



Health Facility Plan Review Guidebook

Facilities Planning and Safety (FPS)
Health Facility Licensing & Certification (HFLC)

Oregon
Health
Authority
PUBLIC HEALTH DIVISION

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Introduction

This guide is designed to provide administrators, architects, engineers, and governmental agencies with information needed for design and approval of Acute Health Care and Long-Term Care facilities licensed by the Oregon Health Authority and the Department of Human Services. Licensing questions should be directed to these two Agencies having licensure authority. Contact information is provided on the back cover.

The rules, standards and approval procedures included in this document are applicable to all project types, including new buildings, alterations, remodels, additions, conversions, and licensure of existing facilities.

The specialized nature of the activities that will occur in an acute or long-term care facility require specialized design and construction standards in addition to regular building code requirements. These specialized standards are embodied in the Facilities Planning and Safety regulations (FPS).

This guide relates to the specific requirements and inspection processes for health care facilities. These standards are independent of the building code which governs construction, reconstruction, alteration and repair of buildings throughout Oregon. The building code establishes uniform performance standards providing reasonable safeguard for health, safety, welfare, comfort and security of the residents of this state who use and occupy buildings. The [Department of Consumer and Business Services \(DCBS\)](#) promulgates and enforces the building code.

Any proposed project submitted to FPS is also assumed to be receiving a DCBS code review. The staff at FPS do **not** review proposed projects for compliance with the building code. In the event of a conflict between the state building code and the standards for health care facilities, it is expected that the project will comply with the more restrictive set of codes/rules.

Since new licensure categories may be developed and changes in rules can occur at any time, this guide may not be fully accurate following its date of publication. We recommend that project sponsors verify requirements with licensure agencies or plans review staff at FPS. In addition, current standards are always available at www.healthoregon.org/fps. The Plan Review Guidebook will be updated periodically.

References

FPS is the centralized plan review program for both acute and long-term care facilities. FPS reviews projects for compliance with the physical environment standards for both the Oregon Health Authority's Health Facility Licensing & Certification unit and the Department of Human Services' Licensing & Regulatory Oversight.

FPS performs plan reviews to ensure compliance with the applicable OARs. The program also incorporates coordination of review to standards mandated for Federal Medicare and Medicaid Certification. The program will incorporate coordination of review to Federal Medicare and Medicaid fire and life safety standards beginning in Fall 2017. In addition to plan reviews, FPS conducts on-site inspections for compliance with physical environment standards at the completion of each project. The FPS website is:

<http://healthoregon.org/fps>

Oregon Revised Statutes (ORSs) authorize the Oregon Health Authority to draft and enforce the administrative rules for acute and long-term health care facilities. The statutes are linked on the FPS website.

Oregon Administrative Rules (OARs) reviewed and referenced by FPS are linked on the FPS website.

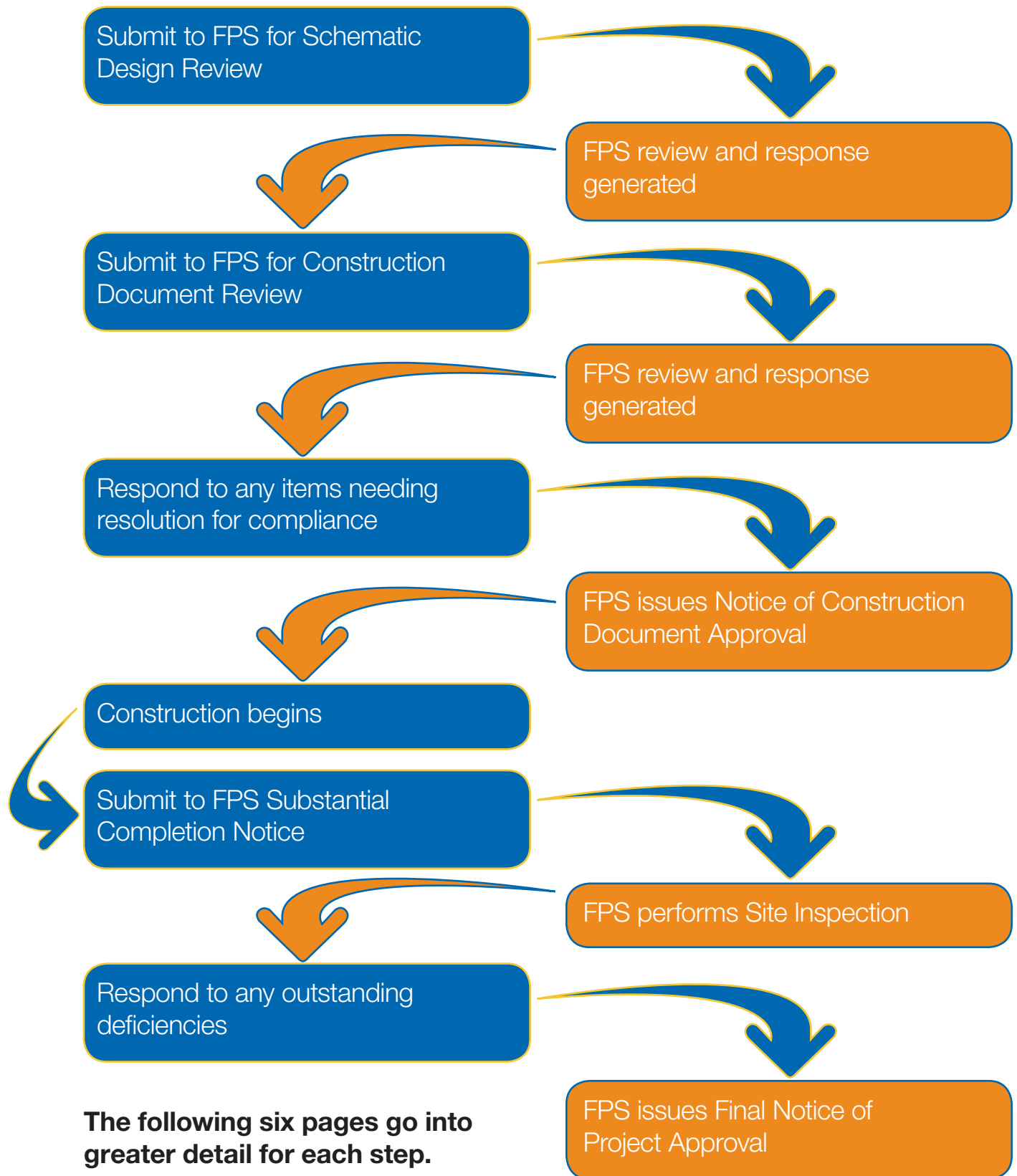
Project types

Facility Categories provides a list of facility types reviewed by FPS within the Oregon Health Authority (OHA) or the Department of Human Services (DHS). The table below includes Oregon Administrative Rule (OAR) references for each facility type.

OREGON HEALTH AUTHORITY LICENSED FACILITY CATEGORIES	ADMINISTRATIVE RULES
Ambulatory Surgical Centers specialize in providing surgery, pain management, and some diagnostic services in an outpatient setting.	Chapter 333, Division 76, Rule 0185
Birthing Centers provide non-hospital settings where childbirth is planned and occurs away from a private residence. These facilities must be licensed and approved by the State to provide care.	Chapter 333, Division 76
End-Stage Renal Disease Treatment Facilities / Outpatient Renal Dialysis Facilities provide outpatient renal dialysis services using machines that act as artificial kidneys by removing waste from blood and removing excess fluids from the body when kidney failure or disease prevents the kidneys from doing so.	Chapter 333, Division 700
Hospitals provide medical and surgical treatment and nursing care for sick or injured people. Within this category are several types of hospitals.	Chapter 333, Division 535
Special Inpatient Care Facilities provide inpatient care in specialized settings such as rehabilitation centers, college infirmaries, chiropractic facilities, freestanding hospice facilities and others.	Chapter 333, Division 071
OREGON DEPARTMENT OF HUMAN SERVICES LICENSED FACILITY CATEGORIES	ADMINISTRATIVE RULES
Assisted Living Facilities offer housing in private units or apartments to individuals who need assistance with daily living activities. Facilities provide personal care services, 24-hour supervision and assistance, health-related services and social activities.	Chapter 411, Division 54, Rule 0300
Memory Care Communities are Assisted Living Facilities or Residential Care Facilities with an endorsement to offer short and long-term housing and nursing care to individuals with Alzheimer's disease, dementia and other types of memory problems. Residents may also have other chronic illnesses and disabilities.	Chapter 411, Division 57, Rule 0170
Nursing Homes / Skilled Nursing Facilities offer short and long-term housing and nursing care to individuals with chronic illnesses or disabilities.	Chapter 411, Division 87
Residential Care Facilities offer housing in shared or private rooms to individuals who need assistance with daily living activities. Facilities provide personal care services, 24-hour supervision and assistance, health-related services and social activities.	Chapter 411, Division 54, Rule 0200

Plans review process overview

→ Work completed by health care facility/stakeholder → Work completed by FPS

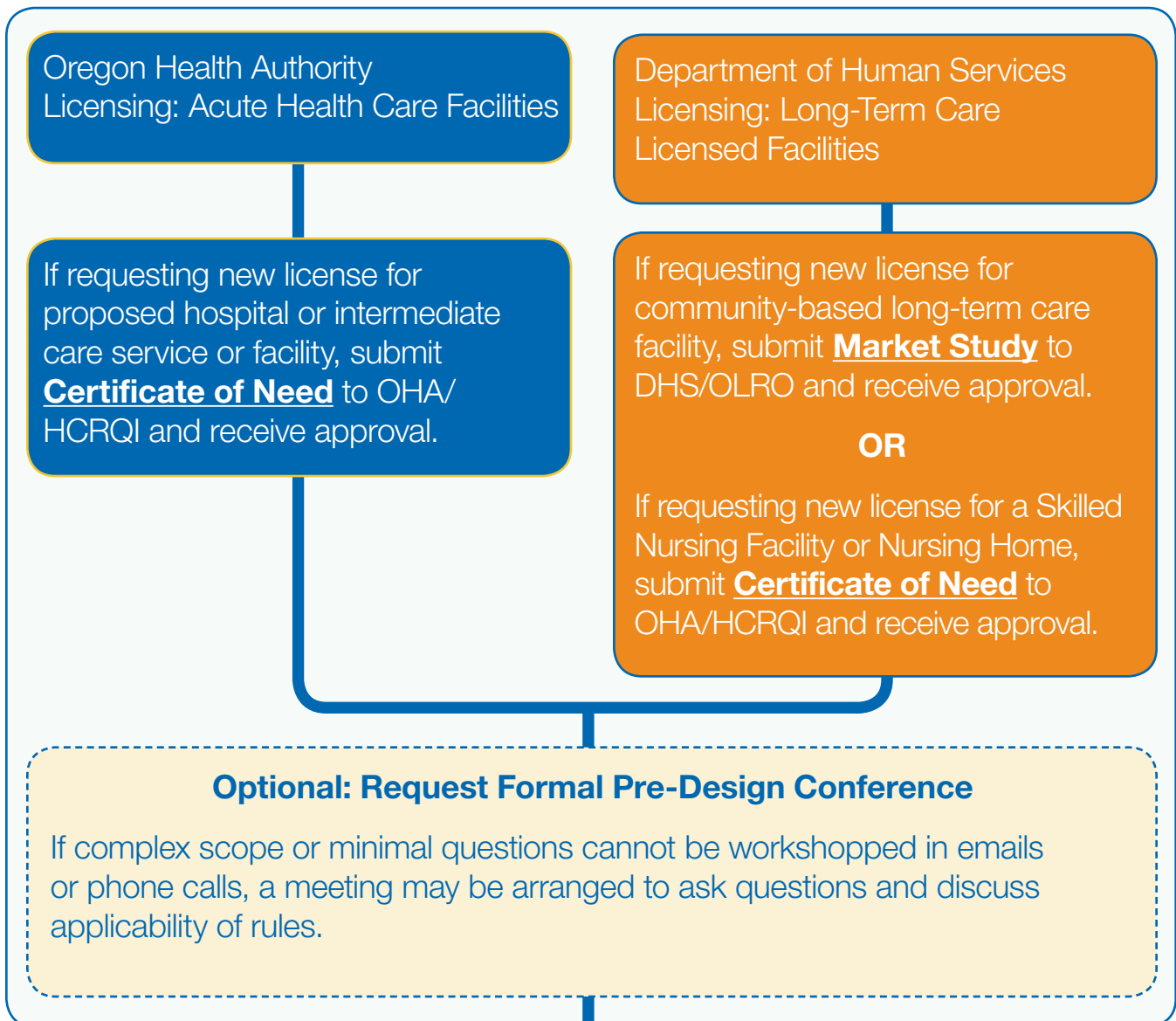


The following six pages go into greater detail for each step.

