation to other specialized services, and should play a supporting role to such services and to the total program.

11.3.3 EDUCATION AND TRAINING SERVICES. Education and training programming within the facility should be conceived and conducted as an integral part of the total facility-community effort leading to the mental, emotional, physical, social and vocational growth of each resident. Education and training services should constitute a clearly defined area. Its basic responsibility is to provide education and training services to all residents deemed capable of benefiting from such a program.

The education and training should include the following according to the needs of the residents and the scope of the program:

Qualified School Administrators.

Special Education Teachers at all Levels.

Vocational Instructors.

Vocational Guidance Counselors.

Home Economics Teachers.

Music Teachers.

Physical Education Teachers.

Speech and Hearing Therapists.

Special Teachers Proficient in Working With Those Who Have Emotional, Visual and Orthopedic Handicaps.

All education and training personnel should meet the certification requirement of the State of Colorado

11.3.4 RECREATION SERVICES. Recreation programming should provide each resident with enjoyable leisure time activities and promote mental and physical health through interesting and worthwhile recreational pursuits,

11.3.5 PSYCHOLOGICAL SERVICES. Programming should include psychological services to the residents of the facility, to the administration, and to other departments whose responsibilities involve the day-to-day care and training of the residents.

Responsibility may vary somewhat in facility settings according to the administrative organization of the facility. The professional background of a department of psychological services equips it to fulfill the following responsibilities:

Intellectual Classification

Consultation and Reporting

Counseling and Therapy

## 12 RESIDENT CARE UNIT

DEFINITION. Resident care unit means a designated area of an Intermediate Health Care Facility for the Mentally Retarded that consists of a bedroom or grouping of bedrooms with supporting facilities and services that are planned, organized, operated, and maintained to provide adequate resident care and to accommodate no more than 60 residents.

12.1 RESIDENT BEDROOMS. There should be no more than four beds per resident bedroom.

12.1.1 SIZE. Minimum room area (exclusive of closets, lockers, ward-robos of any type, vestibules, and toilet room) shall be 100 sq. ft. for a single bedroom and 80 sq. ft. per bed in multiple bedrooms.

12.1.2 WINDOWS. Each resident bedroom shall have an exterior window with area not less than 1/8 of the floor area. The sills of such windows shall not be located below the finished ground level and shall not be more than 32 inches above the floor level. The ground level shall be maintained at or below the window sill for a distance of at least eight feet measured perpendicular to the window. One-half of the required area shall be openable without the use of tools.

If a mechanical ventilation system is provided, a portion of the required window shall be openable without the use of tools. Privacy for the resident and control of light shall be provided at each window.

12.1.3 ENTRIES. Doors to resident bedrooms shall be at least 2'6" in width (3'0" width is recommended). If residents are non-ambulatory, 3'8" doors are required.

- 12.1.4 LIGHTING. Artificial light shall be provided and include: 1) General illumination; 2) Other sources of illumination for reading, observations, examinations, and treatments; 3) Night light controlled at the door of the bedroom; 4) Quiet operating switches.
- 12.1.5 HANDWASHING FACILITIES. A lavatory complete with mixing faucet, blade controls, soap and sanitary hand-drying accommodations shall be provided. If centralized, the hand-washing facilities must be in the ratio of 1-10 residents.
- 12.1.6 TOILET FACILITIES. Toilet rooms may be adjacent to patient bedrooms. If adjacent to bedrooms, one toilet may serve two bedrooms but not more than four beds. If toilet rooms are centralized, the ratio of toilets to residents must be not less than one (1) per eight (8). The toilet room shall be provided with: 1) Toilet; 2) Grab bars convenient for safety of the residents (optional for ambulatory residents),
- 12.1.7 RESIDENT FURNISHINGS. Resident bedrooms shall be equipped with the following for each resident: 1) Comfortable bed (roll away type beds, cots, and folding beds shall not be used) equipped with comfortable, clean mattress and pillow and with side rails when appropriate to the safety of the resident; 2) Cabinet or bedside table; 3) Waste paper receptacle with impervious, disposable liner or disposable waste receptacle; 4) Comfortable chair; 5) Storage facilities adequate for residents' personal and grooming articles.
- 12.1.8 CLOSET. Each bedroom shall be provided with a closet or locker space for each resident.
- 12.1.9 RESIDENT CALL SIGNAL SYSTEM. Calling stations (that register a visual signal at the clean and soiled holding rooms and a visual and audible signal at the nurses' station) should be located in toilet rooms and at each tub and shower.
- 12.2 RESIDENT SERVICE FACILITIES. The following service areas shall be provided on each floor housing residents and located conveniently for resident care:
- 12.2.1 RESIDENT CARE CONTROL CENTER. The Resident Care Control Center shall be designed and equipped for resident record charging, communications, and storage of supplies.
- 12.2.2 MEDICATION PREPARATION AREA. When provided, the medication preparation area shall be equipped with: 1) Cabinets with suitable locking devices to protect drugs stored therein; 2) Refrigerator equipped with thermometer and used exclusively for pharmaceutical storage; 3) Counter work space; 4) Sink with approve: handwashing facilities; 5) Antidote, incompatibility, and metriapotheary conversion charts.
- Only medications, equipment, and supplies for their preparation and administration shall be stored in the medication preparation area.
- Test reagents, general disinfectants, cleaning agents, and other similar products shall not be stored in the medication area.
- 12.2.3 CLEAN HOLDING ROOM. The clean supply holding room shall be equipped with: 1) Counter sink with mixing faucet, blade controls, soap, and sanitary hand-drying facility; 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner; 3) Cupboards or carts for supplies.
- 12.2.4 CLEAN LINEN, There shall be a separate closed area (in the clean supply holding room, on a cart, or in a separate closet) for clean linen supplies.

