



October 17, 2019

## Invitation to Comment on a Proposed Interim Amendment to the 2018 Residential *Guidelines*

Since publication of the 2018 edition of the *Guidelines for Design and Construction of Residential Health, Care and Support Facilities*, the Facility Guidelines Institute (FGI) has received requests from several state authorities having jurisdiction (AHJs) asking for minimum square footages for resident rooms in nursing homes.

These AHJs are unwilling to adopt Chapter 3.1, “Specific Requirements for Nursing Homes,” in the 2018 Residential *Guidelines* because it lacks minimum clear floor area requirements. Although clearances are recommended in Section 3.1-2.2.2 (Resident Room), location of these dimensions in the appendix means they cannot be enforced by an AHJ.

In response to this issue, the Residential Document Group (RDG) of the FGI Health Guidelines Revision Committee (HGRC) has drafted text with prescriptive language for room sizing. The RDG has proposed this revised text for the 2022 Residential *Guidelines* document, but—to address the enforcement issue in a more timely fashion—the group has also requested it be considered as an interim amendment\* to the 2018 Residential *Guidelines*. After a period for public comment followed by review by the HGRC Steering Committee, it will be considered an official part of the 2018 Residential *Guidelines* if the Steering Committee approves the language.

### Public Comment Period

Comments are invited from the public and the Health Guidelines Revision Committee on the proposed changes to the 2018 Residential *Guidelines* shown below. Please email your support or objection, with details if necessary, to [amendment@fgiguideines.org](mailto:amendment@fgiguideines.org). **The comment period will be from noon on Thursday, October 17, 2019, through noon Eastern on Friday, November 1, 2019.**

### Proposed Changes to the 2018 Residential *Guidelines*

#### Chapter 3.1, Specific Requirements for Nursing Homes

##### 3.1-2.2.2 Resident Room

Each resident room shall meet the following requirements:

##### \*3.1-2.2.2.1 Capacity

...

(1) In new construction, maximum room capacity shall be two residents.

\*(2) Where renovation work is undertaken and the present capacity is more than two residents, maximum room capacity after renovation shall be no more than two residents in accordance with CMS-3260-F, “Reform of Requirements for Long-Term Care Facilities.”

\*The “HGRC Operations Manual” sets out a process for developing an interim amendment. Included among the criteria for consideration of such an amendment is the following: “9.3 (a) The document contains a substantive technical error or omission.” The HGRC Residential Document Group believes the fact that AHJs in New York and other states find the language unenforceable and thus refuse to adopt the 2018 Residential *Guidelines* is a reason substantive enough to warrant consideration of this language as an interim amendment. The Steering Committee of the HGRC has approved issuance of the draft interim amendment for public comment.

...

**\*3.1-2.2.2.2 Space requirements**

\*(1) Area. Single- and multiple-resident rooms shall be sized to accommodate the functional placement of required furnishings and equipment essential to resident comfort and safety.

A3.1-2.2.2.2 (1) Space shall should be provided to accommodate the care population, resident care, and for maneuverability when resident-operated mobility devices are used. Functional placement is based on considerations for safe resident mobility, mobilization, weight-bearing activity, and ambulation and for minimization of risks to caregivers.

(a) Where a single-resident room is provided, it shall have the following:

- (i) Minimum clear floor area of 120 square feet (11.15 square meters), excluding closet or wardrobe, bathroom, and vestibule entry
- (ii) Minimum clear dimension of 11 feet (3.35 meters)

(b) Where a multiple-resident room is provided, it shall have the following:

- (i) Minimum clear floor area of 108 square feet (10.03 square meters) per resident bed, excluding closet or wardrobe, bathroom(s), and vestibule entry
- (ii) Minimum clear dimension of 9 feet 6 inches (2.90 meters)
- (iii) Bed placement that allows staff members to access both sides and the foot of each bed

~~(2) Clearances. Clearances shall be a consideration during design of resident rooms. Resident rooms shall be sized, arranged, and furnished to maximize safe resident mobility, mobilization, weight-bearing activity, and ambulation potential and to minimize risks to caregivers. This requirement shall apply to all resident rooms, regardless of resident weight or condition.~~

~~A3.1-2.2.2.2 Determining space needs. Resident rooms should be sized, arranged, and furnished to maximize safe patient mobility, mobilization, weight-bearing exercise, and ambulation potential while minimizing risk to caregivers. This should apply to all populations being cared for and served.~~

~~Clearances should be provided and maintained to accommodate safe resident mobility and mobilization of residents. Designated clearances should not be obstructed by any object that does not qualify as movable according to Section 1.5-4.2 (Movable and Portable Equipment).~~

A3.1-2.2.2.2 (2) Clearances. a. To facilitate planning for minimum clearances around beds, bed type and maximum bed size should be established by the residential care organizations as part of the functional program. Whenever possible~~As acceptable to AHJs~~, bed placement should be chosen by individual residents and their families representatives or persons of significance (e.g., family, spouse/partner, resident-appointed advocate) to satisfy the needs and desires of the resident.

~~b.a. In resident rooms, the following minimum Provision of bed clearances should be used around the resident bed to support resident and staff safety should include the following:~~

~~—Standard resident room:~~

- ~~—48 inches (121.92 centimeters) on the transfer side~~
- ~~—36 inches (91.44 centimeters) on the non-transfer side of the bed~~
- ~~—36 inches (91.44 centimeters) at the foot of the bed in single-resident rooms~~
- ~~—48 inches (121.92 centimeters) at the foot of each bed in multiple-resident rooms~~

- ~~—Resident rooms for persons of size with an overhead lift:
 
  - ~~72 inches (182.88 centimeters) from the bed by 120 inches long (304.8 centimeters) on the transfer side~~
  - ~~36 inches (91.44 centimeters) on the non-transfer side of the bed~~
  - ~~66 inches (167.64 centimeters) at the foot of the bed~~~~
- ~~—Resident rooms for persons of size without an overhead lift to accommodate use of a mobile lift:
 
  - ~~84 inches (213.36 centimeters) from the bed by 120 inches long (304.8 centimeters) on the transfer side~~
  - ~~36 inches (91.44 centimeters) on the non-transfer side of the bed~~
  - ~~66 inches (167.64 centimeters) at the foot of the bed~~~~

