



Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

Amendments to:

2018
Facility Guidelines Institute
Guidelines for Design and Construction of
Residential Health, Care, and Support Facilities

for purposes of the following administrative rules:
OAR 333-71-0580

1.1 Introduction

1.1-1.2.2. Standards set forth in the *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities* shall be considered minimum and do not prohibit designing facilities and systems that exceed these requirements where desired by the governing body of the health, care, or support facility. **Project submittal criteria shall comply with OAR 333-675-0000**

1.1 Introduction

1.1-3.1.2.2 The following exceptions to the requirements in Section [1.1-3.1.1](#) (Compliance Requirements) shall be permitted provided they **meet the criteria specified in OAR 333-675-0000(2) or (3) and** do not reduce the level of health and safety in an existing facility

(1) Routine repairs and maintenance to buildings, systems, or equipment shall not require improvements to building features or systems.

(2) Replacement of building furnishings and movable or fixed equipment shall only require improvements to building systems that serve that equipment and only to the extent necessary to provide sufficient capacity for the replacement.

~~(3) Minor changes to the configuration of an existing space shall not require upgrade of the entire space.~~

~~(4) Cosmetic changes or upgrades to an existing space shall not require upgrade of the entire space.~~

~~(5) Improvements to a building system or a space that cannot reasonably meet the requirements of this document shall be permitted provided the improvement does not impair other systems or functions of the building.~~

~~(6) Existing systems that are not in strict compliance with the provisions of this document shall be permitted to continue in use, unless the AHJ has determined that such use constitutes a distinct hazard to life.~~

~~(7) Replacement of mechanical, electrical, plumbing, and fire protection equipment and infrastructure for maintenance purposes due to the failure or degraded performance of the components being replaced shall be permitted provided the health and safety in the facility is maintained at existing levels.~~

1.1-3.1.2.1 Where major structural elements make total compliance impractical or impossible, exceptions shall be considered **in accordance with OAR 333-071-0260**.

1.1 Introduction

1.1-3.1.4 Temporary Waivers

When parts of an existing facility essential to continued overall facility operation cannot comply with particular standards during a renovation project, a temporary waiver of those standards shall be permitted as determined by the authority having jurisdiction if resident, participant, or outpatient health and safety will not be jeopardized as a result. **Reference OAR 333-071-0260 for requirements.**

1.1 Introduction

1.1-5.2.1 In the absence of state or local requirements, the project shall comply with approved nationally recognized building codes except as modified in the **latest CMS adopted** edition of NFPA 101: *Life Safety Code* and herein.

1.2 Planning/Pre-design Process

1.2-2.1.2.1 The care provider shall be responsible for providing a functional program for each facility project to the project architect/engineer and the authority having jurisdiction (AHJ).

~~(1) Projects that only involve activities such as equipment replacement, fire safety upgrades, or minor renovations that will not change the facility's function or character shall not require a functional program.~~

(1) Findings and recommendations from the resident safety risk assessment (see Section [1.2-3](#)) shall be addressed in the functional program.

1.2-2.1.2.2 The functional program shall include an executive summary as well as detailed information about each operation conducted in the facility that will affect the physical setting design. **Refer to OAR 333-675-0000 (6) for additional requirements to be included in the functional program.**

1.2 Planning/Pre-design Process

1.2-3.1.1.2 To support this goal, a resident safety risk assessment (**RSRA**) shall be developed and completed by an interdisciplinary team. **A copy of the RSRA shall accompany construction documents submitted to the Oregon Health Authority, Facility Planning and Safety Program.**

1.2 Planning/Pre-design Process

A1.2-3.5.3.4 (3) Resident elopement and unsafe exiting.

Unsafe exiting is a special problem in long-term care settings, especially for residents with dementia or cognitive and mental health concerns. Residents exhibit fewer unsafe exiting behaviors in an environment that provides the following:

e. ~~Disguised means of exit~~

1.2 Planning/Pre-design Process

A1.2-4.5.1 Light. Provision of natural light should be considered wherever possible in the design of the physical environment. Visual benefits refer to sufficient light for vision and safety; non-visual benefits relate to biological factors (circadian rhythms, etc.).

b. window sill height should not exceed 3 feet (.91 meter) above the floor and should be above grade. **Operable windows shall be designed to prevent accidental falls when sill heights are lower than 36 inches above the first floor.**

A1.2-4.5.2.2 Views of and access to nature

i. Water features. Where provided **and where allowed per the RSRA**, open water features should be equipped to safely manage water quality to protect occupants from infectious or irritating aerosols. See Section 2.1-3.6.3 (Outdoor Water Features) and appendix section A2.4-2.2.13 (Decorative water features) for additional information and requirements.