12.2.5 SOILED HOLDING ROOM. The soiled holding room shall be equipped with: 1) Suitable counter double-sink with mixing faucet, blade controls, soap, and sanitary hand-drying facility; 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner; 3) Soiled linen cart or hamper with impervious liner; 4) Accommodations and provisions for enclosed soiled articles; 5) Space for short-time holding of specimens awaiting delivery to laboratory; 6) Adequate shelf and counter space.

12.2.6 JANITOR'S CLOSET. The janitor's closet shall be equipped with: 1) Sink, preferably depressed or floor mounted, with mixing faucets; 2) Hook strip for mop handles from which soiled mopheads have been removed; 3) Shelving for cleaning materials; 4) Approved handwashing facilities; 5) Waste receptacle with impervious liner,

The floor area should be adequate to store mop buckets on a roller carriage, wet and dry vacuum machine, and floor scrubbing machine.

12.2.7 STORAGE. A storage room should be provided. Storage space for wheel chairs should be recessed off the corridor,

12.2.8 NOURISHMENT STATION. Nourishment stations should be provided with storage space and sink for serving between-meal nourishments.

12.3 RESIDENT BATHING FACILITIES. Resident bathing facilities shall be provided in the ratio of one tub or one shower for each fifteen (15) residents. Approved grab bars shall be installed at each tub or shower. The tubs are to have non-slip surfaces. The room shall provide privacy and be sufficiently large to provide space for wheelchair movement. The entry door shall be at least 30" in width. Curbs should be omitted from showers. There shall be toilet and lavatory facilities in the bathroom with mixing faucet, blade controls, soap, and sanitary hand-drying accommodations,

12.4 PERSONNEL TOILET FACILITIES. Toilet facilities shall be provided for personnel on each resident unit.

12.5 PHYSICIAN ORDERS. Medications and treatments shall be administered only on the order of a physician. Orders shall be received by a house physician or licensed nurse; shall be written; and shall include the date, time and specifications of the order, Verbal orders shall be designated as such, shall be signed by the person receiving, and shall be countersigned within 48 hours by the ordering physician.

12.6 RESIDENT MEDICATION. Resident medications shall be self-administered and only upon written order of the resident's physician and under guidance of a licensed nurse.

However, in those transitory instances when self-administered medication(s) would endanger the health, welfare, and safety of an individual resident, medication(s) may be administered the individual resident, provided, however, that such medication(s) shall be administered only in accordance with applicable Colorado laws and shall be recorded on the resident's medical record and include the name, strength, dosage, mode of administration of the medication; date, time, and signature of the person administering

Written policies shall specify the delegated person authorized for the requisition, receipt, control, and management of drugs. Resident drugs shall be obtained from a licensed pharmacy on an individual prescription basis for a specific resident. These drugs shall bear a label affixed in or to the container, which contains at least the following: Name of pharmacy, name of the resident, name of the prescribing physician, date filled and refilled, number of the prescription, and such directions as prescribed by the physician. The label shall be brought into accord with the current directions of the physician each time the prescription is refilled.

The facility shall protect each resident's drugs from use by other residents, visitors, and personnel.

Resident drugs shall be destroyed in accordance with documented procedures when: 1) The label is mutilated or indistinct; 2) The medicine has deteriorated or gone beyond its safe shelf life; 3) Unused portions remain due to death, discharge, or discontinuance of medication as reflected on the resident's record.

