3.1 Specific Requirements for Nursing Homes

Appendix material, shown in shaded boxes at the bottom of the page, is advisory only.

3.1 General

3.1-1 Application

3.1-1.1 General

*3.1-1.1.1 This chapter contains specific requirements for nursing homes.

A3.1-1.1.1 Nursing home types. The nursing services and facilities provided in a nursing home are distinguished by the level of care, size of resident unit, and types of staff support areas and service areas provided. Nursing homes may be freestanding facilities or distinct parts of a hospital, continuing care retirement community, or other health care facility.

3.1-1.1.2 The requirements in Part 2 (Common Elements for Residential Health, Care, and Support Facilities) shall apply to nursing homes as referenced in this chapter.

3.1-1.2 Design Criteria

3.1-1.2.1 Sustainable design. See Section 2.2-2 (Sustainable Design Criteria) for requirements.

3.1-1.2.2 Design criteria for accommodations for care of individuals of size. If the care population includes individuals of size, see Section 2.2-4 (Design Criteria for Accommodations for Care of Individuals of Size) for requirements.

3.1-1.2.3 Dementia, behavioral and mental health, and cognitive and developmental disability design criteria. If the care population includes residents with dementia, behavioral or mental health issues, or cognitive or developmental disabilities, see Section 2.2-4 (Design Criteria for Dementia, Behavioral and Mental Health, and Cognitive and Development Disability Facilities) for requirements.

3.1 Minimum Standards for New Nursing Homes

This chapter identifies the minimum requirements for a nursing home, whether it is a freestanding facility or part of another facility.

*3.1-1.2 Functional Program

See Section 1.2-2 (Functional Program) for requirements.

A3.1-1.2 Staff distances, staff station locations, and decentralized vs. centralized functions that will directly affect facility design should be specified in the functional program. Different care models should be evaluated to provide a resident-centered solution; see appendix sections A3.1-2.2.1.3 (1) (Traditional model and staffing considerations), A3.1-2.2.1.3 (2) (Cluster and/or neighborhood model and staffing considerations), and A3.1-2.2.1.3 (3) (Connected and freestanding household model units and staffing considerations).
3.1-1.3 Resident Safety Risk Assessment

See Section 1.2-3 (Resident Safety Risk Assessment) for requirements.

3.1-1.4 Environment of Care Requirements

3.1-1.4.1 General

See Section 1.2-1.3 (Environment of Care and Facility Function Considerations) and Section 1.2-4 (Environment of Care Requirements) for requirements.

3.1-1.4.2 Flexibility

Nursing homes shall be designed to provide flexibility to meet the changing physical, medical, and psychological needs of residents.

3.1-1.4.3 Supportive Environment

*3.1-1.4.3.1 The facility design shall produce a supportive environment to enhance and extend quality of life for residents and facilitate wayfinding while promoting choice, dignity, privacy, meaningful engagement, and self-determination.

A3.1-1.4.3.1 Culture change in long-term care should address movement away from a traditional model toward one that is residential in scale, has homelike amenities, facilitates wayfinding, and allows residents and direct care workers to express choice in meaningful ways.

3.1-1.4.3.2 Design shall maximize opportunities for ambulation and self-care, socialization, and independence and minimize the negative aspects of a traditional environment.

3.1-1.4.4 Barrier-Free Environment

The architectural design—through the organization of functional space, the specification of ergonomically appropriate and arranged furniture and equipment, and selection of details and finishes—shall eliminate as many barriers as possible to access and use by residents of all space, services, equipment, and utilities appropriate for daily living.

3.1-1.5 Site

3.1-1.5.1 General

See Chapter 2.1 (Site Elements) for requirements.

3.1-1.5.2 Parking

In addition to the requirements in Section 2.1-3.3 (Parking), the facility shall provide a minimum of one parking space for every four beds.

3.1-2 Resident Areas

3.1-2.1 General
Resident areas in a nursing home shall comply with the requirements in this section.

*3.1-2.2 Resident Unit

**A3.1-2.2** Resident units are groups of resident rooms and support areas whose size and layout are based on the care model staffing patterns, functional operations, and communications used in the facility.

**3.1-2.2.1 General**

*3.1-2.2.1.1 Resident unit size.* See Section 3.1-2.2.1.2 (Layout) for typical resident unit size in different types of nursing home models and appendix table A3.1-a (Nursing Home Care Model Characteristics) for additional information.

