

Frequently Asked Questions Regarding the Construction, Renovation or Addition to Long-term Care Facilities

1. What regulations govern the construction of long-term care facilities?

Comprehensive Care Facility construction is codified at:

- 440 IAC 16.2-3.1-19 (Environmental and Physical Standards); and
- 410 IAC 7-24 (Retail Food Establishment Sanitation Requirements).

Residential Care Facility construction is codified at:

- 410 IAC 16.2-5-1.5 (Sanitation and Safety Standards);
- 410 IAC 1602-5-1.6 (Physical Plant Standards); and
- 410 IAC 7-24 (Retail Food Establishment Sanitation Requirements).

Definitions applicable to both categories of long-term care facilities are codified at:

- 440 IAC 16.2-1-0.5 through 16.2-1.1-81.

2. What “proposed changes” trigger submission of plans to ISDH?

Ref. 410 IAC 16.2-3.1-2.

Conditions that require submission of plans to ISDH are:

- a) New construction;
- b) Renovation including but not limited to:
 - i) walls are moved or added;
 - ii) utilities (water/sewer/gas/plumbing/electrical) are altered;
 - iii) substantial equipment (such as food service equipment) is added to a currently licensed facility;
 - iv) A nursing unit, laundry, or kitchen is added to (or relocated within) an existing facility; or
 - v) an addition to a facility.
- c) Additions, including but not limited to:
 - i) enclosed space (e.g. a room) added to a currently licensed facility;
 - ii) unenclosed space (e.g. patient porch, entrance canopy); and
 - iii) outbuildings that impact patient care.
- d) Conversion of a facility from comprehensive care to residential care;
- e) Conversion of a facility from residential care to comprehensive care;
- f) An increase in the number of beds;
- g) Conversion of beds from residential care to comprehensive care;
- h) Conversion of beds from comprehensive care to residential care.

Note: Equipment replacement is not considered renovation unless walls are moved or added or utilities are upgraded as a part of the replacement activity.

3. What sections of the Life Safety Code, NFPA 101, are applicable to long-term care facilities?

Comprehensive Care Facilities are classified as health care occupancies.

New Comprehensive Care Facilities must comply with Chapter 18 of NFPA 101 (Life Safety Code).

Existing Comprehensive Care Facilities must comply with Chapter 19 of NFPA 101 (Life Safety Code).

Life Safety Code is not applicable to residential care long-term care facilities unless the facility will be applying for a Medicaid waiver?

4. To what extent must a long-term care facility have emergency power?

Comprehensive care facilities must have means of emergency power sufficient to maintain:

- a) Lighting at all entrances and exits;
- b) Fire detection, alarm, and extinguishing systems; and
- c) Life support.

Residential care facilities are not required to have emergency power.

5. Must emergency power be provided by an on-site generator?

When life support systems are present in a comprehensive care facility, emergency power must be provided by a generator located on the premises.

Where life support systems are absent, emergency power may be provided by a generator, but other means, such as batteries, are also acceptable. A supplemental connection to a private electric power utility is another option.

Residential care facilities are not required to have emergency power.

6. How long is emergency power required to last?

Lighting at all entrances and exits (as well as all emergency lights and exit signs) must remain illuminated for at least 90 minutes following loss of normal power.

Emergency power for life support systems must be provided during the time the life support system is needed/in use

Fire detection, alarm, and extinguishing systems must be functional for last at least 72 hours following loss of normal power.

7. Comprehensive care facilities are required to have a secondary water source. What type of secondary water source is required?

The secondary water source may be as simple as the provision of bottled water.

8. Are drawings that show supply and return ends sufficient for the display of mechanical ventilation, or must all duct work be shown in the plans?

All ductwork shall be shown, as well as the location of all thermostats.

9. Must a comprehensive care facility have a clean linen storage room?

A clean linen storage room is required.

10. What are the requirements for bedrooms in a comprehensive care facility?

Bedrooms in a comprehensive care facility must:

- a) accommodate not more than 4 residents per room;
- b) measure at least 80 square feet per resident in multiple resident rooms;
- c) measure at least 100 square feet in single resident rooms (minimum floor dimensions are 8 feet by 10 feet; minimum ceiling height is 8 feet);
- d) have at least 70 square feet of floor area per bed (facilities licensed after Jan. 1, 1964) or 60 square feet of floor area per bed (facilities licensed prior to Jan. 1, 1964);
- e) be equipped with a nurse call device that allows for communication with the nurse station;
- f) have direct access to an exit corridor;
- g) have means by which residents can completely withdraw from public view while occupying their beds (may be accomplished with curtains made of flameproof or flame-retardant material);
- h) have a window to the outside. The area of the window must be at least one-tenth of the total area of the room;
- i) have a floor at or above grade level;
- j) provide each resident with a bedside cabinet or table;
- k) provide each resident with a clothing storage closet at least 2 feet wide and

2 feet deep and have an easily opened door and a closet rod at least 18 inches long of adjustable height and accessible to residents in wheelchairs;

- l) provide each resident with a dresser or shelf and drawer space equal to a dresser. The dresser (or its equivalent shelf and drawer) shall have at least 432 square inches of area and be equipped with at least two drawers that are 6 inches deep or deeper;
- m) provide each resident with a cushioned comfortable chair;
- n) provide each resident with a reading lamp or bed lamp;
- o) if a resident is bedfast, provide an adjustable, over-the-bed table; and
- p) be equipped with (or located near) toilet and bathing facilities.

When a facility increases its bed capacity, 80 square feet of floor area per bed must be provided.