~~Where lifts are used, additional clearance is needed to accommodate use of the lift and an expanded capacity wheelchair as well as space for staff to help a person of size transfer from bed to wheelchair or gurney. Mobile lifts require more floor space than overhead lifts to accommodate the lift footprint.~~

b. In resident rooms, a clear circulation pathway of 36 inches (91.44 centimeters) should be provided between fixed elements or equipment. This circulation pathway should be permitted to overlap other required clearances.

c. Sizing of resident rooms should accommodate clearances for resident chairs, recliners, ~~wheelchairs, or other devices~~ and other movable furnishings; these items and their clearances may overlap with the bed clearances. The size of each room should allow unimpeded clearance on at least one side and at the front of any resident chair, ~~etc.~~, as follows:

- ~~—48 inches (121.92 centimeters) on the transfer side of the chair, etc. for both standard and person of size room types~~
- ~~—36 inches (91.44 centimeters) for the approach to the chair for a standard room~~

d. Arrangement of furniture that reduces these clearances should be permitted provided access for other occupants is not reduced and there is at least one layout that meets the recommended clearances in appendix section A3.1-2.2.2.2 (2) (Clearances).

~~(3) Area and dimensions. The area and dimensions provided for each resident space shall be based on inclusion of the following:~~

- ~~(a) Space to accommodate a maximum of two beds that allows staff members access to both sides and the foot of each bed~~

(3) Resident room accommodations. Accommodations provided for each resident room shall be accessible from a wheelchair or other resident-operated mobility device and include the following:

- ~~(a) A window accessible from a wheelchair or other resident-operated mobility device~~

(b) Bed

\*(c) Resident chair or recliner

(i) The resident chair or recliner shall be permitted to be located adjacent to the head of the bed.

(ii) Use of a recliner in lieu of a bed shall be permitted based on resident preference.

**A3.1-2.2.2.2 (3)(c)(ii) Resident seating chair or recliner.** The lounge chair or recliner provided in a resident room to give residents an alternative to bed-stay should be evaluated for provision of the following:

- Comfort sufficient for long-term sitting

- Cervical support and support for the resident’s head (backrest)
- Opportunity to recline the backrest to enable periodic redistribution of body weight during long periods of sitting (recliner)
- Ease of entry and exit

See appendix section A2.4-2.4.3.1 (Furniture selection recommendations) for additional information.

~~(de)~~ ~~WA~~ wardrobe(s) or closet(s). Where a movable wardrobe(s) is provided, it shall be permitted to be located adjacent to the head of the bed, accessible from a wheelchair or other resident-operated mobility device

~~(d)~~ The following furniture accessible from a wheelchair or other resident-operated mobility device:

~~(i)~~ Bed

~~\*(ii)~~ Lounge chair

~~(eiii)~~ Dresser. The dresser shall be permitted to be located:

(i) In or as part of a wardrobe or closet.

(ii) On the wall adjacent to the head of the bed.

~~(fiv)~~ Nightstand. The nightstand shall be permitted to be located adjacent to the head of the bed.

~~\*(ge)~~ Space for a side chair

**A3.1-2.2.2.2 (3)(ge) Visitor seating.** Provision of a side chair for a visitor means residents do not have to remain in bed when they have a visitor.

~~(hf)~~ The room shall be configured ~~so that~~ to provide each resident ~~can~~ with a view of the television from a resident chair or recliner.

~~(ig)~~ Direct access shall be provided from the room entry to the bed, toilet room, closet or wardrobe, and window, without traveling through the living space of another resident.

~~\*(h)~~ Clearance for staff members to use lifting equipment to access the bed, chairs, and toilet. See appendix section A3.1-2.2.2.2 b (Determining space needs) for recommendations.

~~A3.1-2.2.2.2 (3)(h)~~ Although use of portable lifting equipment requires more clearance for maneuvering than fixed lifting equipment, use of fixed equipment does not eliminate the need for portable equipment. Portable equipment will be required when a resident falls out of range of a fixed lift or requires a sit-to-stand lift.

~~Using a portable lift without powered wheels to move a resident laterally requires more exertion by staff than using a fixed lift; in addition, the exertion required is increased where the floor is carpeted. However, carpet types differ in their resistance to wheeled devices, and carpet has significant advantages over hard surface flooring in noise reduction and residential appearance, both of which are important in creating a comfortable, attractive living environment. See Section 2.4-2.3.2 (Flooring and Wall Bases) for requirements.~~

~~Resident rooms and associated toilets may be equipped with a ceiling-mounted track to accommodate ceiling-mounted mobility and lifting devices. The track layout should be designed to aid in maintaining or improving resident mobility and ambulation, independent function, and strength and to help staff members transfer residents to or from bed/chair/toilet/bathing facilities/stretcher or reposition them in a bed or a chair.~~

~~One objective in using ceiling systems would be to assist residents who have poor balance or are unable to bear all of their weight to stand and ambulate throughout the room. A second objective would be to maximize resident choice and control of bed location and room arrangement, key factors in creating “home” for the resident.~~

~~One way to meet these objectives is to install permanent tracks the full length of two sides of the room with a perpendicular spur that extends into the toilet room over the toilet and into a shower, where provided. With this basic layout, when residents who require mobility or transfer assistance move into a room, a cross track and lift device can be installed for the duration of their stay. This approach would make all areas of the room accessible to the resident using the lifting device, thereby offering the resident a variety of room arrangements and substantially reducing the need for a portable lift.~~

~~(4) Every bed location shall have sufficient space to permit placement of a stretcher along one side for lateral transfer of the resident from the bed to the stretcher by at least two staff members without substantial rearrangement of furniture.~~

~~(5) Clearances~~

~~(a) In multiple bed rooms, clearance shall allow for the movement of beds and equipment without disturbing residents.~~

~~(b) Clear access to one side of the bed shall be provided along 75 percent of its length.~~

~~(c) Mechanical and fixed equipment shall not obstruct access to any required element.~~

~~(d) These guidelines shall allow arrangement of furniture that may reduce these access provisions, without impairing access provisions for other occupants.~~

### 3.1-2.2.2.3 Window

(1) See Section 2.4-2.2.6 (Windows) in addition to the requirements in this section.

(2) In renovated construction, beds shall be no more than two deep from windows.

### 3.1-2.2.2.4 Resident privacy

\*(1) Visual privacy shall be provided for each resident in two-bed rooms.