Plans review process

Confirm project type is listed in Definitions and Project Types (see page 6). Refer to [OAR 333-675-0000](#) for minimum submission criteria (change in use, project costs, equipment replacement values, relocation of services, corrections, etc.) or if waiver of review is applicable. There are only three ways a review can be waived:

1. If no rules exist for the project type;
2. If the facility is temporary or mobile; or,
3. If plans review was previously approved for an identical project.



SCHEMATIC DESIGN REVIEW

Submit for Schematic Design (SD) Review

Required if new license, new program addition, or if renovations exceed values set per OAR 333-675-0000. SD review may be waived on request. In addition to hardcopies described below, provide CD containing digital versions of all required documents for electronic file.

PR-1 Form

Plan Review Input Form (Application)

Required

See Page 21

Functional Program

Narrative Describing Scope of Project

Required

See Page 15

Review Fee

Per Table

Required

See Page 22

Drawings

To Scale, meeting the requirements set in 333-675-0000

Required

1 Set

ICRA

Infection Control Risk Assessment

May be required

See page 20

Supplemental Materials

Digital Only – no paper copies

Project Manual, product cut sheets, waivers, etc.

May be required

FPS Performs Plan Review

Questions and coordination with Applicant and Architect as needed. Review comments and rule templates returned within 15 business days. Responses and resolutions are not required at Schematic Design level.

CONSTRUCTION DESIGN REVIEW

Submit for Construction Document (CD) Review

Review [OAR 333-675-0000](#) for Submission Requirements. Resolve and communicate any items noted for further coordination at SD Review phase. In addition to hardcopies described below, provide CD containing digital versions of all documents for electronic file.

Don't forget to submit project to your local authority having jurisdiction for building code review!

PR-1 Form

Plan Review Input Form (Application)

Required

See Page 21

Functional Program

Narrative Describing Scope of Project

Required

See Page 15

Review Fee

Per Table 1

Required

See Page 22

Drawings

To Scale, meeting the requirements set in 333-675-0000

Required

1 or 2 sets: See page 16 for Facility Types requiring Mechanical, Electrical and Plumbing systems (MEP) review (set #2)

ICRA

Infection Control Risk Assessment

May be required

See page 20

Supplemental Materials

Digital Only – no paper copies

May be required

Project Manual, product cut sheets, waivers, etc.



CONSTRUCTION DESIGN REVIEW continued

Contracted Mechanical, Electrical and Plumbing (MEP) Reviewer Performs Plan Review

If required, see Page 16

FPS Performs Plan Review

Questions and coordination with Applicant and Architect as needed. Review letter, comments and rule templates returned within 15 business days.

As Needed: Respond to outstanding rule template and review items

Provide line item responses in written format addressing all comments in a single resubmittal. Resubmit entire response package with updated drawings and supplemental materials as needed for CD Approval.

Optional: Apply for Waivers

If stakeholder is seeking exception to OAR's, submit Agency waiver request. Request links and process. See Page 19

Optional: Disagreements Requiring Resolution

If stakeholder disagrees with requested compliance item, proceed through resolution process. See Page 20

FPS Notice of Construction Document Approval

Once all outstanding items have been resolved with FPS and MEP, FPS issues "Notice of Construction Document Approval" along Substantial Completion Notice form. Once Local Authority Having Jurisdiction (AHJ) issues Building Permit, construction may begin. **NOTE: Construction prior to receiving "Notice of Construction Document Approval" is highly discouraged and could result in costly modifications or disapprovals after construction.**

FINAL PROJECT APPROVAL

Construction Begins

**Submit Substantial Completion (SC) Notice
three weeks prior to construction completion**

Optional: Delayed Inspection Request

Ideal candidates include:

- Minor modification to existing license and facilities located a considerable distance from FPS
- Phased ongoing construction

FPS Site Inspection

FPS verifies all applicable OAR's regarding the built environment were provided as described and in compliance. After inspection, FPS will issue a Project Inspection Report listing outstanding deficiencies requiring resolution.

Submit MEP Closeout Reports

See Page 15

Facility Types requiring MEP review and closeout documentation.

Must be provided to FPS before Final Notice of Project Approval can be issued

Submit Signed Certificate of Occupancy from local jurisdiction

Must be provided to FPS before Final Notice of Project Approval can be issued

Submit Plan of Corrections for any deficiencies noted by FPS during Site Inspection

Must be provided to FPS before Final Notice of Project Approval can be issued

FINAL PROJECT APPROVAL continued

Items establishing compliance with a Plan of Correction may be required including photographs or other documentation. In addition, re-inspections may be required in some circumstances.

FPS Issues “Final Notice of Project Approval”

Notice is issued to Applicant, Architect (or Engineer), Facility Project Sponsor, Local Authority Having Jurisdiction, MEP Contracted Reviewer, and Licensing Agency as required.

Acute Care Licensure

Prior to patient occupancy, all hospitals (including hospital satellites), end-stage renal dialysis facilities, ambulatory surgery centers, and birthing centers must be licensed by the Oregon Health Authority’s Health Facility Licensing and Certification program (HFLC). Contact the licensing agency early in the construction process is completed in order to determine the timeline and requirements for licensure. Visit the [licensing website](#) or contact mailbox.hclc@state.or.us.

Long-Term Care Licensure

Prior to resident occupancy, all nursing homes, assisted living facilities, residential care facilities and memory care endorsement projects must be licensed by the Oregon Department of Human Services Licensing & Regulatory Oversight. Contact the licensing agency early in the construction process is completed in order to determine the timeline and requirements for licensure. Visit the [licensing website](#) or contact nf.licensing@state.or.us for nursing homes and cbc.team@state.or.us for all other long-term care facility licensing.

FUNCTIONAL PROGRAM NARRATIVE

Under OAR 333-675-0000(6) a Functional Program Narrative is required to be included in the submission documents for a FPS review at both SD and CD stages. A Functional Program Narrative is a beneficial communication tool and a directive for compliance.

The Functional Program Narrative is a written description of the program and its operations. The Functional Program Narrative should describe the ways in which the proposed project will house, interact with and/or change both the program and the facility.

Under OAR 333-675-0000(6) the Functional Program Narrative must include:

- a. The purpose of the project;
- b. Department relationships and flow of patients, staff, visitors and supplies;
- c. Size and function of each space;
- d. Description of those services necessary for the complete operation of the facility;
- e. Special design feature(s);
- f. Occupant load, numbers of staff, patients or residents, visitors and vendors;
- g. Issue of privacy/confidentiality for patient or resident;
- h. For hospitals, in treatment areas, describe;
 - A) Types of procedures;
 - B) Design considerations for equipment; and
 - C) Requirements where the circulation patterns are a function of asepsis control
- i. For Ambulatory Surgery facilities, describe;
 - A) Level of medical gas system per NFPA 99; and
 - B) Type of central electrical system.

Some administrative rules include specific references to the Functional Program Narrative. Those explicit rule references may influence health and safety compliance standards. Failure to include sufficiently detailed information in the Functional Program Narrative may result in a project being held to general rule standards rather than standards that reflect the impact of the ongoing project.

In addition, including the following with the Functional Program Narrative:

- Scope of work and function of the facility;
- Project Phasing;
- Storage plans/breakdowns;
- Patient and facility security;
- Equipment licensing and testing schedules; and
- Project history.

Each Functional Program Narrative will reflect the unique features of the facility and the project layout, size and scope. Sample Functional Program Narratives are included in Appendix B to provide some additional guidance.

MEP REVIEW

The following project types will require a separate MEP review and second set of drawings for distribution to a separate MEP reviewer.

Oregon Health Authority Acute Care Facilities

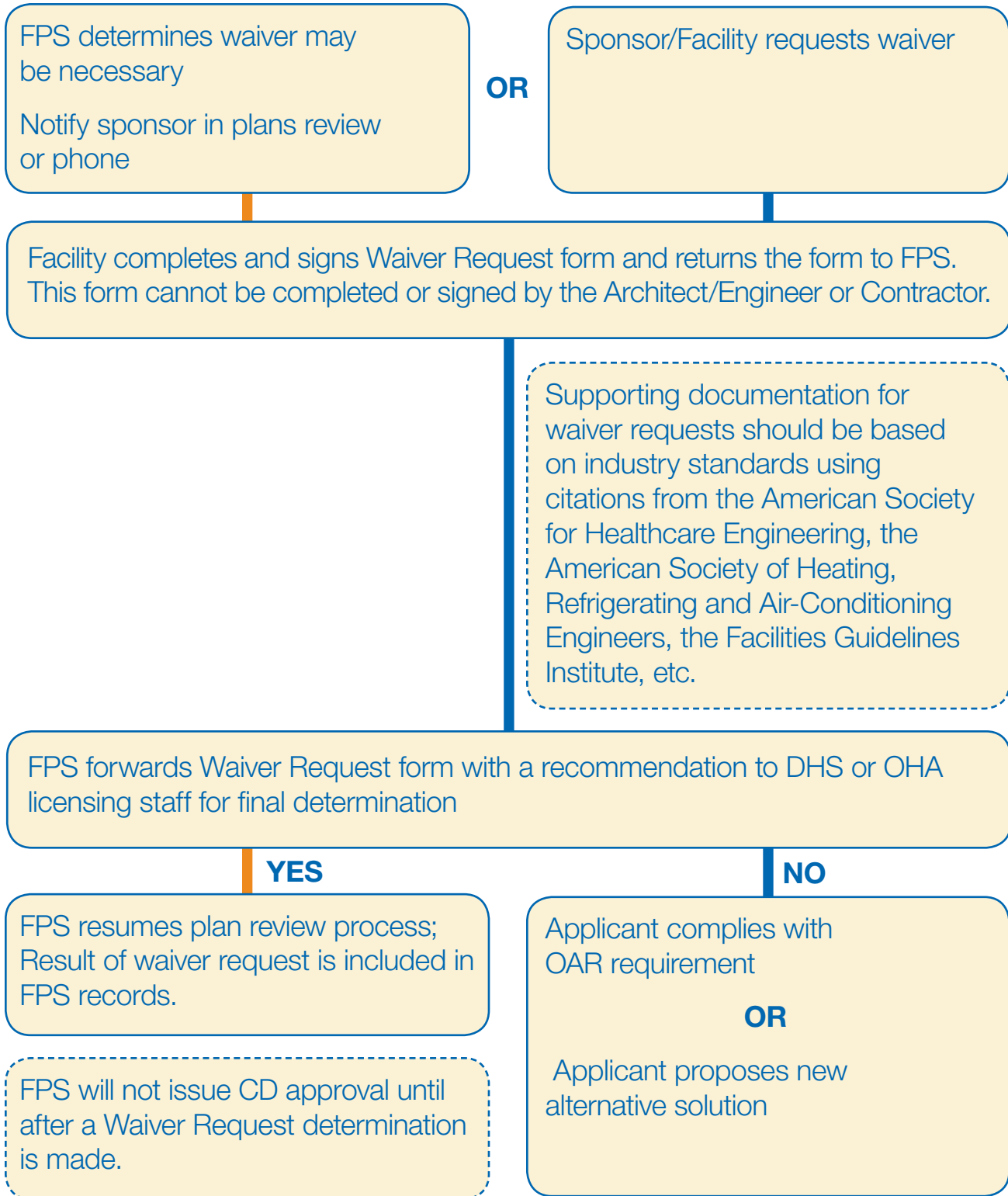
- Hospitals - All categories within OAR 333 Division 535 Except Outpatient Clinics
 - » Outpatient clinics will be reviewed if MEP is connected to Main Hospital infrastructure.
- Ambulatory Surgery Centers
- Inpatient hospice facilities built and initially licensed as Special Inpatient Care Facilities