**A3.1-2.2.1.1** Where a section of an acute care facility is converted for use as a nursing home, it may be necessary to reduce the number of beds to provide space for long-term care services.

**3.1-2.2.1.2 Layout**

(1) In new construction, resident units shall be arranged to avoid unrelated travel through the units.

*(2) The layout of the facility shall reflect the care model and related staffing.*

**A3.1-2.2.1.2** (2) The most effective design is determined when the care model is defined during the functional programming process.

**3.1-2.2.1.3 Use of the following care models shall be allowed.**

*(1) Traditional model.* This model typically includes 40 or more residents in a double-loaded corridor configuration with centralized service/community areas, staff work areas, and resident support areas.

**A3.1-2.2.1.3** (1) **Traditional model and staffing considerations**

a. **Definition.** The traditional model is a medical model of care with double-loaded corridors, a central nursing station, and community spaces for resident dining and activities. Evaluation of the potential for incorporating some level of decentralization of services and other model types described in this appendix is recommended during the planning process.

b. **Functional program**

— This type of unit includes centralized environmental services rooms, soiled and clean utility rooms, and provisions for medication storage and distribution, linens, and accommodations for other services provided by care staff for residents.

— Staff models are typically hierarchical in nature and direct care staff typically does not have a strong role in managing overall care.

— Staff often does not consistently care for the same residents; minimizing the opportunity for developing familiarity with a resident’s individual needs.

— Travel distances for staff and residents are greater than in other types of units and schedules are dictated more by regulation than by resident/staff choice or
satisfaction.

c. Physical setting

— In lieu of resident rooms designed with beds side by side, alternative room layouts are recommended that provide minimally private alcove sleeping areas and access to a bathroom shared by no more than two residents. See Section 3.1-2.2 (Resident Unit) for additional information.
— Evaluation of some decentralized services and activity areas to reduce travel distances for staff and residents is recommended.

*(2) Cluster and/or neighborhood model. This model typically includes 8 to 18 residents in a cluster with clusters grouped in neighborhoods of 21 to 40 residents. Clusters are located directly adjacent to decentralized service areas, optional satellite staff work areas, and optional decentralized resident living areas such as dining areas.

A3.1-2.2.1.3 (2) Cluster and/or neighborhood model and staffing considerations

a. Definition. This model includes several concepts in which the design of traditional nursing home floor plans (straight halls, double-loaded corridors) is reorganized to benefit residents and improve caregiver effectiveness.

Clustering is a decentralization strategy used to improve aesthetics, streamline service, shorten travel distances, and simplify handling of linen. It also permits more localized social areas and optional decentralized staff work areas.

Clusters of resident bedrooms may be grouped in a neighborhood that provides shared activity, therapeutic, and support areas.

b. Functional program. A functioning cluster as described here is more than an architectural form where rooms are grouped around social areas without reference to caregiving. In a functioning cluster, the following will be accomplished:

— Unit scale and appearance reinforces the relationship between smaller groups of rooms: Clusters should offer identifiable social groups for staff and residents, thereby reducing the sense of traditional size often associated with centralized facilities.
— Utility placement is better distributed for morning care: Clean and soiled linen rooms are located closer to resident rooms, minimizing staff steps and improving the aesthetics and functioning of corridors (carts are not scattered through halls).
— Geographically effective staffing: The staffing pattern and facility design reinforce each other so that nursing assistants can offer primary nursing care to a given set of residents. Staff room assignments are grouped together and generally do not require unequal travel distances to basic utilities. Staff “buddying” is possible. Buddying involves sharing responsibilities such as lifting a non-weight-bearing resident or covering for a staff member while the buddy provides off-unit transport or is on break.
— Staffing that works as well at night as during the day: An effective cluster
design accommodates multiple staffing ratios. With clustering, a facility or neighborhood with 42 beds could be staffed effectively in various ratios of licensed nurses to nursing assistants. For example: 1:7 for days (six clusters of seven residents); 1:14 or 1:21 nights (two or three groupings of two to three clusters, respectively).