**A3.1-2.2.2.4 (1) Resident privacy.** Consideration should be given to use of a wall or partition to preserve visual and acoustic privacy for each resident. Alcoves may be used for this purpose in double-occupancy resident rooms.

(2) Design for privacy shall not restrict resident access to the toilet, room entrance, window, or other shared common areas in the resident room.

### 3.1-2.2.2.5 Hand-washing station. A hand-washing station shall be provided in each resident room.

(1) Omission of this station shall be permitted in a single-bed or two-bed room where a hand-washing station is located in an adjoining toilet room that serves that room only.

(2) Design requirements

(a) For hand-washing station design details, see Section 2.4-2.2.8 (Hand-Washing Stations).

(b) For sink design, see Section 2.5-2.3.2 (Plumbing Fixtures—Hand-Washing Sinks).

(c) For casework details, see Section 2.4-2.4.2 (Casework, Millwork, and Built-Ins).

**3.1-2.2.2.6 Resident toilet room.** Each resident shall have access to a toilet room without entering a general corridor.

\* (1) One toilet room shall serve no more than two residents in a bedroom.

**A3.1-2.2.2.6 (1)** See appendix section A3.1-2.2.2.1 (2) (On October 4, 2016...) for information about compliance with CMS requirements.

(2) Space requirements

(a) Toilet rooms shall be sized and configured to accommodate:

(i) Staff assistance, including use of lifting equipment

(ii) Accessibility standards that support independent resident use

(b) Clearance shall be provided on both sides of the toilet to enable physical access and maneuvering by staff members assisting the resident with wheelchair-to-toilet transfers and returns.

(3) The toilet room shall contain the following:

(a) Toilet

(b) Hand-washing station

(c) Mirror. For requirements, see Section 2.4-2.2.8.7 (Mirror).

(d) Individual storage for the personal effects of each resident

(4) Door and door hardware shall be provided in accordance with Section 3.1-5.2.2.4 (Doors and door hardware).

(5) Grab bars

(a) Grab bars shall be provided in accordance with Section 2.4-2.2.9 (Grab Bars).

(b) Where residents are capable of independent transfers, alternative grab bar configurations shall be permitted.

**3.1-2.2.2.7 Resident bathroom.** Where a bathtub or shower is provided in a resident toilet room, the following requirements shall be met in addition to the requirements in Section 3.1-2.2.2.6 (Resident toilet room):

(1) Space shall be provided for drying, dressing, and grooming.

(2) A counter and a shelf or cabinet for personal item storage shall be provided. See Section 2.4-2.4.2 (Casework, Millwork, and Built-Ins) for details.

\* (3) See Section 2.5-2.3.3.2 (Accessible showers) for shower requirements.

**A3.1-2.2.2.7 (3) Accessible showers.** Provision of a curbless shower that is open to the surrounding bathroom should be considered for ease of access by resident and staff.

**3.1-2.2.2.8 Resident storage.** Each resident shall be provided with an individual wardrobe or closet.

(1) This storage shall have a minimum net depth of 24 inches (55.88 centimeters) and a minimum net width of 2 feet 6 inches (76.20 centimeters).

(2) A clothes rod shall be provided that can be adjusted to a height accessible to the resident. Accommodations shall be made for storage of full-length garments.

(3) A shelf shall be provided that can be adjusted to a height accessible to the resident. Omission of the shelf shall be permitted where the unit provides at least two accessible drawers.

### 3.1-2.2.3 Resident Room for Individual of Size

Where a resident room(s) designed to accommodate individuals of size is provided, it shall meet the requirements in Section 3.1-2.2.2 (Resident Room) except as amended in this section.

#### 3.1-2.2.3.1 General

\* (1) The need for, number, and type of resident rooms accommodating individuals of size shall be determined for the intended care population during the functional programming process.

**A3.1-2.2.3.1 (1) Considerations for individuals of size.** The projected need for accommodations for care of individuals of size should be defined in the planning phase and include the following:

- Projected weight capacities for individuals of size in the population to be served
- Projected number of resident rooms required to accommodate individuals of size
- Projected number of expanded-capacity lifts required to accommodate individuals of size
- Projected number and maximum bed size required to accommodate individuals of size
- Evaluation of circulation path to be used to verify clearances adequate to gain access and entry to a resident room for an individual of size

(2) Where the facility provides resident rooms for individuals of size, see sections 1.2-5.6 (Planning Considerations for Individual of Size) and 2.2-3 (Design Criteria for Accommodations for Care of Individuals of Size) for further requirements.

#### \*3.1-2.2.3.2 Space requirements

**A3.1-2.2.3.2** See Section 1.2-3.3 (Resident Mobility and Transfer Risk Assessment) for information on providing patient lifts to mitigate risks involved in patient handling and mobility tasks. Information and guidance for evaluating resident mobility and transfer risks can be found in “Patient Handling and Mobility Assessments,” a white paper published by the Facility Guidelines Institute and available from [www.fgiguideelines.org](http://www.fgiguideelines.org).

#### (1) Area

- (a) Where a single-resident room with a fixed overhead lift is provided, it shall have the following:
  - (i) Minimum clear floor area of 200 square feet (18.58 square meters), excluding closet or wardrobe, bathroom, and vestibule entry
  - (ii) Minimum clear dimension of 13 feet (3.96 meters)
- (b) Where a multiple-resident room with a fixed overhead lift is provided, it shall have the following:
  - (i) Minimum clear floor area of 176 square feet (16.35 square meters) per resident bed, excluding closet or wardrobe, bathroom(s), and vestibule entry
  - (ii) Minimum clear dimension of 10 feet 9 inches (3.28 meters) for the clear floor area for each resident
- (c) Where a single-resident room for individuals of size without an overhead lift is provided but mobile lifts will be used, the room shall have the following:
  - (i) Minimum clear floor area of 219 square feet (20.35 square meters), excluding closet or wardrobe, bathroom, and vestibule entry
  - (ii) Minimum clear dimension of 13 feet (3.96 meters) for the clear floor area for each resident
- (d) Where a multiple-resident room without an overhead lift is provided but mobile lifts will be used, the room shall have the following:

(i) Minimum clear floor area of 192 square feet (17.84 square meters) of clear floor area per resident bed, excluding closet or wardrobe, bathroom(s), and vestibule entry

(ii) Minimum clear dimension of 10 feet 9 inches (3.28 meters) for the clear floor area for each resident

\*(2) Clearances. Clearances shall be a consideration during design of resident rooms for individuals of size.