Department of Human Services Long-Term Care Facilities

- Skilled Nursing Facilities

WAIVER REQUEST PROCESS

Find waiver request forms at www.healthoregon.org/fps



DISAGREEMENTS REQUIRING RESOLUTION

If a stakeholder disagrees with requested compliance item in the Construction Design Review process, the compliance item can be reviewed in the resolution process.

RESOLUTION PROCESS

Stakeholder communicates with Plans Examiner to resolve compliance item.

FPS issues a response to the stakeholder's request within 15 business days.

If the stakeholder disagrees with FPS's response to the stakeholder request, the stakeholder requests review of the compliance item from the Health Facility Licensing & Certification (HFLC) Program Manager to resolve compliance item. HFLC Program Manager issues a response to the stakeholder's request within 15 business days.

If the stakeholder disagrees with HFLC Program Manager's response to the stakeholder request, the stakeholder requests review of the compliance item from Health Care Regulation & Quality Improvement (HCRQI) Section Manager. HCRQI Section Manager issues a response to the stakeholder's request within 15 business days.

If the stakeholder disagrees with the HCRQI's Section Manager's response to the stakeholder request, the stakeholder requests review of the compliance item from the mitigation team. The mitigation team is comprised of managers from HCRQI, Oregon State Fire Marshal, and Oregon Building Code Division as applicable. The mitigation team issues a response to the stakeholder's request within 15 business days.

PLAN REVIEW INPUT FORM

A Plan Review Input Form ([PR-1 Form](#)) must be submitted with Schematic Drawings and Final Construction documents. The PR-1 Form provides necessary location, cost and contact information for each project.

Review fees must be submitted with the PR-1 Form. Review fees can be determined using the [OAR 333-675-0050 Table 1](#).

INFECTION CONTROL RISK ASSESSMENT DESCRIPTION

Infection Control Risk Assessment (ICRA) requirements can be found in OAR 333-535-0035. The rule is comprised of three sections that cover the requirements for Airborne Infection Isolation (All) Rooms, Protective Environment (PE) Rooms, and the need for an ICRA.

An existing, occupied facility that will remain occupied for the duration of the project must submit an ICRA for the proposed project.

The purpose of an ICRA is to communicate how the project will impact the facility's existing Infection Control Program/Policy during the transition and construction periods.

The ICRA must include the following elements:

1. A statement explaining the needs and risks of the patient population to be served that includes:
 - a. Location(s) of special ventilation and filtration such as emergency department waiting and intake areas; and
 - b. Air-handling and ventilation needs in surgical services, airborne infection isolation and protective environment rooms, laboratories, local exhaust systems for hazardous agents, and other special areas.
2. Statements regarding infection control risk mitigation recommendations including:
 - a. Patient placement and relocation;
 - b. Standards for barriers and other protective measures required to protect adjacent areas
 - c. Temporary provisions or phasing for construction or modification of heating, ventilating, air conditioning, and water supply systems; and
 - d. Measures to be taken to train hospital staff, visitors, and construction personnel.
3. Management of potentially infectious patients that includes:
 - a. Location of patients by susceptibility to infection and definition of risks to each; and

-
- b. Infection control risk mitigation recommendations that describe the specific methods by which transmission of air and waterborne biological contaminants will be avoided during the course of the construction project.
 4. Infection control risks during construction and plan for containment that includes:
 - a. The impact of disrupting essential services to patients and employees;
 - b. Location of known hazards;
 - c. Determination of the specific hazards and protection levels for each;
 - d. Assessment of external as well as internal construction activities; and
 - e. Impact of potential outages or emergencies and protection of patients during planned or unplanned outages, movement of debris, traffic flow, cleanup, and testing and certification.
 5. For surgical facilities, emergency departments, immediate care and minor emergency facilities and other identified areas of special risk related to infection requirements shall be predicated on the ICRA in addition to the rules applicable to that type of area.

Each ICRA will reflect the unique features of the facility and the project layout, size and scope. A sample ICRA included in Appendix C to provide some additional guidance.

DEFINITION OF REVIEW AREA

FPS review of a specific area may extend beyond the scope of the proposed project if the proposed project would impact operations in additional areas. A scope of work considers what is being renovated, while a review considers the overall operations, which may include elements outside of the scope of work.

FPS can and does consider mechanical and electrical services that overlap or extend the scope of work area and additional shared service areas (such as kitchens, janitor's closets, elevators, etc.), which are not in the proposed scope of work area but could impact the scope of work area. When it is likely that those areas will be affected by or will impact the proposed scope of work, then those areas will need to be included within the review and will also be required to comply with the standards of the proposed scope of work area.

Examples of additional areas falling within the review are:

A. A renovated outpatient clinic modifying all but five rooms within a contained suite. While the five rooms do not need to be modified to meet current compliance standards, these rooms remain part of the suite, will be used by staff, available to patients, and cleaned by the janitor so the five rooms need to be reviewed for compliance to administrative rules in addition to the proposed scope of work area.

B. A proposed addition to an existing Skilled Nursing Facility (SNF) would use the existing facility kitchen to provide meals to residences in the new addition. The existing kitchen (and any other shared support functions such as laundry, janitor's closets, etc.) need to be reviewed for rule compliance because licensing staff need to know those areas are to current compliance standards and can meet the needs of the expanded facility.

FACILITIES PLANNING AND SAFETY UNIT

800 NE Oregon Street, Suite 465
Portland, Oregon 97232

Phone: (971) 673-0540

Fax: (971) 673-0556

mailbox.fps@state.or.us

www.healthoregon.org/fps

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Phone: (971) 673-0540

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DEPARTMENT OF HUMAN SERVICES

3406 Cherry Avenue NE
Salem, OR 97303-4924

Phone: (503) 373-2130

Fax: (971) 673-0556

cbc.team@state.or.us

<http://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/Pages/index.aspx>

APPENDIX A

ADMINISTRATIVE RULE NUMBER	RULE TITLE	RULE DESCRIPTION	FACILITIES SAFETY PLANNING (FPS) PLANS REVIEW	MECHANICAL/ ELECTRICAL/ PLUMBING (MEP) REVIEW	BUILDING/ FIRE, LIFE SAFETY/ ADA PLANS REVIEW BY LOCAL JURISDICTION
Health Care Rules = 333-535 Note: Not all sections will apply to all projects		Applies to new construction and alterations of buildings and structures used for medical, surgical, psychiatric, nursing, health or custodial care.			
OAR 333-535-0025	Medical/ Surgical Patient Care Unit	Adult general inpatient care units	Yes	Yes	Yes
OAR 333-535-0035	Infectious Control Physical Requirements	Airborne Infection Isolation Rooms, Protective Environment Rooms, and Infection Control Risk Assessment	Yes	N/A	
OAR 333-535-0041	Critical Care Units	Adult inpatient care units within immediate access to emergency medical equipment	Yes	Yes	Yes
OAR 333-535-0050	Pediatric Patient Care Unit	Young children and adolescent general inpatient care unit	Yes	Yes	Yes
OAR 333-535-0061	Psych Patient Care Units & Rooms	Psychiatric inpatient care unit	Yes	Yes	Yes
OAR 333-535-0065	Detox Rooms	Drug or alcohol detoxification unit	Yes	Yes	Yes
OAR 333-535-0070	Newborn Nursery Units	Full Term, continuing Care, Isolation Nurseries	Yes	Yes	Yes
OAR 333-535-0080	Emergency Department	Emergency patient care services	Yes	Yes	Yes
OAR 333-535-0085	Hospital Licensed Urgent Care Facilities	Immediate and minor care emergency outpatient services separate from emergency department	Yes	Yes	Yes

ADMINISTRATIVE RULE NUMBER	RULE TITLE	RULE DESCRIPTION	FACILITIES SAFETY PLANNING (FPS) PLANS REVIEW	MECHANICAL/ ELECTRICAL/ PLUMBING (MEP) REVIEW	BUILDING/ FIRE, LIFE SAFETY/ ADA PLANS REVIEW BY LOCAL JURISDICTION
OAR 333-535-0086	Hospital Licensed Physician's Offices Outpatient Clinics	Physician Clinics & Outpatient Facilities	Yes	No	Yes
OAR 333-535-0090	Laboratory Suite	Inpatient hospital laboratory facilities	Yes	Yes	Yes
OAR 333-535-0100	Imaging Facilities	Fluoroscopy, radiography, mammography, tomography, computerized tomography scanning, ultrasound, magnetic resonance, angiography, and other similar techniques.	Yes	Yes	Yes
OAR 333-535-0105	Radiation Oncology Facility/ Department	Radiation equipment and hot labs	Yes	Yes	Yes
OAR 333-535-0110	Surgical Facilities	Unrestrictive, semi-restrictive & restrictive space for operating rooms, Pre-op and recovery beds	Yes	Yes	Yes
OAR 333-535-0115	Endoscopy Facilities	Diagnostic Endoscopy	Yes	Yes	Yes
OAR 333-535-0120	Obstetrical Facilities	Delivery, labor, recovery, postpartum, rooms or LDR, LDRP rooms	Yes	Yes	Yes
OAR 333-535-0130	Rehabilitation Therapy Department	Rehabilitation Therapy	Yes	Yes	Yes
OAR 333-535-0140	Occupational Therapy Department	Occupational Therapy	Yes	Yes	Yes
OAR 333-535-0150	Respiratory Therapy Unit	Respiratory Therapy	Yes	Yes	Yes