- 12.7 INCIDENT REPORTS. Medication errors, drug reactions, and resident accidents shall be reported immediately to the resident's physician and an entry thereof recorded in the resident's medical record and on an incident report.
- 12.8 EMERGENCY EQUIPMENT AND SUPPLIES, The following shall be readily available at all times: 1) Oxygen; 2) Suction; 3) Portable emergency equipment, supplies and medications,
- 12.9 THERMOMETER, A disinfected thermometer shall be used each time a resident's temperature is taken,
- 12.10 DRESSING. There shall be individual resident equipment and supplies for changing dressings.
- 12.11 RESIDENT CARE PLAN. In addition to physician orders, there shall be a written plan of care for each individual resident, The plan should indicate what care is needed, how it can best be accomplished for the resident, how the resident likes things done; what methods and approaches are most successful with the resident and what modifications are necessary to ensure best results. The resident care plan should be retained as specified by the facility's written policies.
- 12.12 RESTRAINTS, Confinement of residents to physical restraints shall be used only when necessary to prevent injury to the resident or others, and only when other measures are not sufficient to accomplish the purpose. Written policies shall be established relative to the use of restraints,
- 12.13 RESTORATIVE CARE, There shall be a continuous program of restorative care directed toward assisting the residents to achieve and maintain their optimum level of independence.
- 12.14 WRITTEN POLICIES. Written policies for resident care shall be established.

### **13 SOCIAL SERVICES**

- 13.1 PROVISIONS. The facility for persons with developmental disabilities shall provide appropriate social services to residents and families and consultation to the staff. The social services may be provided by a qualified social worker on the facility staff or by a designated staff member for whom the facility has an effective arrangement for consultation from a qualified social worker of an outside agency.
- 13.2 RECORDS. Pertinent social information shall be recorded on the resident's record.

### **14 MICROBIAL CONTROL**

- 14.1 INFECTION CONTROL PROGRAM. The facility for persons with developmental disabilities shall have a microbial and infection control program which provides for policies, procedures and in-service training programs for microbial and infectious disease control.
- 14.2 SANITATION OF NURSING AND RESIDENT CARE EQUIPMENT. Resident care equipment shall be properly cleaned, stored, sanitized, disinfected or sterilized. Resident care equipment that is to be used internally shall be properly cleaned, sterilized and stored after each use; thermometers shall be properly disinfected.

- 14.3 **DISPOSABLE EQUIPMENT AND SUPPLIES.** Single service disposable equipment shall be used only once and shall be disposed of in an approved manner. Other disposable resident care equipment shall be used only for the resident to which assigned. Disposable sterile equipment shall be certified by the distributor as sterile and be destroyed after initial use.
- 14.4 **PRESSURIZED STEAM.** When pressurized steam sterilizers or equivalent are used, they shall be of approved type and necessary capacity for adequate sterilization and all sterilization equipment shall be maintained in good operating condition.
- Bacteriological methods shall be used to evaluate the effectiveness of sterilization, by at least monthly cultures with records maintained.
- 14.5 **STERILIZATION METHODS.** Boiling water, chemical disinfectants, and dry heat are prohibited as methods of sterilization.
- 14.6 **STERILE SOLUTIONS.** Water used for sterile solutions shall be distilled and-sterilized in flasks, These flasks shall be resistant to heat, chemical, and electrical action; and shall be properly sealed, labeled, and stored. Commercially prepared sterile solutions are highly recommended.
- 14.7 **HANDWASHING.** Personnel shall wash their hands after contact with a resident or with a contaminated object and observe the following techniques: 1) Remove watches and rings, and roll sleeves of clothing above elbow; 2) Wash hands and forearms with soap or detergent, with friction, not a brush, and rinse under running water; 3) Repeat the washing procedure two or more times; 4) Dry hands with a disposable towel.
- 14.8 **SANITATION OF AIR.** Design, installation, and operation of a ventilation system should insure adequate microbial control of the air.

## **15 HOUSEKEEPING SERVICES**

- 15.1 **ORGANIZATION.** Each facility shall establish organized housekeeping services planned, operated, and maintained to provide a pleasant, safe, and sanitary environment. Adequate housekeeping personnel shall be provided. Housekeeping personnel, using accepted practices and procedures, shall keep the facility free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards. Deodorizers shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.
- 15.2 **EQUIPMENT AND SUPPLIES.** Suitable equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition.
- 15.3 **GERMICIDES.** Germicides shall be registered with the Colorado Department of Agriculture and stored in an approved manner,
- 15.4 **STORAGE.** Storage areas, attics, and cellars shall be kept safe and free from accumulations of extraneous materials such as refuse, discarded furniture, and old newspapers. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers. Solutions, cleaning compounds, and hazardous substances shall be labeled properly and stored in safe places. Paper towels, tissues, and other supplies shall be stored in a manner to prevent their contamination prior to use.
- 15.5 **CLEANING METHODS.** Cleaning shall be performed in a manner to minimize the spread of pathogenic organisms. Floors shall be cleaned regularly. Polishes on floors shall provide a non-slip finish; throw or scatter rugs shall not be used except for non-slip entrance mats.
- 15.6 **HANDWASHING.** All personnel shall wash their hands thoroughly after handling waste products.