**A3.1-2.2.3.1 (2) Clearances.** To facilitate planning for minimum clearances around beds, bed type and maximum bed size should be established by the residential care organization as part of the functional program. Whenever possible, bed placement should be chosen by individual residents and their representatives or persons of significance (e.g., family, spouse/partner, resident-appointed advocate) to satisfy the needs and desires of the resident.

a. In resident rooms for individuals of size with an overhead lift, the following minimum clearances should be used around the bed to support resident and staff safety:

—66 inches (167.64 centimeters) from the bed by 126 inches long (320 centimeters) on the transfer side

—66 inches (167.64 centimeters) on the non-transfer side

—60 inches (152.4 centimeters) at the foot

b. In resident rooms for individuals of size without an overhead lift where mobile lifts will be used, the following minimum clearances should be used around the bed to support resident and staff safety:

—84 inches (213.36 centimeters) from the bed by 126 inches long (320 centimeters) on the transfer side

—66 inches (167.64 centimeters) on the non-transfer

—60 inches (152.4 centimeters) at the foot

c. In resident rooms for individuals of size, a clear circulation pathway of 60 inches (152.4 centimeters) should be provided between fixed elements or equipment. This circulation pathway should be permitted to overlap other required clearances.

d. Sizing of resident rooms for individuals of size where a mobile lift will be used, whether or not an overhead lift is present, should accommodate clearances for resident chairs, recliners, and other movable furnishings; these items and their clearances may overlap with the bed clearances. The size of each room for an individual of size should allow unimpeded clearance on at least one side and at the front of any resident chair as follows:

—48 inches (121.92 centimeters) on the transfer side

—66 inches (167.64 centimeters) for the approach to the chair

e. Mobile vs. fixed lift clearance considerations

—Where lifts are used, additional clearance is needed to accommodate use of the lift, an expanded-capacity wheelchair, and space for staff to help an individual of size transfer from bed to wheelchair or gurney. Mobile lifts require more floor space than overhead lifts to accommodate the lift footprint. Selection of lift equipment should be completed during the functional programming process to evaluate clearances required.

—Use of portable lifting equipment requires more clearance for maneuvering than fixed lifting equipment; however, the use of fixed equipment does not eliminate the need for portable equipment. Portable equipment could be needed when a resident is not in proximity to a fixed lift or requires a sit-to-stand lift.

—Using a portable lift without powered wheels to move a resident laterally requires more exertion by staff than using a fixed lift, and the exertion required is increased

where the floor is carpeted. See Section 2.4-2.3.2 (Flooring and Wall Bases) for additional information.

—Resident rooms and associated toilets may be equipped with a ceiling-mounted track to accommodate ceiling-mounted mobility and lifting devices. The track layout should be designed to aid in maintaining or improving resident mobility and ambulation, independent function, and strength and to assist staff members with transfer of residents to or from bed/chair/toilet/bathing facilities/stretcher or repositioning residents in a bed or chair.

—One objective of using ceiling lift systems is to support residents who have poor balance or are unable to bear all of their weight to stand and ambulate throughout the room. A second objective is to maximize resident choice and control of bed location and room arrangement, key factors in creating “home” for the resident. These objectives can be met by installing permanent tracks the full length of two sides of the room with a perpendicular spur that extends into the toilet room over the toilet and into a shower (i.e., an “I” or “H” layout) to achieve maximum flexibility. This approach would make all areas of the room accessible to the resident using the lifting device, thereby offering the resident a variety of room arrangements and substantially reducing the need for a portable lift.

### **3.1-2.2.43 Special Care Resident Rooms**

The requirements in this section shall apply to all nursing homes that include these room types.

#### **\*3.1-2.2.43.1 Airborne infection isolation (AII) room**

**\*3.1-2.2.43.2 Ventilator-dependent resident ~~units~~ room.** Where a unit dedicated to serving residents dependent on a ventilator is provided, resident rooms in this unit shall meet the following requirements in addition to those in Section 3.1-2.2.2 (Resident Room).

...

#### **3.1-2.2.43.3 Quiet room in a resident unit. ...**

#### **\*3.1-2.2.54 Other Special Care Facilities**

##### **\*3.1-2.2.54.1 Pediatric facilities**

...

##### **\*3.1-2.2.54.2 Post-acute care facilities**

~~**3.1-2.2.43 Accommodations for care of persons of size.** Where the facility provides resident rooms for persons of size, see Section 2.2-3 (Design Criteria for Accommodations for Care of Persons of Size) for further requirements.~~

## **Background**

The 2018 Residential *Guidelines* was silent on square footage for sizing resident rooms because in the past when a minimum size was provided, it was often taken as an absolute and became the base size of the space in which a resident would live, even though the size often did not fully meet resident needs. (Note that residents may live in long term-care settings for 15 years or longer.)

The Centers for Medicare and Medicaid Services (CMS) provides minimum room size standards for private and shared skilled nursing rooms as part of its regulations. CMS §483.70(d)(1)(ii) requires resident rooms to “[m]easure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.” These sizes exclude toilet and bath areas, closets, lockers, non-movable wardrobes, alcoves, and vestibules. Although this CMS regulation has roots in acute care settings, it unfortunately does not consider clearances that may be required to facilitate ambulation

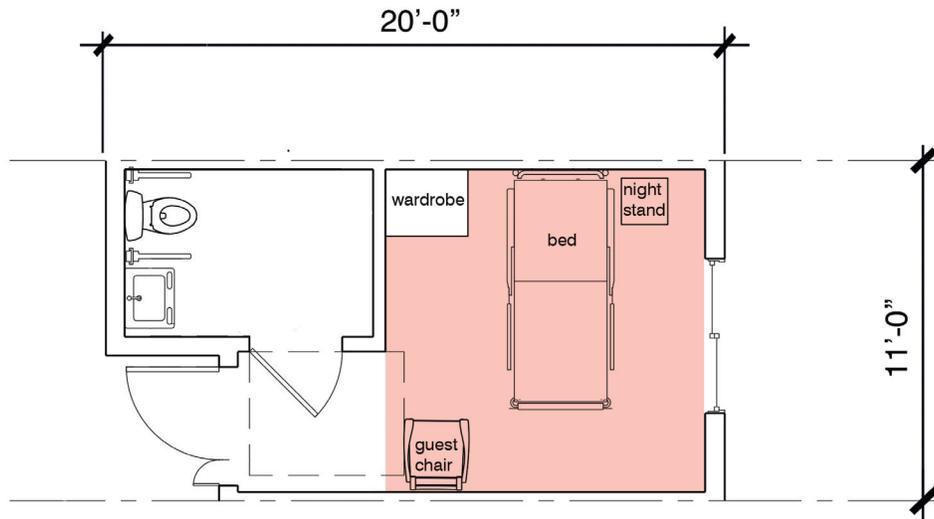
between the bed or space for all the elements CMS requires in the room for a resident living in long-term care. When the CMS square footages are diagrammed with the required elements, it is evident the 80- and 100-square-foot requirements are inadequate, resulting in a space too small to properly address resident needs, clearances, and the furniture items CMS requires for each resident.