2.1 Site Elements

2.1-3.6.3.2 Where provided **and allowed by the resident safety risk assessment (RSRA)** for facilities that serve special care populations, outdoor water features shall be designed with the care population in mind to provide safe and accessible environments.

2.2 Design Criteria

A2.2-4.2.1 Elopement prevention. Where elopement is a concern, the following should be considered:

i. ~~Entry, exit, or service doors may be disguised, provided all of the following are met:~~

- ~~Staff can readily unlock the door at all times.~~
- ~~The door releasing hardware, where provided, is readily accessible for staff use.~~
- ~~Where door leaves, windows, and door hardware, other than door releasing hardware, are covered by a mural, the mural does not impair the operation of the door.~~
- ~~The location and operation of a door disguised with a mural is identified in the fire safety plan and included in staff training.~~

2.3 Design Elements

2.3-2.3.3.2 Dining areas

*(2) (a) Space for dining in accordance with the needs of the care population, including residents and participants who use resident-operated mobility devices. **Provide a minimum of 28 square feet (2.60 square meters) for each resident or participant at one seating.**

~~A2.3-2.3.3.2 (2) The dining room should be sized at a minimum of 28 square feet (2.60 square meters) for each resident or participant at one seating.~~ Adult day care programs may require additional participant space based on the care population being served.

2.3 Design Elements

***2.3-4.2.2.1 General**

(2) A medication room, a self-contained medication distribution unit, ~~medication storage in resident rooms,~~ or other approaches acceptable to the authority having jurisdiction (AHJ) shall be permitted to be used for preparing, dispensing, and administering medications.

2.3-4.2.2.3 Self-contained medication distribution units, automated medication-dispensing stations, or mobile medication-dispensing carts. Where these or other systems approved by the AHJ are used, the following shall apply:

(1) Location of such units shall be permitted at the staff work area, in the clean utility room, in an alcove, ~~or in a resident room as approved by the AHJ.~~

~~(2) Medication units located in resident rooms shall be secured.~~

~~(3)~~ Areas used for medication preparation and distribution by mobile cart shall include task-specific lighting.

2.3 Design Elements

~~*2.3.4.2.2.4 Decentralized medication cabinets.~~

~~Where medication storage is located in the resident room, the following shall apply:~~

- ~~(1) Medication storage located in resident rooms shall be secured.~~
- ~~(2) Decentralized medication cabinets in resident rooms shall include task specific lighting.~~

2.3 Design Elements

2.3-4.5.3.4 Ice-making equipment and drinking water source

(1) Location of ice-making equipment in the food preparation area or in a separate room shall be permitted as long as the equipment is directly accessible to the food preparation area.

(2) Ice-making equipment shall be cleanable.

(3) Ice-making equipment shall be self-dispensing. ~~if it is accessible to residents, participants, and/or visitors.~~

~~(4) Ice making equipment under control of staff and not for use by residents, participants, and/or visitors shall be permitted to be bin type or self-dispensing.~~

~~(5) See Section 2.3 2.3.4.2 (7) (Access to self-dispensing drinking water and ice) for decentralized ice-making requirements.~~

(46) A filtered self-dispensing drinking water source shall be provided.

2.4 Design and Construction Requirements

***2.4-2.2.4 Doors and Door Hardware**

See the facility chapters in Parts 3 through 5 for requirements in addition to those in this section.

Door type for residing patient bathing/toilet facilities and other single-user toilets subject to patient use.

Rooms that contain bathtubs, sitz baths, showers, or toilets for patient use shall have one of the following:

- (1) Two separate doors**
- (2) A door that swings outward**
- (3) A door equipped with emergency rescue hardware**
- (4) A sliding door**

2.4 Design and Construction Requirements

***2.4-2.2.6.2 Sill height.** Windows in resident rooms, suites, and dwelling units shall have sills located no higher than 36 inches (91.44 centimeters) above the finished floor.