- 15.7 TRAINING AND SUPERVISION. Housekeeping personnel shall receive adequate supervision. Continuous in-service training programs shall be established for housekeeping personnel.

## **16 LINEN AND LAUNDRY**

- 16.1 LAUNDRY FACILITIES, Laundry facilities and/or contract with commercial laundry shall be provided with the necessary washing, drying, and ironing equipment having sufficient capacity to process a continuous seven-day supply based on ten pounds of dry laundry per resident bed per day. Laundry equipment shall be provided with all safety appliances and sanitary requirements. The equipment shall be designed and installed to comply with all state and local laws. Laundry equipment, processing and procedures shall render soiled linen and resident clothing clean and free of detergents and soap, Laundry facilities and operations shall be located in areas separated from Resident Care Units.

There should be proper spacing and placing of the equipment to minimize material transportation and operation, to avoid all cross traffic between clean and soiled linen, to provide balance of operations, and to provide storage between operations. The general air movement shall be from the cleanest areas to the most contaminated areas and exhausted to the exterior. Soiled laundry shall be processed frequently enough to prevent unsanitary accumulations.

- 16.2 WASHING TEMPERATURE. The temperature of water during the washing and hot rinsing process shall be a minimum of 165°F and for a combined period of time of at least 25 minutes,
- 16.3 COMMERCIAL LAUNDRY SERVICES. If laundry facilities are not provided in the facility for persons with developmental disabilities, any contract with a commercial laundry service shall provide for these standards.
- 16.4 RESIDENT LINEN SUPPLY. Linen supply shall be at least two complete changes times the number of resident beds. All linens shall be maintained in good repair,
- 16.5 RESIDENT LINEN HANDLING. In removing and handling soiled linen from a resident's bed, there shall be minimum shaking of the linen. Soiled linen, including blankets, shall be placed in bags tightly closed before removal from a resident's room. The bags shall remain closed, shall be removed from the Resident Care Unit at least every eight hours.
- 16.6 INFECTIOUS DISEASE LINEN. All linens and blankets from residents with infectious disease shall be placed in special bags identified "contaminated" and transported in these closed bags. Special measures shall be taken to insure the disinfection of contaminated laundry.
- 16.7 SORTING AND PRE-RINSING. Pre-rinsing shall be permitted only in a designated room where approved facilities are provided. Sorting and all other linen and laundry operations shall be confined to the laundry facility and shall not be permitted in the resident's room, bathtub, shower, lavatory or janitor's closets.
- 16.8 LINEN CHUTES. If linen chutes are used, all soiled linen shall be enclosed in bags before placing them in chute. Laundry chutes shall be cleaned regularly by approved methods.
- 16.9 SOILED LINEN CARTS, Carts and hampers used to transport soiled linen shall be constructed of or lined with impervious materials, cleaned and disinfected after use, and used only for transporting soiled linen.
- 16.10 SOILED LINEN STORAGE. The facility shall provide separate storage for soiled linen and clothing. In facilities over ten beds a soiled linen storage and sorting room, mechanically ventilated to the outside atmosphere, shall be provided, Recirculation of air from this room shall not be permitted.

- 16.11 HANDWASHING EQUIPMENT. Handwashing facilities shall be provided in or convenient to the laundry facility,
- 16.12 HANDWASHING, All personnel shall wash their hands thoroughly after handling any soiled linen,
- 16.13 RESIDENT CLOTHING, Resident clothing and other laundry shall be processed and stored in an approved manner,
- 16.14 CLEAN LINEN STORAGE, A clean linen storage room shall be provided separate from the laundry room. Storage for clean linen for current use shall be provided on each Resident Care Unit,

**17 INSECT, PEST, AND RODENT CONTROL**

INSECT, PEST AND RODENT CONTROL. The facility shall be maintained free of infestations of insects, pests and rodents. The facility shall have a pest control program provided by maintenance personnel or by contract with a pest control company using the least toxic and least flammable effective pesticides. The pesticides shall not be stored in resident or food areas and shall be kept under lock and only properly trained, responsible personnel shall be allowed to apply insecticides and rodenticides. In the absence of other effective controls, screens shall be provided on all exterior openings,