ADMINISTRATIVE RULE NUMBER	RULE TITLE	RULE DESCRIPTION	FACILITIES SAFETY PLANNING (FPS) PLANS REVIEW	MECHANICAL/ELECTRICAL/PLUMBING (MEP) REVIEW	BUILDING/FIRE, LIFE SAFETY/ ADA PLANS REVIEW BY LOCAL JURISDICTION
OAR 333-535-0160	Morgue and Autopsy	Autopsy rooms & cadaver storage	Yes	Yes	Yes
OAR 333-535-0170	Pharmacy Suite	Pharmacy dispensing, packaging, storage	Yes	Yes	Yes
OAR 333-535-0180	Dietary Facilities	Kitchens, Catering or Food Prep Areas	Yes	Yes	Yes
OAR 333-535-0190	Administrative and Public Facilities	All public spaces in the building	Yes	Yes	Yes
OAR 333-535-0200	Medical Records Unit	Medical Records Storage Areas	Yes	Yes	Yes
OAR 333-535-0205	Central Services	Supply, clean assembly, sterilization, cart storage areas	Yes	Yes	Yes
OAR 333-535-0210	General Stores	Receiving, dock, warehousing areas	Yes	Yes	Yes
OAR 333-535-0220	Linen Services	Laundry processing and storage areas	Yes	Yes	Yes
OAR 333-535-0230	Employee's Facilities	Staff/Volunteer Lockers, Lounges, Toilets, showers	Yes	Yes	Yes
OAR 333-535-0250	Waste Processing Services	Sanitary storage, equipment and disposal of waste	Yes	Yes	Yes
OAR 333-535-0260	Sanitary Environment	Hand wash stations, toilet & bathing rooms & Housekeeping Closets	Yes	Yes	Yes
OAR 333-535-0270	Details and Finishes	New and existing finish requirements	Yes	Yes	Yes
OAR 333-535-0290	Elevators	Elevators	Yes	Yes	Yes
OAR 33 3-535-0300	Mechanical Requirements	HVAC & Plumbing	Yes	Yes	Yes
OAR 333-535-0310	Electrical Requirements	Electrical	Yes	Yes	Yes

ADMINISTRATIVE RULE NUMBER	RULE TITLE	RULE DESCRIPTION	FACILITIES SAFETY PLANNING (FPS) PLANS REVIEW	MECHANICAL/ ELECTRICAL/ PLUMBING (MEP) REVIEW	BUILDING/ FIRE, LIFE SAFETY/ ADA PLANS REVIEW BY LOCAL JURISDICTION
OAR 333-071-0105	Special Inpatient Care Facility	Acute 24-hour care in a locked or unlocked facility. Examples = Alcohol In-patient Care, Chiropractic, Rehabilitation, Infirmary, Christian Science Facilities, or Hospices	Yes	No	Yes
OAR 333-076-0185	Ambulatory Surgical Facilities	Services not provided on 24-hour basis	Yes	Yes	Yes
OAR 333-076-0450	Birthing Centers	Not provided on a 24-hour basis	Yes	No	Yes
OAR 333-700-0130	Outpatient Renal Dialysis Facilities	End Stage Renal Dialysis	Yes	Yes	Yes
OAR 411-054-0200	Residential Care Facility	A facility housing more than 6 residents in a homelike surrounding on a 24-hour basis	Yes	No	Yes
OAR 411-054-0300	Assisted Living Facility Building	A facility housing more than 6 residents in a homelike surrounding on a 24-hour basis	Yes	No	Yes
OAR 411-057-0170	Memory Care Communities	Endorsement to RCF or ALF facility that provides dementia care	Yes	No	Yes
OAR 411-087-0100	Nursing Homes	Skilled Nursing Home providing 24 hour specialized care	Yes	Yes	Yes

APPENDIX B

PR#16-089 SD

Functional Programs for Respite care Services
(OAR 333-675-0000(6))

A Memory Care Addition
To
Southtowne Living Center
(Existing Building)

Southtowne Living Center
360 W. 28th Ave.
Eugene, OR 97405

Purpose of Project

- Southtowne Living Center is currently admitting Elderly (age 55 or over) and Frail Elderly (medically stable). The building currently has sixty five (65) beds of Memory Care residents.
- Due to a change in State requirements for memory care facilities, the project applicant is proposing to build an addition to his existing memory care facility to relocate several existing beds; provide a covered drop-off area; and add a waiting room and reception area, administrative offices, dining room, activity spaces, hair salon, support spaces, and 21 total beds. 18 of the beds in the addition will be relocated from the existing facility due to the State changes, and three of the beds will be relocated due to the configuration of the addition. No additional beds will be added to the existing count, so the total licensed beds will remain at 65. The remodel of the existing facility will include replacing interior finishes and painting in common areas only, upgrading hallway lighting, and replacing exterior siding. There is no work planned on individual resident apartments or bathrooms.
- The proposed addition will replace twenty-one (21) existing memory care beds, for a total of sixty-five (65) Memory Care and Respite Care beds.
- The new 21-Bed Memory Care addition, shall consist of a new one-story, wood framed addition of approximately 9,300 square feet.

Evacuation categories are divided into 3 groups;

- Independent
- Independent with cueing
- Independent with minimal assistance

The categories will fluctuate in regards to census and the amount of care that each resident requires.

Each resident will be placed into one of the three categories listed above on the first day of admit.

There will be no additional /temporary residents within the facility.

Services Offered

- Southtowne Living Center will offer respite care and memory care contracts.

RECEIVED

JUN 30 2016

Page 1

Southtowne Living Center – Functional Program Outline

Activities Provided

- Southtowne Living Center will offer Bingo, card/board games, exercise, trivia, church, music, special events, special music, lecturers, slide shows, movies, gardening, special dinners, ice cream socials, coffee hour, etc. It is our goal to provide a variety of activities for our residents with their likes and dislikes in mind.

Southtowne will provide a minimum of 2 activities per day on the weekends and a minimum of 4 activities per day during the week. The frequency of activities is subject to change if a special outing is planned or per resident council request.

Activities will occur in a variety of areas including the living room, dining room, outdoors, and within the community.

Transportation

- Southtowne Living Center does not provide transportation for its residents. Facility staff will help arrange transportation through an outside community source. The cost of the transportation is the resident's responsibility unless it is reimbursed by the resident's insurance company or other payer source.

Staffing

- Southtowne Living Center types of staff are: Administrator, Registered Nurse, Resident Care Coordinator, Medication Aids, Housekeeping Staff, Maintenance Supervisor, Food Service Director, Cooks, Personal Care Assistants/Nursing Assistants, Activities Director, Marketing Director, and Business Office Manager (alternate administrator).

The quantities of each job type are as follows:

Registered Nurse (RN):	1 position
Administrator:	1 position
Resident Care Coordinator:	1 position
Housekeeping Staff:	2 positions
Maintenance Supervisor:	1 position
Food Service Director:	1 position
Cooks:	2 positions on day shift and evening shift
Personal Care Assistants:	7 positions on day shift, 5 positions on evening shift and 3 positions on night shift
Activities Director:	1.5 positions
Business Office Manager:	1 position
Marketing Director:	1 position
Medication Aids:	2 positions on day shift and 2 positions on evening shift

The Business Office Manager is also considered the Alternate Administrator.

In case of an emergency, the first night shift Personal Care Assistant will respond by calling the appropriate emergency agency and will then proceed to call the Administrator and any other staff that may be required. The second night shift Personal Care Assistant will respond to the emergency (i.e. to evacuate residents to safe areas, etc.).

The above is our estimation for staffing after new construction, and is subject to change related to census and resident needs.

Work shifts and types and quantities of staff by each unit are as follows:

Administrator:	Monday – Friday; 8:00 a.m. to 5:00 p.m.
Business Office Manager:	Monday – Friday; 8:00 a.m. to 5:00 p.m.
Marketing Director	Monday – Friday; 8:00 a.m. to 5:00 p.m.
Resident Care Coordinator:	Monday – Friday; 8:00 a.m. to 5:00 p.m.
Register Nurse	Monday – Friday; 8:00 a.m. to 5:00 p.m. available 24 hours a day to respond to emergencies and consultation. The RN will be reachable at all times by cellular telephone. The RN will also be responsible for supervising all Personal Care Assistants, work assessments and RN delegations.
Activity Director:	Monday – Friday; 8:00 a.m. to 5:00 p.m. Saturday – Sunday; 8:00 a.m. to 5:00 p.m.
Housekeeping Staff:	Seven days a week 6:00 a.m. to 2:00 p.m.
Maintenance Supervisor:	Monday – Friday; 8:00 a.m. to 5:00 p.m.
Dietary Manager:	Monday – Friday; 6:00 a.m. to 2:00 p.m.
Cooks/Dietary Aids:	Seven days a week. Day shift 6:00 a.m. to 2:00 p.m. and Evening Shift 3:00 p.m. to 7:00 p.m.
Medication Aids	Seven days per week 6am - 2pm; 2pm - 10pm; 10pm - 6am (2 positions on day shift; 2 positions on evening shift)
Personal Care Assistants:	Day shift 6:00 a.m. to 2:00 p.m., Evening shift 2:00 p.m. to 10:00 p.m. and Night shift 10:00 p.m. to 6:00 a.m.

The Food Service Director, Maintenance Supervisor and Resident Services Director are considered working supervisors.

The above is our estimation of staff schedules after new construction, and is subject to change depending on census, resident needs and work required.

The staff will be able to reach the administrator and alternate administrator at all times by using the telephone, cellular telephone, or pager.

A computerized tracking system is in place that allows the Administrator and the Business Office Manager to track all employees training on a daily basis. As employees complete their training, their personnel files are updated with appropriate training documentation and credentials. Any employee that has not completed their training by the date due are removed from the schedule until their training has been completed.

Resident Rooms

All new resident apartments are equipped with a shared shower room, bed with mattress that is at least 4 inches thick, bedding, linens, sheets, pillows, towels, washcloths, lockable bedside nightstand, a sturdy comfortable chair, waste containers, 24-hour emergency response system and individual climate control. All residents are encouraged to decorate their apartments with personal affects and furnishings.

All apartments have outside egress windows, which could be used in case of an emergency. See attached floor plans for all other emergency exits.

The hot water supply to all rooms is located in the mechanical room. The water temperature will be between 105-120 degrees.

All apartments have ceiling lights in each room. Individual climate control is also a feature of each apartment.

Each apartment is equipped with its own private or shared bathroom. *Southtowne is free from cross-connections. An anti-siphon system has been installed along with back flow prevention systems.*

All resident apartments have private locks. However, the staff does have the ability to make an emergency entrance if deemed necessary.

When requested by a resident, a lockable drawer cupboard or other secure space measuring at least one-half cubic foot with a minimum dimension of 4 inches will be provided to the resident.

All apartments are equipped with telephone jacks and appropriate electrical outlets. All electrical wiring has been approved by the city electrical inspector and meets all electrical codes.

Types of Rooms

Sales Office #103:	Office area for the Sales manager to work in
Manager's Office #104:	Office area for office manager to work in.
Admin Office #105:	Office area for administrator to work in.
Reception #102:	Area for receptionist. Answering phones, call system, greeting visitors
Nurses Office #108:	Office area for RN to work in.
Med Room #106:	Office area for Medication Aid's to work in. All medication will be stored in this area in locked cupboards. <i>Disposal of Medications will also take place in this area (see attached policy). All scheduled medication (schedule 2, 3, 4) will be logged in a medication book by RX number, total number of tablets, the Doctor who prescribed the medication, and name of the medication.</i> Medical supplies, first aid kit, and forms will be stored.
Nurses Station #107	Office areas where all nursing staff can work. All medical files will be kept in this office.
Activity Room #164:	This room is mainly used for activities.