Operable windows shall be designed to prevent accidental falls when sill heights are lower than 36 inches and above the first floor.

2.4-2.2.8.1 General. Where hand-washing stations are provided in a residential health, care, or support facility, the requirements in this section shall be met.

(1) The number and placements of hand-washing stations shall be determined **as indicated in other sections and** by the infection control risk assessment (ICRA).

(2) **If not required by other sections,** hand sanitation dispensers shall be permitted to be used in lieu of hand-washing stations as determined by the ICRA.

2.4 Design and Construction Requirements

*2.4-2.2.13 Decorative Water Features

Provision of decorative water features shall be permitted in residential health, care, and support facilities **where allowed by the RSRA.**

3.2 Specific Requirements for Hospice Facilities

A3.2-2.2.1.2 (2) Hospice care models. See appendix table A3.2-a (Hospice Care Model Characteristics) for information in addition to the care model descriptions below.

b. *Home-based hospice services.* **This hospice care model is ineligible for review within these guidelines as the hospice care either takes place in individual homes or in Facilities under the regulation of State of Oregon Department of Human Services (DHS).** This model includes services that are brought to a resident living in an assisted living facility or independent living setting. Home-based hospice services are provided for residents who live in an independent or assisted living setting. Hospice services to be provided by a care and support facility, if any, should be identified during the functional programming process.

3.2 Specific Requirements for Hospice Facilities

***3.2-2.2.2.2 Space requirements**

(3) Room size shall be **80 square feet for each residing patient in a double room and at least 100 square feet for each patient residing in a single room. Room size shall also be** based on the care model and in-room furniture and clothing storage requirements.

g. Nursing home-based hospice facilities. This hospice care model is ineligible for review within these guidelines as these facilities are regulated by the State of Oregon, Department of Human Services (DHS). This model follows hospice regulations and includes any number of beds housed in a nursing home setting. Nursing home-based hospice facilities provide end-of-life services and should be provided in a private room that includes adequate family space. Nursing homes should provide hospice services and related accommodations for residents and family.

3.2 Specific Requirements for Hospice Facilities

***3.2-2.3.3.3 Recreation, lounge, and activity areas.**

Lounge areas shall be provided for resident and visitor use ~~based on the number of~~ **at a minimum of 15 square feet per** residents being served.

3.2 Specific Requirements for Hospice Facilities

3.2-2.3.6.2 Inclusion of a gas fireplace **or other comparable heating elements** shall be permitted in a family room where non-operable glass doors are used. **These heating element surfaces may not exceed 120 degrees Fahrenheit when they are installed in locations that are subject to incidental contact by people or with combustible material.**

3.2 Specific Requirements for Hospice Facilities

3.2-4.5.4 Decentralized Kitchen

Where food preparation is conducted on-site for 16 or more beds, the facility shall have dedicated non-public staff space and equipment for preparation of meals. See section 2.3-2.3.4 (resident and Participant Kitchen) for requirements.

These facilities serving 16 or more beds shall comply with OAR 333-150-0000 (Food Sanitation Rules) including the provisions for commercial-grade equipment, space, and policies.

3.2-4.5.3.1 Where an outside vendor is used to provide meals for a facility of 16 or more beds, the facility shall include dedicated space and equipment for a warming kitchen, including space for minimal equipment for preparation of breakfast, emergency, or after-hours meals.

These facilities serving 16 or more beds shall comply with OAR 333-150-0000 (Food Sanitation Rules) including the provisions for commercial-grade equipment, space, and policies.

3.2 Specific Requirements for Hospice Facilities

3.2-4.6.2.2

(2) Washers/extractors. Washers/extractors shall be located between the soiled linen receiving and clean processing areas. **Washers/Extractors shall provide a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes or include use of a chemical disinfectant.**

3.2-4.6.3.2 Soiled holding room(s). Separate central or decentralized room(s) shall be provided for receiving and holding soiled linen for pickup or processing. See Section 2.3-4.2.6 (Soiled Utility Room) for requirements in addition to those in this section.

(3) Room(s) used for processing shall have a ~~deep sink for soaking and/or~~, a flushing-rim sink **and a handwash sink.**

4.3 Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities

A4.3-1.1.1.1 Long-term residential substance abuse treatment facility typology. Long-term residential treatment facilities may be located in a wide variety of settings including, but not limited to, a large suburban house, larger freestanding residential setting, or part of a nursing home, assisted living facility, homeless shelter, or facility in a prison.