**18 WASTE DISPOSAL**

**18.1 SEWAGE AND SEWER SYSTEMS.**

- 1) All sewage shall be discharged into a public sewer system, or if such is not available, shall be disposed of in a manner approved by the State and local health authorities and the Colorado State Water Pollution Control Commission,
- 2) When private sewage disposal systems are in use, records of maintenance and the system design plans shall be kept on the premises.
- 3) No exposed sewer line shall be located directly above working, storage, or eating surfaces in kitchens, dining rooms, pantries, or food storage rooms, or where medical or surgical supplies are prepared, processed or stored,

18.2 REFUSE. All garbage and rubbish not as sewage, shall be collected in impervious containers in such manner as not to become a nuisance or a health hazard and shall be removed to an approved storage area at least once a day. The refuse and garbage storage area shall be kept clean and free from nuisance. A sufficient number of impervious containers with tight fitting lids shall be provided and kept clean and in good repair.

18.3 REFUSE CART. Carts used to transport refuse shall be constructed of impervious materials, shall be enclosed, used solely for refuse, and maintained in a sanitary manner.

18.4 PLUMBING. All plumbing in the facility for persons with developmental disabilities shall be installed and maintained in accordance with the Colorado State and local plumbing code. All plumbing shall be maintained so that it is free of the possibility of backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, as in accordance with state and local codes.

18.5 INCINERATORS. Incinerators shall comply with state and local air pollution regulations and be so constructed to prevent insect and rodent breeding and harborage.

**19 LIFE SAFETY CODE REQUIREMENTS**

- 19.1 COMPLIANCE WITH THE LIFE SAFETY CODE. Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.
- 19.1.1 Facilities licensed before March 11, 2003 shall meet either Chapter 19, Existing Health Care Occupancies or Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2000). The basis for the applicability of Chapter 19 or Chapter 33 shall be the self-preservation capability of as few as one resident.
- 19.1.2 Facilities licensed on or after March 11, 2003 shall meet either Chapter 18, New Health Care Occupancies, or Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2000). The basis for the applicability of Chapter 18 or Chapter 32 shall be the self-preservation capability of as few as one resident.
- 19.1.3 This section applies to portions of facilities that undergo remodeling on or after October 1, 2003. For facilities that are health care occupancies, if the remodel represents a modification of more than 50 percent of the smoke compartment, or more than 4,500 square feet, the entire smoke compartment shall be renovated to meet Chapter 18, NFPA 101 (2000). For facilities that are board and care occupancies, additions or remodeling of more than 25 percent of the habitable floor space shall meet Chapter 32, NFPA 101 (2000).
- 19.1.4 Notwithstanding NFPA 101, Life Safety Code provisions to the contrary:
- (1) when differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent standard shall apply.
  - (2) any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.
  - (3) licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than two hours.
- 19.2 PLAN REVIEW AND PLAN REVIEW FEES. Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of residents on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted to the Department prior to initiating a plan review for a facility.
- 19.2.1 Initial Licensure, Additions, Relocations
- (1) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:
    - (a) applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.
    - (b) additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.

(c) relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009. Such relocations shall meet either Chapter 18 or Chapter 32, NFPA 101 (2000).

(2) Initial licensure, addition, and relocation plan review fees

(a) For facilities that are health care occupancies: base fee of \$2,500, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

(b) For facilities that are board and care occupancies: base fee of \$2,300, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

19.2.2 Remodeling

(1) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:

- (a) Alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.
- (b) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.
- (c) Conversion of existing space to resident sleeping areas.
- (d) Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.
- (e) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.
- (f) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.

- (g) Installation, removal or renovation of any kitchen hood suppression system.
- (h) Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.
- (i) Alteration of an existing area of the facility into a resident services area that restricts resident egress through the use of locking devices. In addition to construction plans, the following information shall also be submitted:
  - (i) cut sheets and sequence operations for locking devices for egress and egress access doors.
  - (ii) location of locked egress and egress access doors.
  - (iii) if applicable, how the fencing or other enclosure around the secured outdoor area designed to prevent elopement will be installed such that it protects the safety and security of the residents.

(2) Remodeling plan review fees

- (a) For facilities that are health care occupancies: base fee of \$2,000, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

- (b) For facilities that are board and care occupancies: base fee of \$1,800, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

19.3 The “Guidelines for Design and Construction of Health Care Facilities” (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.