Waiting Room #101:	This is an area for visitors to sit and or wait prior to entering the secured area of the facility.
Conf Room #165	This room is used for facility group meetings.
Sunroom/Lounge (E):	Areas where residents and visitors can sit and socialize.
New Seating #166	Area where residents and visitors can sit and socialize.
Dining Rooms #110&(E):	Where meals will be provided.
Kitchen (E):	Area where all meals are prepared and stored, and where dishes and utensils are cleaned.
Kitchen Storage (E):	All dry foods are stored here.
Pantry (E):	All kitchen disposable paper, plastic products are stored here
Break Rooms (E):	Area where staff can take their scheduled breaks and lunch. Pop, snack machines and lockers are located here.
Soiled Utility #115:	Area where all soiled laundry is kept.
Clean Utility #111:	Area where all clean linen is kept.
Laundry #114:	We have one laundry room where residents and staff can do laundry.
Storage Rooms:	Locked facility storage areas #124 and #161.
Mechanical Room #109:	This is the central area for wiring, fire alarm system, phones, cable, etc.
Shower Rooms (E):	We have two centralized shower rooms for residents requiring more assistance with showering.
Restroom #113:	Public restroom for men & women.
Restrooms (E):	We currently have two public male & female restrooms in the existing building that are used for staff, visitors and residents.
Beauty Shop #163:	Area where residents can get their hair cut, colored, permed etc.
Housekeeping Room:	This is Janitor room where housekeeping chemicals are stored and mop buckets drained.
Outdoor Area (E):	This is a secure area were residents can be outside and enjoy fresh air.
Telephones:	<i>Resident apartments are equipped with telephone jacks. It is the resident's responsibility to activate telephone services for their private use. Non-pay telephones are also located in the lounge for resident use. These areas are away from main traffic and congestion.</i>

Laundry Service

- There is currently a laundry facility within the existing facility that will be relocated to the newly proposed wing addition, room #114. Residents will be able to do their laundry in this location. Residents may also choose to have the facility launder their personal clothing, which is done by staff in the resident laundry facility. *The laundry room is equipped with separate rooms; one for dirty soiled linen and the other for clean linen. The soiled utility room is equipped with a hand-washing sink with a temperature between 105-120 degrees. These temperatures will be monitored monthly and randomly by the maintenance supervisor to ensure proper temperatures.*

The facility laundry room is also located in the newly proposed wing addition, room #114. This space will be equipped with commercial washers and dryers as well non-commercial washers and dryers for resident use.

- Southtowne has two separate areas; one area for clean linen, and one area for soiled articles. Resident laundry and facility laundry is not co-mingled. Resident's laundry is kept separate from facility laundry.

In the facility laundry room, the following equipment is used:

Washers:

Wascomat-W630- Model #00595/001342
The Dexter Company- Model #WCN55AFHX
Maytag – MOD # MHWE301YW
Maytag – MOD # MHWE301YW

Dryers:

Wascomat- Model #TD50 gas-9872300009
Wascomat- Model #TD50 gas-987239203
Maytag – MOD # MEDE301YW
Maytag – MOD # MEDE301YW

The hot water supply to the laundry rooms is located in the mechanical room on the first and second floors of the facility.

If the resident is capable of laundering their own personal clothing, then they can complete this in the laundry room. If the resident is unable to launder their own personal clothing, the facility will launder their personal clothing.

- The personal care staff at Southtowne Living Center is responsible for all facility laundry. *The hot water supply to all laundry rooms is located in the mechanical room in the existing facility. Hot water temperature to the resident washers will be kept between 105-120 degrees while the facility commercial laundry washers will be kept at a minimum of 140 degrees. Hand-washing sinks are located in all laundry rooms with temperatures between 105-120 degrees.*

Food Service

- Menus are created by Food Services of America (FSA). All menus are prepared by a Registered Dietitian. The menus are cycled for summer, spring, winter, and fall (see attached sample menu). *The registered dietician is not an employee of Southtowne.*

Three meals are provided (breakfast, lunch, and dinner). The amount of meals served per day and the number of modified diets will depend on census and the physician-prescribed diets.

- All meals are prepared at Southtowne Living Center in the facility kitchen by the dietary staff.

All meals are prepared by the facility dietary department, which consists of the Food Service Director, Cooks, and Dietary Aids.

- All meals are served in the Dining Room at Southtowne. If a resident has temporary illness, tray service will be provided on a short-term basis to their apartment.

The facility dietary department serves all meals to the residents.

A Stero Commercial dishwasher is currently used, Model # SDR. The hot water temperature will be heated to 155 degrees or more.

The hot water supply for the dishwasher is located in the mechanical room on the first floor of the facility.

The following refrigeration will be used:

Kitchen Equipment:

Beverage Air Fridge- Model# ER48-1 (Reach in)

Beverage Air Fridge- Model # ER74-1 (Reach in)

Traulsen Freezer- Model #G22010 (Reach in)

Medication Storage and Use

Each resident is capable of locking his or her own resident room for storing their medications.

The facility stores category B and C medications in the medication room in locked cupboards that are accessible to the nursing staff, including the licensed nurse and Personal Care Assistants.

Medications are also in the medication cart, which is locked and accessible to the nursing staff including the licensed nurse and Personal Care Assistants. There is overhead lighting in this area which provides adequate lighting. The work surface is situated on two walls of this room and provides adequate space. The medication room is equipped with a hand-washing sink with temperatures between 105-120 degrees. Temperatures are monitored monthly and randomly.

The Resident Services Director and medication aids manage all services related to medication. The medication aid assists by cueing, reminders, opening bottles, and *assistance with* medication.

Medication is distributed to residents by the medication aid, in the privacy of the resident's apartment, unless otherwise specified by the resident. There is a handwashing sink available in the medication room.

Medication is administered or assistance is provided in the privacy of each resident's apartment, unless specified otherwise by the resident.

Communication Systems

Each room in the resident's apartments is equipped with emergency signaling devices. When a cord is pulled, it automatically rings pagers that all medication aids and caregivers wear while on duty.

Non-ambulatory residents will contact staff in an emergency by using the emergency signaling devices.

There is at least one emergency call cord located in every room. When a resident pulls on the call cord, the system rings into individual pagers that are carried by staff. The system is designed so that the location of the call cord being pulled comes up on the pagers (i.e. Apartment 102 will be displayed on the individual pagers). It will also state whether the resident pulled the call cord from their bathroom or from their bedroom.

Staff will utilize the emergency signaling device system. *Staff can signal for help by pulling a call cord from the location they are at. This will signal other staff for assistance.*

Security

- Southtowne is an open campus with 24-hour staff on site at all times. The facility is locked at all times. Staff and Visitors are able to access the locked doors through a secure key code which allows them access through the locked door. Visitors that do not know the secure key code can only gain access to the facility by alerting staff who then let them in the building. Each resident is capable of locking his or her own apartment door.
- Besides the emergency signaling devices and the fire/smoke alarm system, no other alarm systems will be used.

Outdoor Spaces

An outside covered patio area is available for the resident's use.

- Southtowne has outdoor benches, randomly located in the front covered veranda of the existing building and one located at the back of the building. Other furniture that will be provided outdoors includes tables and chairs.

Other Components

Verification for Staff:

All staff hired at Southtowne currently has a criminal background check completed. At least two references are checked for each potential employee and documented.

Legacy Emanuel Temporary Hyperbaric Chamber

FUNCTIONAL PROGRAM / PROJECT DESCRIPTION (*updated 3/8/2016*)

Purpose of Project / Project Summary

The proposed Legacy Emanuel Medical Center (LEMC) Temporary Hyperbaric Chamber will be B-Occupancy outpatient facility that will have the ability to treat patients from infants thru geriatric patients needing hyperbaric oxygen therapy for emergent and trauma-related conditions such as Carbon Monoxide Exposure, Crush Injuries, etc. Project consists of a new Mobile Hyperbaric Chamber Trailer, associated site work, and remodel within the immediately adjacent first floor of the existing Burn Center wing.

Legacy Emanuel Medical Center has long been working on finding more advanced ways to treat patients with a variety of complex wounds - wounds that won't heal, crush injuries, threatened limbs, cyanide poisoning, a vessel blocked by air or gas, problem skin grafts and flaps and many other conditions. LEMC provides many specialty patient care including complex wound care, trauma, and burn. LEMC Hyperbaric Oxygen Therapy (HBOT) can benefit patients with traumatic injuries and burns by the effects of oxygen administered under high pressure, flooding the body with oxygen forces other gases to be quickly eliminated.

This temporary unit is being designed as an Ambulatory Care Facility, as defined by the Oregon Structural Specialty Code, with patients incapable of self-preservation once they are within the hyperbaric chamber.

There will be no medications or drugs stored or dispensed within the Hyperbaric suite. Patients with infectious diseases will not be treated within the Hyperbaric suite.

Billing for hyperbaric oxygen therapy will be through Legacy Health, utilizing Legacy's electronic record system (Epic) following standard billing process. Reimbursement will include Medicare, Medicaid and commercial.

Normal hours of operation will be 8am-5pm, Monday thru Friday. There will be an average of 18 patients a day treated in the Hyperbaric suite.

This temporary facility will be in operation approximately three years before a permanent unit is built.

Patient/Visitor/Staff/Supply Flow

Outpatients arriving to the Hyperbaric Chamber would be dropped off at the buildings main entrance and would be admitted at the Reception Desk and escorted into a changing room by staff. Once their treatment is complete, the patient would exit the facility along the same path. Family waiting is available in the existing Burn Center Waiting Room near the building's main entrance.

The unit is also being designed to provide treatment for the occasional inpatient from the Burn Center. Inpatients arriving to the Hyperbaric Chamber would arrive via the existing Hallway connecting to the Burn Center to the south.

RECEIVED

Hyperbaric Chamber staff may enter the facility through the main entrance lobby on the first floor, or through a staff entrance on the south side of the suite. Hyperbaric Chamber staff will share space within the existing Burn Center shower and locker rooms on the Basement level of the Burn Center.

Clinical supplies (including clean linen, water bottles for the Nourishment Station) would be delivered from the existing main hospital's Materials Management Department on a daily basis, through the main unit entrance or the staff entrance. Soiled linens, trash and recycling would be removed from the unit on a regular basis along the same paths.