To come up with the minimum size requirements suggested in the interim amendment text, the Residential Document Group applied the clearances suggested in the appendix text of the 2018 Residential *Guidelines* and the furniture and equipment requirements in Section 3.1-2.2.2.2 (Resident Room—Space requirements) as well as requirements in Section 2.2-3 (Design Criteria for Accommodations for Care of Persons of Size). The group then diagrammed private and shared room layouts driven by these clearances and furniture requirements to determine the minimum room size for each user group and variation—standard room with hospital or nursing home bed, room for individual of size with fixed lift, and room for individual of size with movable lift (see figures B, C and D).

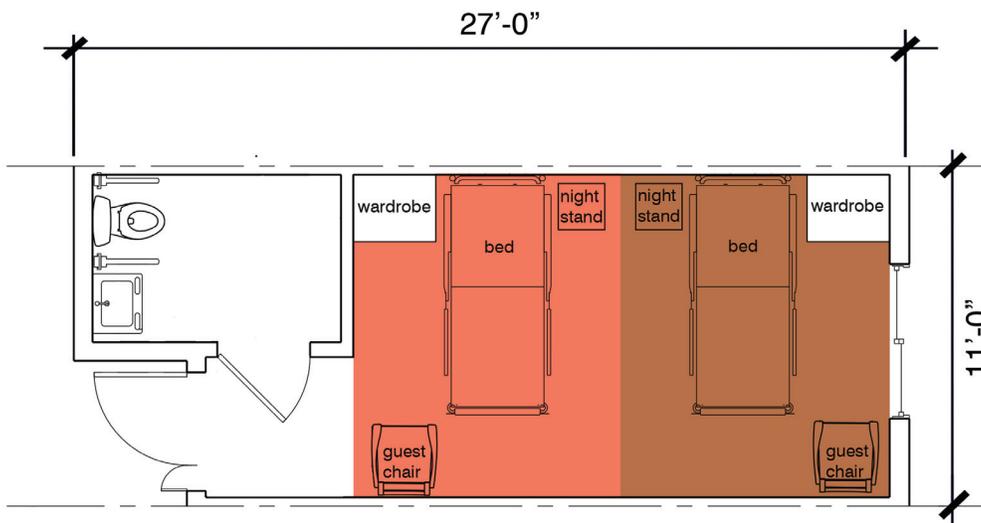
The Residential Document Group members recognized that although the minimum room size configuration presented for the standard room with hospital or nursing home bed shown in Figure B yielded the smallest room size in terms of square footage, it was not ideal as far as location of the clearances from an operational standpoint. As a result, an additional diagram was created that flipped the location of the clearances adjacent to the bed, so the 48-in. clearance occurs on the bathroom side and not the window side (see Figure E). The resulting minimum room size in Figure E is 11 square feet larger than the minimum required by Figure B. This is due to the wardrobe relocation to the bathroom side, which adds square footage since the wardrobe cannot overlap clearances for other furniture/equipment.

The RDG group also acknowledged that resident choice is often a driver of furniture location in resident rooms and that many residents in skilled nursing prefer to have their bed located against the wall. For this reason, language was added to the text that would allow alternative furniture placement in skilled resident rooms that violates the clearance requirements as long as the room size is large enough to accommodate at least one configuration that meets recommended clearances. With this in mind, we settled on the minimum room size presented in Figure B rather than that in Figure E, recognizing that—although not ideal as configured—the above provision would allow moving the larger 48-in. clearance to a more ideal location operationally without increasing the overall square footage of this resident room type.

As a result of this diagramming exercise and discussion by RDG members, the group recommends the language presented above. Several current and former AHJs participated in the diagramming exercise and were asked to review and comment on the proposed text (Fred Worley and Jim Scott, former AHJs of Texas and Michigan; Charlie Schlegel and Marshall Cook, current AHJs of Pennsylvania and Colorado; and Udo Ammon, current AHJ of New York).