11. What are the requirements for bathing and toilet facilities in a comprehensive care facility?

As a minimum, toilet facilities in a comprehensive care facility include a lavatory with a mirror and a toilet.

Bathing and toilet facilities shall be:

- a) partitioned or completely curtained for privacy;
- b) mechanically ventilated;
- c) provided with individual towel bars (1 bar per resident); and
- d) equipped with a nurse call system.

Toilet, shower and bath compartments shall be separated from rooms by solid walls or partitions that extend from floor to ceiling.

The number of required bathtubs or showers depends on the number of residents. Consult 410 IAC 16.2-3.1-19(o) for ratio requirements.

At least 1 toilet and lavatory shall be provided for each 8 residents.

Toilet rooms adjacent to resident bedrooms shall serve not more than 2 resident rooms or 8 beds.

The hot water temperature for all hand and body washing facilities shall be controlled by an approved automatic control valves that limit water temperature to not more than 120 degrees Fahrenheit.

12. Where is the list of approved anti-scald devices?

The list of approved anti-scald devices is available on-line at www.in.gov/isdh/24386.htm.

13. What are the requirements for activity and lounge areas in a comprehensive care facility?

A lounge in a comprehensive care facility shall be provided on each resident occupied floor.

A lounge area shall be at least 20 square feet per bed (20 square feet per bed at facilities licensed prior to 1970).

The total area for resident dining, activity and lounge purposes shall be not less than 30 square feet per bed.

Activity and lounge areas shall:

- a) be readily accessible to wheelchair and ambulatory residents;
- b) be of sufficient size to accommodate equipment and permit movement of wheelchairs, residents and personnel;
- c) include space to store recreational equipment and supplies for the activities program.
This storage space may be within the lounge area or convenient to that area.
- d) include locked storage for potentially dangerous items (such as scissors, knives, razor blades, toxic materials); and
- e) have a restroom located near the activity and lounge area.

14. Does the ISDH maintain a checklist of those elements of S.E. 13 that are applicable to long-term care facilities?

ISDH maintains a checklist called **Plan Review Worksheet for Site Utilities**.

15. What must be submitted to the ISDH? What is the mailing address? What is the review fee?

The ISDH must receive a completed *Application for Construction Permit for Long-Term Care Facilities* <https://forms.in.gov/Download.aspx?id=5552>. The mailing address and review fee are listed on the application (see note on the application for Private Mental Health Facilities)

All plans must be certified by an Indiana-registered/licensed engineer or architect.

In the event the long-term care facility is located within a hospital, ISDH will also require a copy of the contract(s) for any services the hospital is providing, such as laundry, food service, etc.

Please Note: Effective **Monday, April 2, 2012**, the Indiana State Department of Health, Health Care Engineering Program will no longer accept hardcopy plan sets. All plans will be submitted through the new Electronic Plan Submission Process using the Revit Autodesk® “.dwf” format. For details and instructions for both Revit and non-revit users, consult the ISDH Health Care Engineering Program website at <http://www.in.gov/isdh/24382.htm>.

16. What documentation signifies approval?

The ISDH issues an approval letter specifying what is approved. The signed letter constitutes final construction approval.

17. How does ISDH regulate long-term care facilities that are located within a hospital?

Those comprehensive care facilities that are located within a hospital must be separate and distinct units.

Some needs of these long-term care facilities may be provided by the hospital as a contracted service. Examples may be dietary services, linen/laundry services, etc.

18. Does the ISDH Health Care Engineering Program consider equipment in its review?

The only equipment considerations are:

- a) anti-scald devices;
- b) equipment that requires construction/reconstruction of the building in which it is placed; and
- c) equipment required by regulation, such as bedside cabinets or tables, cushioned comfortable chairs, reading lamps or bed lamps.

ISDH also considers beds, but only in terms of their number. See Question 2.

19. What systems does ISDH consider in its review?

ISDH considers:

- a) Nurse call;
- b) Electrical system (reference NFPA 99-16);
- c) Gas and vacuum system (reference NFPA 99-16); and
- d) Artificial and natural lighting, i.e., lights and windows.

20. How does ISDH consider drug management in its review of comprehensive care facility facility plans?

A comprehensive care facility must store all drugs and biologicals in locked compartments, at the proper temperature, and under controlled access. This means a dedicated, locked room must be provided. Drugs may be kept on carts, but these carts shall be kept in the locked medication room when not in use. If a drug must be refrigerated, the location of the drug refrigerator shall be shown on the plans within the locked medications storage room. The electrical connections for the refrigerator shall be shown in the plans.

DEA Controlled drugs, such as hydrocodone, Oxycontin, oxycodone, fentanyl, and others, do not require special construction. They need only be stored in the locked medication room.

21. What codes does the ISDH consider in its plan review of long-term care facilities?

- a) NFPA 101, Life Safety Code, 2000 ed. – limited to Chapters 18 and 19
- b) S.E. 13, *On-Site Water Supply and Wastewater Disposal for Public and Commercial Establishments*
- c) National Plumbing Code – limited to anti-scald devices and their installation
- d) National Electrical Code – limited to NFPA 99-16, Nursing Home Requirements
- e) Gas and vacuum system – limited to NFPA 99-16, Nursing Home Requirements
- f) Regulations governing construction of comprehensive care facilities codified at 440 IAC 16.2-3.1-19 (Environmental and Physical Standards)
- h) Regulations governing construction of residential care facilities codified at 410 IAC 16.2-5-1.5 (Sanitation and Safety Standards), 410 IAC 16.2-5-1.6 (Physical Plant Standards)

410 IAC 7-24 (Retail Food Establishment Sanitation Requirements).