Applicable Codes

2015 Oregon Administrative Rules
333-535-0010 General Rules
333-535-0086 Hospital Licensed UC Facilities
333-535-0086 Hospital Licensed Physician's Offices and Outpatient Clinics
333-535-0270 Details and Finishes
333-535-0280 Construction, Including Fire-Resistive Requirements
333-535-0300 Mechanical Requirements
333-535-0310 Electrical Requirements for Hospitals Under New Construction and Alterations
2014 OSSC (2012 IBC)
2014 Oregon Fire Code
2014 Oregon Electrical Specialty Code
2014 Oregon Mechanical Specialty Code
2014 Oregon Plumbing Specialty Code
National Fire Protection Association, NFPA 101 Life Safety Code, 2000 Edition
National Fire Protection Association, NFPA 99 Standard for Healthcare Facilities, 2012 Edition
2014 FGI Guidelines

Code Summary

Construction Type: IA
Occupancy Type: B
Occupant Load: See attached Fire Life Safety Drawing
Fully sprinklered interior and sprinklered within Mobile Hyperbaric Chamber unit

Total Project Square Footages

First Floor Remodel: 2,140sf
Mobile Hyperbaric Chamber Trailer: 443sf

Hyperbaric Chamber Program

Shared Areas

Reception
Wheelchair Storage

Staff Areas

Toilet, Staff
Staff Lounge and Kitchenette (existing, in Basement of Burn Center)
Office/Charting Room
Nourishment

Patient Areas

- Patient Waiting
- Exam Rooms (2)
 - Consultations to take place in Exam Rooms
- Changing Rooms (2)
- Toilet, Patient (2)

Treatment Area (in Mobile Hyperbaric Chamber Trailer)

- Hyperbaric Chamber - Multiplace, Class-A
- Control Station
- Gas Tank Storage

Shared Support

- Soiled Hold
- Clean Hood and Storage
- Housekeeping

HVAC SYSTEMS

HVAC for the hyperbaric chamber itself is self-contained and provided by OxyHeal as part of their trailer. HVAC for the trailer's equipment room will be via split system DX unit designed by Mazzetti and installed by the mechanical contractor. HVAC for the vestibule and control room in the trailer will be via a dedicated zone from the existing multi-zone unit which currently serves the project area. This zone will have a tstat located within the trailer to regulate heating and cooling and maintain a space temperature of 75 plus-minus 2 degrees with no special filtration and relative humidity requirements other than maintaining consistency with the existing hospital. The renovation of the existing suite of the hospital will involve reducing/redistribution of the air currently serving the suite to be renovated. A minimum of 2 separate zones will be necessary and temperature will be designed for 72 plus-minus 2 degrees. A field visit will be required to validate necessary zoning capability and capacity. It is expected that the fan coil unit (and its corresponding outdoor condensing unit) which also serves the area to be renovated will be removed.

The existing suite to be renovated which is currently an I occupancy will change to a B occupancy. Penetrations of the occupancy separation as well as the new separation between the building and the trailer will be dampered per NFPA and the Oregon Mechanical code.

A new rooftop exhaust fan will serve exhaust requirements of the renovation. All exhaust requirements within the trailer are provided by OxyHeal and integral to the trailer.

PLUMBING

All plumbing work will be done in accordance with the International Building Code as adopted by the State of Oregon, 2013 Oregon Specialty Plumbing Code, Oregon Administrative Rules, NFPA 99 2012 edition, Legacy Health Systems Design Technical Standards and the current edition of ASSE 6000.

This facility is a Type B occupancy.

Utilities serving the existing facility will be used as sources for the new plumbing. Medical gases, with the exception of oxygen for the hyperbaric chamber itself will be served by portable oxygen and medical vacuum equipment. Oxygen serving the hyperbaric chamber will be provided by a mini-bulk oxygen system dedicated to this service. Oxygen pipe sizing will be based on a maximum demand of 34 SCFM, though expected demand is approximately 17 SCFM. Expected pipe size from the mini bulk facility to the hyperbaric chamber is 1 ½".

Anticipated plumbing fixtures: 2 water closets, 1 mop sink, 8 sinks – exam room, toilet rooms, soiled holding, hood cleaning, clean utility, and 1 floor sink serving the nourishment station. A reduced pressure backflow preventer and hose bibb will be provided adjacent to the mop sink to serve cleaning supplies.

Waste and Vent piping will be cast iron no-hub piping with heavy duty couplings. Point of connection for waste piping is in the Basement Level interstitial space.

Domestic cold water, hot water, and hot water return will be served by piping on the First Level.

Water piping will be insulated Type L copper with wrought copper fittings. All hot water piping will be re-circulated to the angle stop serving fixtures. No uncirculated hot water run-outs or dead legs will be permitted.

Anticipated sizing in remodeled building area: 2-inch cold water, 1 ½" hot water, ¾" hot water return.

All sink fittings, in-line valves, water piping, pipe fittings and solder will be lead free.

Medical gasses will be Type L and Type K copper, cleaned and capped for oxygen use. Joints will be brazed utilizing a nitrogen purge.

Oxygen, and Medical Vacuum will be provided to the Exam Rooms and the Hyperbaric Chamber. No anesthetizing locations are part of this project.

The Hyperbaric Chamber will be served by a new zone valve and a combination master/area alarm. One alarm will be located at the chamber operator's station and the other will be located at the building engineer's office adjacent to existing master alarms.

Oxygen system verification will be required after installation is complete but prior to owner's acceptance

FIRE PROTECTION

Fire protection will consist of revising sprinkler head layout in the portion of the existing building being remodeled, and providing water to the hyperbaric chamber trailer to serve a pre-piped fire sprinkler system.

Exposure sprinkler heads may be required at the windows of the existing building facing the hyperbaric chamber trailer.

Anticipated pipe size to hyperbaric trailer: 2-inch.

ELECTRICAL

The electrical systems will be designed in accordance with the following codes and standards as adopted and/or amended by the State of Oregon.

- Oregon Administrative Rules (OAR)
- Oregon Energy Code
- Oregon Fire Code
- National Electrical Code
- Oregon Electrical Specialty Code
- NFPA 70, 99, and 101
- Illuminating Engineer Society (IES)
- FGI Guidelines

Normal and Emergency power

New Normal and Emergency receptacle and equipment loads will be served via spares circuits and/or space from existing 208/120 volt, 3-phase panelboard(s) feeding this space/zone, in addition to circuits made available of demolition. Receptacle quantity and distribution will be provided based upon the User Program requirements. New HVAC equipment will be served at 480V and 208V, 3-phase for motors larger than ¼ HP and single-phase power will be provided for motors ¼ HP and smaller. Branch circuits will be designed with not more than 65% of the capacity of the branch circuit breaker capacity to allow for future growth. Circuits to special loads such as door operators, control panels, etc. will be kept separate from receptacle circuits.

Electrical connection to Hyperbaric Chamber will be a dual source power connections that allow switch over via a local transfer switch. In addition, Emergency Life Safety and Critical Branch power will be provided to life safety associated loads per NFPA 99.

Lighting

New Lighting fixtures and new lighting controls will be provided in remodeled spaces. The electrical lighting system will be designed in compliance with the IES and other applicable codes. Lighting circuits will be served from the existing 277V, single-phase system. Lighting will be separate from receptacle circuits. Interior lighting fixtures will be consist of fluorescent 2x4, 2x2, and decorative wall sconces. Exterior and Site lighting will be LED.

Low Voltage

Low Voltage system consists of Telecommunication, Clocks, Fire Alarm, but not limited to will be tied into existing Hospital system. Devices and quantity will be provided based upon User Program requirements and as required by applicable codes.

END

Hawthorne Gardens

Memory Care Functional Plan of Operations

Purpose

Hawthorne Gardens Memory Care is licensed in the State of Oregon as a Residential Care Facility to provide dementia specific assisted living residential care services. The following is a detailed functional plan of operations for those residents who suffer from dementia. The community will care for residents who may have difficulty making their needs known and are unable to perform activities of daily living.

The community operates 7 days a week, 24 hours a day and accepts residents who are 65 years of age or older and who meet the necessary criteria hereby described. The community has a capacity to provide Dementia-specific care for **14 beds** for its residents. The community has the desire to increase the bed capacity to **35 beds** through remodeling and reconfiguring the first floor of the community. (The first floor has direct outside access to a secured courtyard).

The current 14 beds (located on the first floor), are behind secured doors and will currently function as is, with no interruption in services during the re-model. Because the assisted living wellness center/medication storage room is currently located on the first floor, the wellness center/medication storage room will be relocated to the 3rd floor to a location that is nearly identical in space and position as it is on the first floor.

When the re-model is completed on the first floor, the current wall/secured doors that separates the current (14 unit memory care) and the new additional memory care is intended to be removed upon building permit approval and the entire first floor will operate as one secured memory care unit.

Department relationships and flow residents, staff, visitors and supplies

Food services will continue to be provided from the Main Kitchen located on the ground floor and transported via food carts as current practice, to the memory care floor via elevator. Warm foods will be kept warm, and cold foods cold as current practice, utilizing the current serving area located in the current secured memory care area.

Visitors and vendors will have access to the community, via normal entry at front entrance on ground floor of the building. To enter the memory care floor, they will either use the elevator or stairwell from the ground floor. There will be a secured keypad for entry and egress when using the elevator or the door to the stair well.

Windows that open will have limiters to prevent egress.

The community will maintain an adequate number of direct care staff to support each resident's physical, social, emotional, safety and health care needs as identified in his/her service plan.

Hawthorne Gardens

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Hawthorne Gardens

Design Features/Function of Each Space

Dining, activity and common spaces will be provided per the required regulations as submitted with the architectural design.

Each space will be appointed with appropriately designed furniture that will be strategically placed to achieve the maximum amount of support necessary for residents living with dementia.

“Life activity stations” and supplies will be located throughout the memory care area to include business, laundry/folding, reminiscing, and quiet spaces.

Occupant Load

The secured memory care program will have the maximum number of the following people at any given time:

- Residents: 35
- Staff: 10
- Visitors: 20
- Vendors: 5

DESCRIPTION OF SERVICES

Philosophy

We are committed to setting the standard for maximizing the quality of life and dignity for older adults while providing resident centered services and care. We will work to keep our customers' trust by maximizing quality of life and dignity through choice. Our goal and objective is to anticipate and respond promptly to their needs. We are committed to serve residents in a most caring and dignified manner and to protect each individual residents' privacy and confidentiality. Our staff has been carefully chosen to provide optimum care and assistance to our residents with dementia. We aim to act quickly and decisively. We take pride in what we do to “celebrate the art of life.”

Admission

The day the resident moves in, the combined efforts of community staff and family, are focused on making the process as easy as possible for the resident. Prior to moving time, a tour of the designated area in the community for the care and supervision of the dementia residents (The Memory Care) should be conducted. The services we provide will be described, and the family, responsible parties, and/or conservator, as well as any visitor, will be made aware of our services through our disclosure statement. All potential residents will be evaluated by a Registered Nurse prior to move-in, to determine if the residents' needs can be met by the community.

We also suggest that family members/responsible parties prepare the resident's room. It is encouraged to decorate the room with the residents' personal belongings; we ask that family members or responsible parties resist the temptation to purchase new items. Old and familiar

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Hawthorne Gardens

items can help ease the transition. Examples of such items they may choose to bring may include: Furniture (i.e., bed, favorite chair), favorite pillow, familiar bedspread or comforter, etc.

Upon admission, residents and responsible parties should be made aware of the community evaluation method, procedures, and tools; who will participate in the evaluations and how they will be notified; and the frequency of such assessments as described as follows:

- **EVALUATION AND RE-EVALUATION PROCEDURES/CHANGES IN CONDITION:**
Prior to admission, the resident will be evaluated by the Registered Nurse to determine the resident's care needs. Resident, family, and/or responsible party should be encouraged to actively participate in the evaluation and the development of the Resident's Service Plan. The assessments will be conducted regularly but at least every three (3) months to provide for the resident's care needs.

Assessments will also be conducted upon a change in condition. When there is a change in a resident's condition or functional abilities, the service plan will be reviewed, updated and if necessary, adjustments will be made and implemented.

The community staff will care for the resident as long as he/she is safe and does not propose harm to self or others. Should a reassessment of a resident condition reveal a new need to which the community cannot adequately respond, a 30 day notice of discharge will be issued. We will work closely with the physician, family member(s)/responsible party, and Ombudsperson in the relocation of the resident. In the meantime, the community agrees to provide the necessary care needed by the resident, until his/her departure from the community.