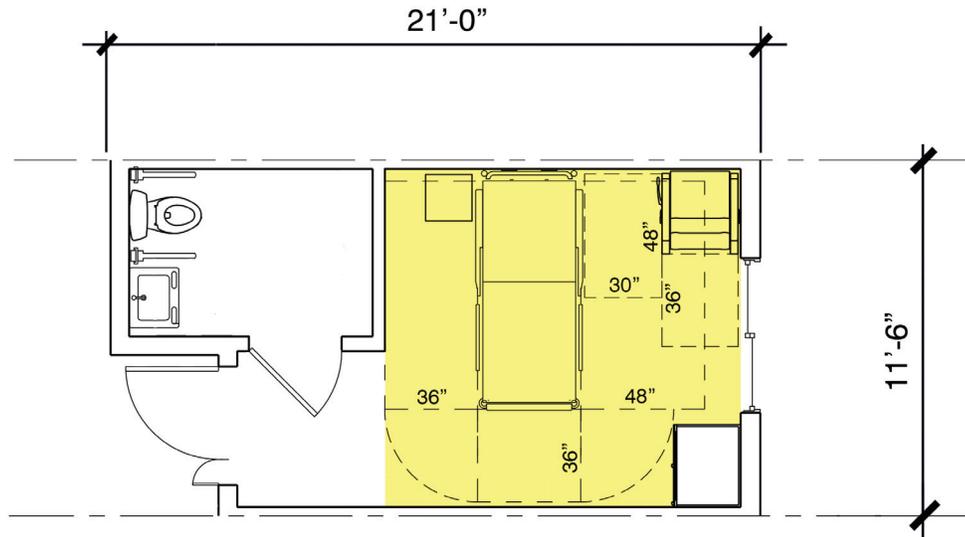


CMS Private Room with Nursing Home Bed - 101 sf

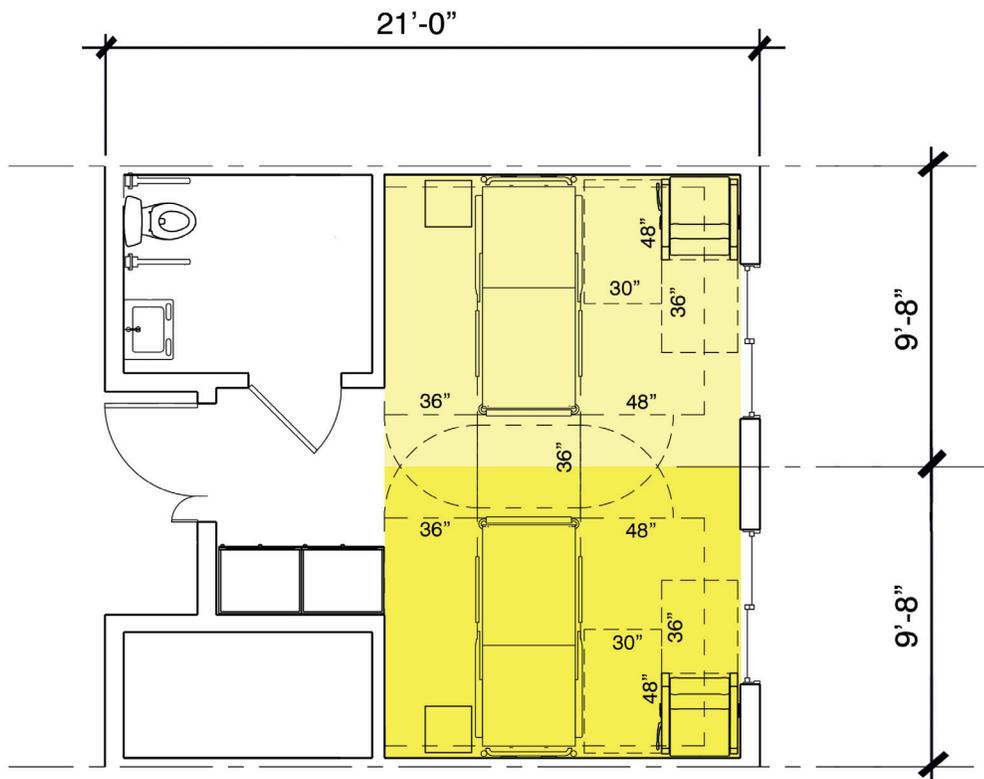


CMS Shared Room - 85 sf each occupant

Figure A - CMS Resident Room Standards  
Nursing Home Bed

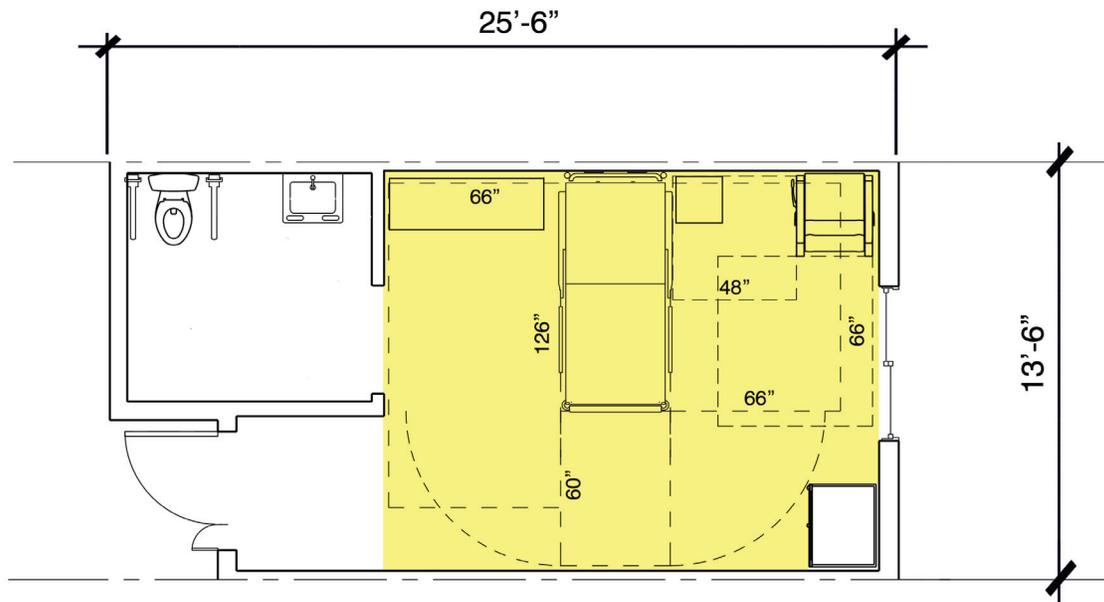


Private Room with Nursing Home Bed - 120 sf

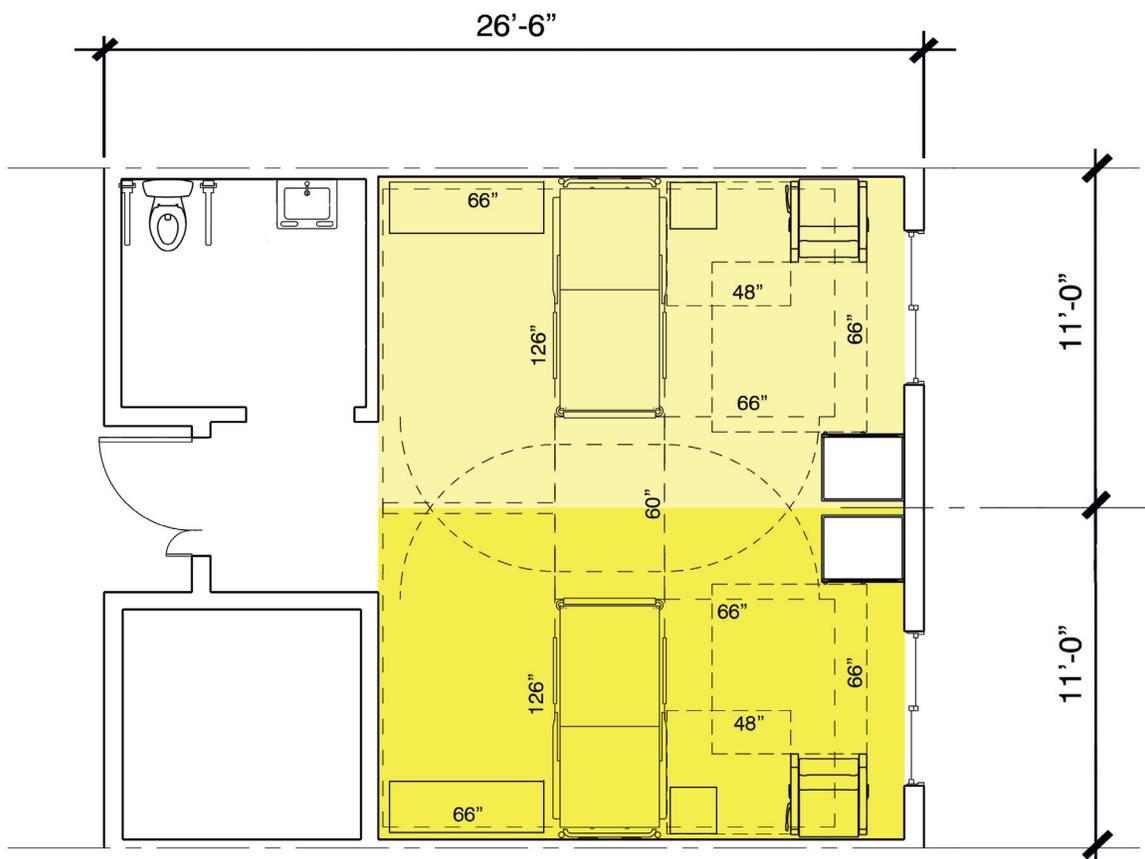


Companion Bedroom A - 108sf  
Companion Bedroom B - 108sf