c. Additional benefits

— Cluster design can provide more efficient gross/net area where a variety of single and/or double rooms are nested.
— For a project with a high proportion of private occupancy rooms, cluster design can reduce walking/travel distances to staff work areas or nurse stations.
— Cluster units support distribution of nursing staff throughout a building, so staff are closer to resident rooms at night and can be more responsive to vocal calls for assistance and toileting. (Central placement of staff requires more understanding of how to use a traditional call system than many residents possess.)
— Cluster units of a given size may “stack” or be placed over each other, but can be staffed differently to serve varying care populations.
— Where electronic call systems are used (e.g., systems that allow reprogramming of which room reports to which zone or nursing assistant’s work area), staffing for a unit might easily be changed over time, such as when resident needs justify higher ratios of nursing assistants to residents. For example, a 48-bed unit might start at 1:8 staffing but switch to 1:6 when residents require more care. In some units, staffing might also be slightly uneven, such as 60-bed units made up of clusters of 1:7 and 1:8 during the day based on care population needs.

d. Physical setting. Clusters require an architectural form and may affect overall building shape. The goal of the physical setting is to support the care model.

— The longer length of stay of nursing home residents (as compared to hospital patients) makes clustering particularly appropriate for nursing homes. Architectural clustering may help staff and residents socially identify with an area or space in a larger facility.
— Though architectural clustering may involve grouping rooms, this should not result in windowless social areas or the incorporation of all social options in a windowless social area directly outside the resident room doorways. Access to daylight, views, and the outdoors is critical to a successful design.
— Decentralized spaces are sized appropriately for equipment and carts used on the unit. They are placed to avoid long staff and resident travel distances and long wait times for residents to receive services.
— Circulation paths that lead through one cluster to gain access to another cluster should be avoided.

*(3) Connected household and freestanding household models

(a) Facilities using a household model typically include 10 to 20 residents in a group and may be freestanding or located in a larger facility and/or attached to another similar household. The
household model includes a residentially scaled household kitchen and living room designed in conjunction with staff areas organized to provide resident-centered care.

(b) Households shall be permitted to share support spaces/services.

A3.1-2.2.1.3 (3) Connected and freestanding household model units and staffing considerations

a. Definition. Household units use resident-centered care models that change the philosophy of care to create a household-scale environment. The goal is to create a small community of residents in a home that is supported by staff members specially trained in this philosophy of care.

b. Functional program

— Resident-centered care models include a team-based management approach to staffing roles and responsibilities.
— Food service is completely or partially decentralized. The household has a functional kitchen, where a wide variety of food is available around the clock. Meals may be prepared and served in the household kitchen or partially prepared and served in the household a warming/serving kitchen with some centralized support. Regardless of where food is prepared, meals are served from the kitchen in the household. Trays are only used for room service.
— Residents maintain freedom of movement and have safe access to all spaces in the household as they would in their own home.

c. Additional benefits

— The small size of resident care groups in a household allows staff to better understand a resident’s individual needs.
— Travel distances are typically reduced for residents and staff in a household, providing more opportunities for residents to ambulate rather than use a resident-operated mobility device as a time-saving mechanism to meet regulatory requirements.
— The smaller environment in a household is residential rather than traditional in nature.

d. Physical setting. Household designs support an environment that allows staff to care for a consistent group of residents in a small-scale space, fully supporting the functional program and operations developed by the organization. Characteristics include:

— Residentially scaled spaces that include an open kitchen, living room, dining room, etc.
— Access to safe outdoor space from common areas
— Appropriate storage in community spaces and resident rooms to support a decentralized care model
— Minimization of double-loaded corridor lengths
— An open plan with a living room, dining room, and residentially scaled open kitchen
— Architectural features that reflect home and regional characteristics
— A separate and distinct entry for each household
— Meals partially prepared and served with some centralized support, meals served in the household using all centralized support, or completely decentralized food service where all meals are prepared and served in the household
— Routine services often shared by connected households (e.g., food, laundry, trash collection). It is common for households to share environmental service rooms, food service pantries, central storage, trash rooms, personal laundry facilities, and other similar service rooms/spaces.

3.1-2.2.2 Resident Room Requirements for New Construction

For new construction, each resident room shall meet the following requirements in this section.