Dining

The community provides a dining program with menus approved by a Registered Dietician. The food is procured, stored, prepared and served per the OAR's.

A variety of different types of food is offered with consideration to individual preferences.

Beverages with a variety of snacks and finger foods are available in the serving kitchen 24-hours per day.

Limitations for specific diets that Hawthorne Gardens can provide is outlined in the Memory Care Disclosure Statement.

Activities

The community provides a variety of life enrichment activities on a daily basis addressing the resident's limitations with dementia. Residents are encouraged to participate in real life activities that promote self-esteem. This community encourages a family-like atmosphere with residents helping out, to the extent possible.

Activities may include large motor skill activities; perceptual and sensory stimulation; cognitive/mental stimulation (e.g., crafts, reading, writing, music, current events, reminiscences,
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Hawthorne Gardens

movies); physical activities (i.e., gross and fine motor skills); work activities and life skills; social activities; cultural/religious activities; sensory activities (i.e., hand therapy, touch and smell) individual /group activities (i.e. games) ; pet care; and outdoor activities (e.g., field trips gardening).

The Activity Director and/or Memory Care Program Director will evaluate each resident's individual needs to assist the community in planning appropriate activities based on the needs of those residing in the community. The planning of the activity program will also be based on the age, personal preferences, beliefs, culture, values, attention span, and life experiences from the residents, family and friends involvement; favorite pastimes, occupations, and geographic areas lived in and visited should also be taken in consideration.

Staff Qualifications

The Memory Care is staffed 24 hours per day with caregivers and Medication Technicians. The following are some of the qualifications that should be met by the direct care staff but not limited to the following:

- CNA training/nursing school experience is preferred however not required; experience working in elder care is sufficient.
- Good communication skills, both written and verbal and in English.
- Minimum age requirement is at least 18 years old.
- Have received a health screening and criminal record clearance in compliance with state guidelines.

Staff Training

The following training outline is for the requirements of newly hired staff members for Oregon communities. This Oregon New hire training outline is in addition to the Artegan standard new employee orientation requirements (**4-Hours**). (Please refer to department specific new employee orientation guidelines.)

Artegan has partnered with IPCed training solutions to provide web-based instruction to meet the Oregon training requirements. All courses measure post competency and provide successful completion certificates. In summary:

PRE-SERVICE ORIENTATION FOR ASSISTED LIVING AND MEMORY CARE:

The following IPCed course is required for **ALL** staff members prior to assuming their duties.

Oregon Pre-Service Orientation Course (9 hours)

This course meets the pre-service orientation training requirement (OAR 411-054-0070) for all newly hired staff.

- ABUS101 - Causes and Consequences of Elder Abuse
- ABUS102 - Types of Elder Abuse and Neglect
- ABUS103 - Recognizing, Reporting and Preventing Elder Abuse
- CARE134 - Understanding Resident Rights
- SAFE101 - Fire Emergencies
- SAFE103 - Responding to Weather Emergencies and Natural Hazards

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SAFE104 - Responding to Emergencies - Gas, Explosion, Power Outage & More
SAFE107 - Universal Precautions and Blood-borne Pathogens

In addition to the above, the following IPCed pre-service courses are required for **ALL MEMORY CARE STAFF** only: **(9 Hours)**

Oregon Memory Care Community Pre-Service Training for Caregivers

ALZH104 - Diagnosis and the Caregiver's Role
DEME208 - Differing Dementias
ALZH103 - Diagnosis and Progression
ALZH123 - Wandering and Exit Seeking
ALZH110 - Environment: Creating a Sense of Calm
ALZH116 - Challenging Behaviors: Prevention through Acceptance and Communication
ALZH118 - Challenging Behaviors: Diffusing Dangerous Behaviors
ALZH106 - Daily Care: Bathing and Dressing
ALZH107 - Daily Care: Toileting and Grooming

CAREGIVER REQUIREMENTS AND TRAINING FOR ASSISTED LIVING AND MEMORY CARE

The following IPCed training course shall be completed for **all** caregivers within 30-days of hire or the Valletto shall be removed from the schedule: **(9 hours)**

CARE133 - Understanding Service Plans
CARE123 - Providing Personal Care
CARE121 - Nutrition and Hydration: Special Diets and Fluid Intake
CARE109 - Body Systems and the Aging Process
CARE127 - Observation, Reporting, and Recording
CARE110 - Common Chronic Diseases in the Senior Population
DEME209 - Communicating with People Who Have Dementia
ALZH102 - Dementia from the Person's Perspective

In addition to the above, the following IPCed training courses shall be completed for **all MEMORY CARE STAFF** within 30-days: **(4 Hours)**

ALZH113 - Activities: Stimulating Memories and Interaction
ALZH117 - Challenging Behaviors: Considerations for Client Rights
ALZH109 - Supporting Families of Individuals with Dementia
CARE136 - Use of Restraints in Care Settings

MEDICATION TECHNICIANS: (6-hours)

Any caregiver responsible for assisting with medications or treatments will have to successfully complete the medication training program provided through IPCed Medication Training Course.

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No staff under 18 will be allowed to perform any aspect of direct resident care, including but not limited to:

- Medication assistance
- ADLs
- Transfers

All staff must have sufficient communication and language skills to enable them to perform their duties and communicate with residents, other staff, family members, health professionals, etc., as needed.

CPR, Abdominal Thrust, and Ground Aide shall be required every 2 years for all direct care staff, and department managers.

*** All staff who prepare food, must have a valid food handler's permit***

All training completion certificates are to be placed in individual employee files. Course completion dates for current employees to be tracked on the Oregon Training Tracker Worksheet.

Physical Environment and Safety

Our homelike atmosphere promotes comfort and minimal adjustment periods for new residents. Intimate seating areas, open space and well-lighted rooms help to promote a sense of freedom and safety. Secured outdoor areas allow residents to enjoy the garden areas and walking paths without restrictions. Comfortable furnishings and shaded patio seating areas encourage outdoor time. Our secured doors and delayed egress promote security and safety for the residents; however it does not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents and to escort them when they leave the community.

Proper lighting and colors and visual contrasts have been taken in consideration when decorating the common spaces in Memory Care. Hydration stations and functional secured (Key Pad) outdoor space and pathways are provided as well.

Additional safety modifications may include, but are not limited to, inaccessibility of ranges, heaters, and other heating devices to residents with dementia.

Knives, matches, firearms, tools and other items that could constitute a danger to the residents as well as over-the-counter medications, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants will be stored inaccessible to residents in the memory care program.

Residents with dementia will be allowed to keep personal grooming and hygiene items in their own possession, unless there is evidence (such as a Physician statement) to substantiate that the resident cannot safely manage the items. Special consideration and measurements will be given to those residents in a semi private room.

All outdoor space used for the residents recreation and leisure will be completely enclosed by a fence with self-closing, locking (with delayed egress and key pads), latches and gates, or walls, to protect the safety of the residents. In some cases, an auditory alarm system may be installed
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as an additional device to alert the staff in case exiting presents a hazard to the residents. Fire drills will be conducted at least once every three months on each shift and will include, at a minimum, all direct staff.

Medications

All residents with dementia will have their medications centrally stored. A written physician's order will be received before any medication may be given. This precaution includes over-the-counter medication, home remedies, vitamins and alternative therapies. Medication brought in by family members must be new, unopened and from a United States pharmaceutical vendor. Mail order drugs from foreign countries will not be accepted.

A resident has the right to refuse medication. Caregivers who assist with medications are not required to be licensed nurses. They may assist with oral, ophthalmic medications, inhalers and other types of medications as delegated by the RN, per the Oregon State Board of Nursing requirements.

Elopement Protocol

The first step in preventing elopement is to identify residents with the potential to wander or elope through the elopement risk evaluation. The community will consult the physician and family and perform an evaluation during the pre-admission process to gauge the resident's history of wandering and/or eloping.

Being that a resident is in a new environment, it may trigger a desire for a resident to leave the community. Therefore, new residents with cognitive impairment or depression will be considered at increased risk during this time frame.

After the initial assessment, routine re-evaluations will be completed to determine changes in mental status, behavior, and the effectiveness of chosen interventions. Staff will observe the residents behavior because these types of changes may occur subtly and gradually over time. In addition, each resident may exhibit individual behavior patterns for wandering/eloping, calling for a variety of interventions tailored to specific residents.

We will provide a resident centered living environment for the residents in our memory care community. It is our duty to keep the residents safe. One of the most basic preventive measures is employee awareness. Staff members will receive ongoing education about wandering and elopement behavior, assessments and interventions. Staff will be able to recognize those residents with potential wandering or eloping, so that due diligence may be exercised in observing their movements.

Privacy and confidentiality for resident

At all times, we will protect resident privacy and confidentiality and no non-HIPAA compliant vendor or others, will have access to resident records and other protected information. Resident conditions will never be discussed in public.

Any care and services provided, will be conducted in the privacy of the residents' apartment behind closed doors.

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Contractors providing services in the Memory Care will be provided a copy of the Oregon State Resident Bill of Rights.

APPENDIX C

PR#15-125 CD

Project plans and construction review

OAR – 333-675-0000

(4)(b)(D) Infection Control Risk Assessment

(1)As referenced in OAR 333-535-0035, Cascade Health Solutions in-patient unit (IPU) is intended solely for hospice eligible patients. Therefore the facility will not include an Airborne Infection Isolation Room, Protective Environment Rooms, surgical facilities, an emergency department, a hospital immediate care or minor emergency facility. Patients who require Airborne Infection Isolation Rooms or Protective Environment rooms will not be served in this environment. Patients with more aggressive or severe airborne infections will be referred to other facilities. Please find attachment titled "Infection Control Risk Assessment" and response to OAR 333-505-0070.

a. The needs and risks of hospice patients for healthcare associated infections will be focused on symptom management, control of specific infections and prevention of spread of infection. In order to accomplish this IPU staff will comply with organizational policies and guidelines for: hand hygiene, standard precautions, cleaning and disinfection of equipment and supplies, and annual in-service trainings on infection prevention and control.

The IPU does not include airborne infection isolation rooms or protective rooms, please refer to drawings titled: Package 3: Site Improvements & Interior Build Out. And as such, there are not special ventilation and filtration systems for specific locations or areas. The facility does not have surgical services rooms, laboratory, or locations where a local exhaust of hazardous agents is required.

All patients will be served in a single occupancy rooms. There will be fourteen (14) patient rooms, all with a private toilet and bathing area.

b. Infection control mitigation includes the maintenance of an active facility-wide program for the control and prevention of infection.

The program shall include the following:

- Identification of existing or potential infections in patients, employees, medical staff, and health care practitioners;
- Control of factors affecting the transmission of infections and communicable diseases;
- Provision for orienting and educating all medical staff, healthcare practitioners and employees on the cause, transmission and prevention of infections; and
- Collection, analysis and use of data relating to infections in the IPU.

(A) Patient placement considerations will be made as part of the admission process. The admissions process will address a review of systems, patient care history, and reconciliation of prescription medication history. In all of these sections IPU staff will be looking for hospice patients who have severely compromised immune systems and are at greater risk for transmission of infections and communicable diseases. Patients with known airborne viruses (tuberculosis, etc.), bloodstream infections, or drug-resistant organisms will be reviewed for appropriateness of care at the IPU as part of the routine screening for admission.