Figure B - Standard Room with Hospital or Nursing Home Bed

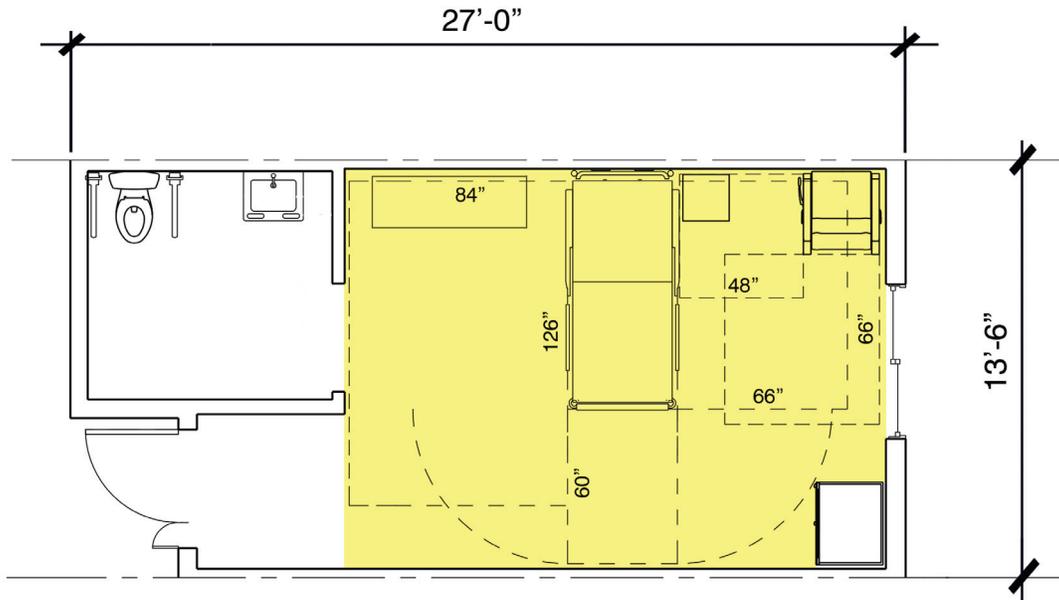


Private Room Individual of Size - Fixed Lift - 200 sf

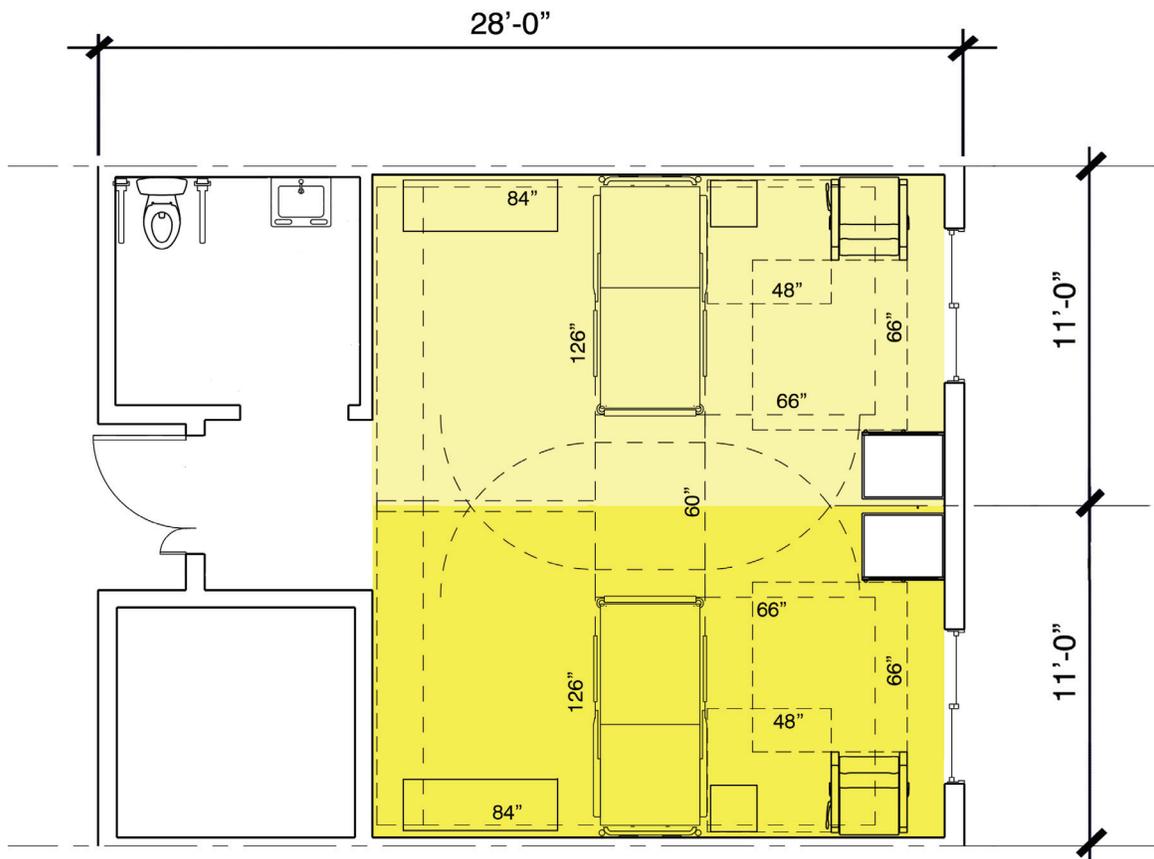


Companion Bedroom A - Individual of Size - Fixed Lift - 176sf  
 Companion Bedroom B - Individual of Size - Fixed Lift - 176sf

Figure C - Room for Individuals of Size - Fixed Lift

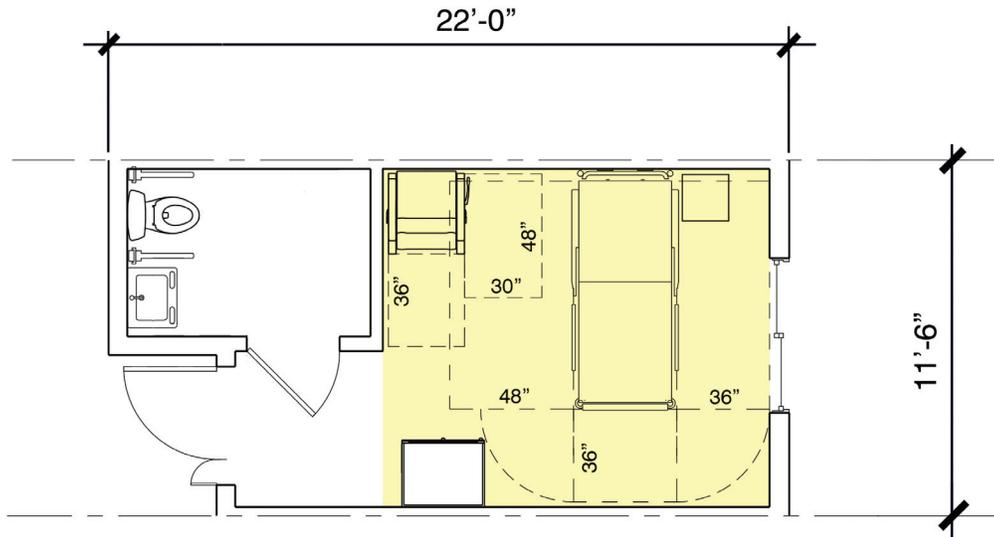


Private Room Individual of Size - Mobile Lift - 219 sf