Only a large suburban house or larger freestanding residential setting shall be eligible for review within these guidelines for Special Inpatient Care Facility. The Authority does not have jurisdiction over other settings specified.

Care is provided 24 hours a day, generally in non-clinical/acute care settings. This therapeutic community (TC) is a common type of long-term residential treatment setting for substance use disorders, which typically require 18 to 24 months of treatment, although funding and insurance limitations may reduce an individual's stay to three, six, or 12 months. The focus of a TC is resocialization of an individual using the program's entire community as active components of treatment.

Addiction is viewed in the context of an individual's social and psychological deficits, and treatment focuses on developing personal accountability and responsibility as well as socially productive lives. Treatment is typically highly structured and can be modified for specific care populations (e.g., adolescents, homeless residents, individuals from the criminal justice system, those with mental/behavioral issues).

In addition to long-term residential treatment, a therapeutic community may offer shorter-term residential or outpatient treatment. A TC acquires a medical partner has an opportunity to become a federally qualified health center or a patient-centered medical home.

A specialized type of treatment setting called a "modified therapeutic community" incorporates features of traditional therapeutic communities with a special focus on addressing co-occurring mental health conditions.

Correctional institutions may incorporate in-prison TCs, and TCs are also available for people reentering society after being released from prison with the goal of reducing drug use and recidivism.

4.3 Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities

4.3-2.2.2.2 Space Requirements

(2) **A minimum of 70 square feet of floor space per bed is required in semi-private rooms and wards. A minimum of 100 square feet of floor space shall be provided in private room.** ~~Room size and configuration shall comply with spatial requirements of the AHJ~~

***4.3-2.2.2.7 Resident bathroom.** Each resident shall have access to a bathroom. **Bathroom doors shall comply with 2.7-2.2.4.**

4.3 Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities

4.3-2.2.3.4 Detoxification Room

The design and need for a detoxification room shall be described in the Resident Safety Risk Assessment and function program. Where provided, a minimum of one residing patient room for detoxification, located to allow direct observation by nursing staff, shall be provided. Windows in detoxification rooms shall be of a security type that can only be opened by keys or tools that are under control of the staff. An adjoining or closely available toilet and hand washing lavatory is also required serving detoxification residing patients only. This room shall be designed with special consideration that residing patient is incapable of self-preservation in an emergency.

4.3 Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities

***4.3-2.3.8.1** Outdoor spaces shall be provided for residents, visitors, and staff. **The design and use of Outdoor Activity Spaces shall be described in the Resident Safety Risk Assessment.**

4.3 Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities

4.3-4.5.3.1 Where an outside vendor is used to provide meals for a setting of 16 or more beds, dedicated space and equipment shall be provided for a warming kitchen, including space for minimal equipment for preparation of breakfast, emergency, or after-hours meals. **These facilities serving 16 or more beds shall comply with OAR 333-150-0000 (Food Sanitation Rules) including the provisions for commercial-grade equipment, space, and policies.**

4.3-4.5.4 Decentralized Kitchen

Where food preparation is conducted on-site for 16 or more beds, the facility shall have dedicated non-public staff space and equipment for preparation of meals. See section 2.3-2.3.4 (Resident and Participate Kitchen) for requirements. **These facilities serving 16 or more beds shall comply with OAR 333-150-0000 (Food Sanitation Rules) including the provisions for commercial-grade equipment, space, and policies.**

4.3 Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities

4.3-4.6.3.2 At minimum, the following elements shall be included:

(2) Soiled holding room(s). Separate central or decentralized room(s) shall be provided for receiving and holding soiled linen for pickup or processing.

(c) Rooms used for processing shall **have a flushing-rim sink and a handwash sink.** ~~be provided with a laundry or deep sink.~~

(6) Washers/ extractors. Washers/ extractors shall be located between the soiled linen receiving and clean processing areas. Washers/Extractors shall provide a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes or include use of a chemical disinfectant.

4.3 Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities

4.3 Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities

***4.3-5.2.2.4 Doors and door hardware**

See section 2.4-2.2.4 (Doors and Door Hardware) for requirements in addition to those in this section.