The system for isolation, to prevent the transmission of infections includes:

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BY: *Lisa Humphreys - FAS*

- Through education, upon hire and annually, on infection prevention and control the IPU will follow principles of epidemiology and disease transmission;
- Precautions to interrupt the spread of infection are accomplished through single room occupancy, as well as established precautions and policies and procedures for staff, visitors and patients.
- Constantly monitored through Quality Assessment Program Intervention (QAPI)

All patient rooms are single room occupancy which eliminates the need for relocation, related to infection concerns.

(B) The IPU will establish and maintain a multidisciplinary Quality Assessment and Performance Improvement (QAPI) Committee that shall oversee all aspects of the infection control program and policies. The committee will ensure that the system of isolation implemented addresses the following fundamentals in barriers and protective measures of airborne contaminants:

- Handwashing and gloving requirements for all care;
- Transportation of infected patients;
- Protective apparel – including use of masks, protective goggles/eye-wear, and changing garments after exposure;
- Patient care equipment and articles – including durable medical equipment;
- Linen and laundry service;
- Cleaning and storage of dishes, glasses, cups and eating utensils; and
- Routine and terminal cleaning or janitorial needs in patient care rooms, public areas, and storage rooms.

Additionally, the IPU will have specific policies and procedures related to cleaning, disinfecting, sterilizing, and disposal of patient care items.

(C) Temporary provisions for care during construction is not necessary as the facility is not scheduled to open to patients until after all construction has been completed.

(D) Training of staff and visitors on infection control and prevention will occur through policies and procedures which address expected actions and precautions. The infection control program shall be managed by the Continuous Quality Improvement Coordinator who will report to the QAPI Committee. This multidisciplinary committee will be responsible for ensuring that all staff is trained on infection control and prevention precautions. At minimum these policies will address standard Hospital Infection Control Practices Advisory Committee (HICPAC) recommendations in order to maintain up-to-date practices.

A key part of the guidelines will be that IPU staff provides visitors verbal and written instructions on precautionary measures and expectations to minimize the spread of infection. These behaviors will mirror the expectations of staff, please refer to subsection (1)(b) and (1) (b) (B).

c) Management of potentially infectious patients includes considerations of patient location and infection control mitigation recommendations.

(A) All patients shall have a single occupancy room. Therefore location of patients, based upon their susceptibility to infection by other patients is minimized. All risks, spread by visitors, staff, equipment, and ventilation are mitigated by taking universal precautions – and measures as outlined in subsections (1)(b) and (1)(b)(B).

(B) Patients will not be present at the facility during construction. The IPU will not welcome patients until after all phases of construction have been completed.

(d) See subsection c) (B). The IPU will not have patients in the facility until after completion of all construction.

(2) All patient rooms at the IPU are all single occupancy patient care rooms, with separate and private toilet and bathing areas. Each room will have an area for handwashing; gowning and storage of soiled materials located immediately inside the entry door to the room. The perimeter walls, ceiling and floors shall be sealed tightly to ensure that air minimally flows to or from the environment. However, the individual patient rooms do not meet the level of Airborne Infection Isolation Rooms.

(3) The IPU is not equipped with a room with individualized positive air pressure or a Protective Environment Room. Therefore a permanently installed visual mechanism is not included in the project plan. The IPU is not able to serve patients with aggressive airborne infections, including tuberculosis, legionnaires disease and others to be identified and updated by HICPAC.

(4) The IPU will not contain surgical facilities, emergency department, immediate care or minor emergency facility.

(5) Infectious waste will be managed in the soiled utility room, please refer to drawings titled Package 3 – Site Improvements & Interior Build Out. In this environment infectious waste storage and recycle storage will be separated. This room contains a floor drain, cleanable floor and wall surfaces. The room has sufficient light and exhaust ventilation that is away from patient care and public access areas. The soiled utility room is access controlled allowing only authorized staff and vendor entrance. The management will be compliant to OARs 333-056-0010 through 333-056-0050.

Stat. Auth.: ORS 441.025

Stats. Implemented: ORS 441.025

Hist.: HB 183, f. & ef. 5-26-66; HB 212, f. 2-25-69; HB 235, f. 2-5-70, ef. 2-25-70; HD 11-1980, f. & ef. 9-10-80; Renumbered from 333-023-0180; HD 29-1988, f. 12-29-88, cert. ef. 1-1-89, Renumbered from 333-072-0035; HD 21-1993, f. & cert. ef. 10-28-93; OHD 2-2000, f. & cert. ef. 2-15-00, Renumbered from 333-515-0010; PH 11-2009, f. & cert. ef. 10-1-09

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Infection Control and Prevention

OAR – 333-505-0070

(1) Cascade Health Solutions (CHS) will expand existing Quality Assessment Performance Improvement Committee to include an active facility-wide, multidisciplinary committee at the in-patient unit (IPU) that will ensure the control and prevention of infections. This program shall, at a minimum, include the following:

- Identify existing or potential infections in patients, employees, visitors, and any community staff with privileges:

The admissions process will address a review of systems, patient care history, and reconciliation of prescription medication history. In all of these sections IPU staff will be looking for hospice patients who have severely compromised immune systems and are at greater risk for transmission of infections and communicable diseases. Patients with known airborne viruses (tuberculosis, etc.), bloodstream infections, or drug-resistant organisms will be reviewed for appropriateness of care at the IPU as part of the routine screening for admission. Additionally, the EMR in place has the capacity to track and alert staff of patients with a history of infection.

Training of staff and visitors on infection control and prevention will occur through policies and procedures which address expected actions and precautions. The infection control program shall be managed by the Continuous Quality Improvement Coordinator who will report to the QAPI Committee. This multidisciplinary committee will be responsible for ensuring that all staff is trained on infection control and prevention precautions. At minimum these policies will address standard Hospital Infection Control Practices Advisory Committee (HICPAC) recommendations in order to maintain up-to-date practices. Upon hire, employees including medical staff, and other hired health care practitioners complete health screening and are offered annual flu vaccinations by CHS

- Control of factors affecting the transmission of infections and communicable diseases;

The QAPI Committee that shall oversee all aspects of the infection control program and policies. The committee will ensure that the system of isolation implemented addresses the following fundamentals in barriers and protective measures of airborne contaminants:

- Handwashing and gloving requirements for all care;
- Transportation of infected patients;
- Protective apparel – including use of masks, protective goggles/eye-wear, and changing garments after exposure;
- Patient care equipment and articles – including durable medical equipment;
- Linen and laundry service;
- Cleaning and storage of dishes, glasses, cups and eating utensils; and
- Routine and terminal cleaning or janitorial needs in patient care rooms, public areas, and storage rooms.

Additionally, the IPU will have specific policies and procedures related to cleaning, disinfecting, sterilizing, and disposal of patient care items.

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Appendix C
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BY: *[Signature]* - FPS

- Provision for orienting and educating all medical staff, health care practitioners with hospital privileges and employees on the cause, transmission and prevention of infections;

The IPU system for isolation, to prevent the transmission of infections includes:

- Through education, upon hire and annually, on infection prevention and control the IPU will follow principles of epidemiology and disease transmission;
- Precautions to interrupt the spread of infection are accomplished through single room occupancy, as well as established precautions and policies and procedures for staff, visitors and patients.
- Constantly monitored through Quality Assessment Program Intervention (QAPI)
- All patient rooms are single room occupancy which eliminates the need for relocation, related to infection concerns.

- And, collection, analysis and use of data relating to infections in the hospital.

CHS has an established QAPI program that includes the collection, analysis and reporting to improve infection control.

(2) CHS has a Continuous Quality Improvement (CQI) Coordinator that provides the development, implementation and periodic review of policies and procedures and shall be responsible for the development, implementation, auditing and periodic review of policies under section (1) of this rule.

(3) The CQI Coordinator is a qualified nurse (BSN, RN) that provides oversight of the multidisciplinary committee (QAPI) that has the responsibility for investigating, controlling and preventing infections in the facility. The committee has representation of across employees and services (nursing, social work, custodial and patient care aide) that are provided in the facility.

(4) CHS has policies that provide guidance in how to comply with the rules related to the reporting and control of communicable diseases.

(5) CHS has a system of isolation that prevents the transmissions of infections in the IPU. Please refer to section (1).

Specifically the system of isolation includes:

- CHS provides education of infection prevention and infection control upon hire and annually. This education includes the principles of epidemiology and disease transmission;
- The IPU will take precautions to interrupt the spread of infection through:
 1. Single room occupancy;
 2. Handwashing and gloving;
 3. Transport of infected patients;
 4. Protective apparel;
 5. Patient care equipment and articles;
 6. Linen and laundry;
 7. Cleaning of dishes, glasses, cups, and eating utensils; and
 8. Routine and terminal cleaning of all areas of the facility.
- The system, policies, procedures and guidelines at IPU will be reviewed and approved by the QAPI Committee.

- In order to maintain up-to-date practices, CHS QAPI committee follows the guidelines for isolation precautions that are published periodically by the Hospital Infection Control Practices Advisory Committee (HICPAC).

(6) The CQI Coordinator is a qualified nurse that provides oversight of the multidisciplinary committee (QAPI) which has the responsibility to ensure all aspects of the infection control program, including:

- Handwashing and gloving policies are being adhered to;
- Patient placement in single occupancy rooms meets the infection control and prevention necessary for symptom management;
- Transport of infected patients follows standards and protocols;
- Use of protective apparel including masks, protective goggles, eye-wear, and changing of garments after exposure is occurring;
- Patient care equipment and articles are cleaned and disinfected;
- Linen and laundry service is managed according to universal precautions and policies;
- Cleaning of dishes, glasses, cups, and eating utensils follow policies; and
- Routine and terminal cleaning or janitorial needs in patient care rooms, public areas, and storage rooms meet the fundamentals of infection control.

(7) CHS has established policies and procedures related to cleaning, disinfecting, sterilization, and disposal of patient care critical, semi-critical, and non-critical items.

Critical items – which have a high risk for infection, including surgical instruments, catheters, or needles will comply with Federal Drug Administration approved method of cleaning or purchase for absolute sterile use.

Semi-critical items – which come into contact with mucous membranes or nonintact skin, including respiratory equipment, manometry catheters, endoscopes; These items must be free from all microorganisms, however small numbers of bacterial spores are permissible.

Non-critical items – which come in contact with intact skin, but not mucous membranes, including bedpans, blood pressure cuffs, wheelchairs, and computers; these items only come into contact with intact skin and require a low level of disinfectants that have been approved by the Environmental Protection Agency.

The IPU will follow policies and procedures to dispose of patient care items at discharge or death according to the categorization of the item (critical, semi-critical or non-critical). Single use equipment must be disposed of or returned home at discharge.

Stat. Auth.: ORS 441.025

Stats. Implemented: ORS 441.025

Hist.: HB 183, f. & ef. 5-26-66; HB 212, f. 2-25-69; HB 235, f. 2-5-70, ef. 2-25-70; HD 11-1980, f. & ef. 9-10-80; Renumbered from 333-023-0180; HD 29-1988, f. 12-29-88, cert. ef. 1-1-89, Renumbered from 333-072-0035; HD 21-1993, f. & cert. ef. 10-28-93; OHD 2-2000, f. & cert. ef. 2-15-00, Renumbered from 333-515-0010; PH 11-2009, f. & cert. ef. 10-1-09



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