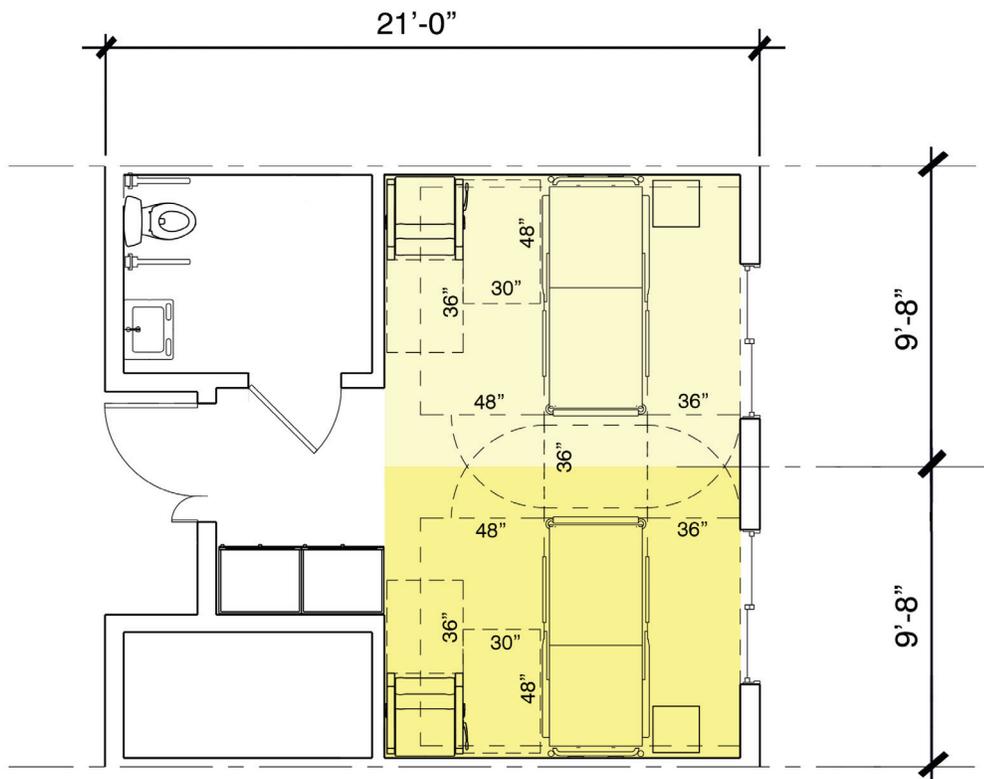


Companion Bedroom A - Individual of Size - Mobile Lift - 192 sf  
 Companion Bedroom B - Individual of Size - Mobile Lift - 192 sf

Figure D - Room for Individuals of Size - Moveable Lift



Private Room with Nursing Home Bed - 131 sf



Companion Bedroom A - 108sf  
Companion Bedroom B - 108sf

Figure E - Standard Room with Hospital or Nursing Home Bed: Ideal Location for Clearances