*3.1-2.2.2.1 Capacity

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

A3.1-2.2.2.1 (1) Resident room capacity in new construction

a. Single-resident rooms with an individual toilet room are encouraged. Evidence suggests that single-resident rooms decrease risks for medication errors, health care-acquired infections, resident anxiety, and incidents of aggressive behavior while improving resident sleep patterns and staff effectiveness. In two-bed rooms, consideration should be given to creating room configurations that maximize individual resident privacy, access to windows, and room controls and provide equivalent space for each resident (e.g., alcoves for each).

b. A3.1-2.2.2.1 (2) On October 4, 2016, the Centers for Medicare & Medicaid Services (CMS) published a final rule on the “Reform of Requirements for Long-Term Care Facilities,” CMS-3260-F, in the Federal Register. This rule revises the requirements that long-term care facilities must meet to participate in the Medicare and Medicaid reimbursement programs. Effective November 28, 2016, each resident room must have a maximum capacity of two residents and a dedicated bathroom with at least a toilet and sink. Look for guidance on room configurations to meet CMS requirements under the Resources tab on the FGI website.

*(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.”

*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 should be provided to accommodate the care population identified during functional programming and provide clearances necessary for resident care and for maneuverability when resident-operated mobility devices are used. Functional placement is based on considerations for
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Safe resident mobility, mobilization, weight-bearing activity, and ambulation and for minimization of risks to caregivers.

(a) Single-resident room. Where provided, it shall meet the following requirements:

(i) Minimum clear floor area of 120 square feet (11.15 square meters), excluding the bathroom, vestibule entry, and closet or wardrobe

(ii) Minimum clear dimension of 11 feet (3.35 meters)

(b) Multiple-resident room. Where provided, it shall meet the following requirements:

(i) Minimum clear floor area of 108 square feet (10.03 square meters) per resident bed, excluding the bathroom(s), vestibule entry, and closet or wardrobe

(ii) Minimum clear dimension of 9 feet six inches (2.90 meters) for the clear floor area for each resident

(2) 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.

*(2) Clearances. Clearances shall be a consideration during design of resident rooms.

A3.1-2.2.2.2 (2) Clearances 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).

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

ab. The following minimum Provision of bed clearances around the bed should be used to support resident and staff safety should include the following:

— Standard resident room:
— 48 inches (1.22 meters) 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 (1.22 meters) at the foot in multiple-resident rooms

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- Resident rooms for individuals 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 individuals 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.

c. Sizing of resident rooms should accommodate clearances for resident chairs, recliners, wheelchairs, or other devices; these 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
- 66 inches (167.64 centimeters) for the approach to the chair for a room accommodating a person of size

b. A clear circulation pathway of 36 inches (91.44 centimeters should be provided between fixed elements or equipment in the resident room. This circulation pathway should be permitted to overlap other required clearances.

c. Sizing of resident rooms 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 should allow unimpeded clearance on at least one side and at the front of any resident chair as follows:

- 48 inches (1.22 meters) on the transfer side
- 36 inches (91.44 centimeters) for the approach

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) Resident room accommodations. Area and dimensions. The area and dimensions provided for each resident space shall be based on inclusion of Accommodations provided for each resident room shall be accessible from a wheelchair or other resident-operated mobility device and include the following:
3.1 Specific Requirements for Nursing Homes

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

(b) **Bed**. A window accessible from a wheelchair or other resident-operated mobility device.

*(c) Resident chair or recliner*. A wardrobe or closet accessible from a wheelchair or other resident-operated mobility device.

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

(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)(d)(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:

a. Comfort sufficient for long-term sitting

b. Cervical support and support for the resident’s head (backrest)

c. Opportunity to recline the backrest to enable periodic redistribution of body weight during long periods of sitting (recliner)

d. Ease of entry and exit

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

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

(i) Bed

*(ii) Lounge chair

(iii) Dresser

(iv) Nightstand

(d) Closet or wardrobe. Where a movable wardrobe is provided, it shall be permitted to be located adjacent to the head of the bed. See Section 3.1-2.2.2.8 (Resident storage) for additional requirements.

(e) 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.

(f) 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.
3.1 Specific Requirements for Nursing Homes

(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.

(ie) Direct access shall be provided from the room entry to the resident 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
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(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 multiple-resident 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 multiple-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 dimension that allows for a standard clothes hanger and a linear hanging space of net depth of 24 inches (55.88 centimeters) and a minimum net width of 2 feet 6 inches (76.2 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 Requirements for Renovation
3.1 Specific Requirements for Nursing Homes

For renovations, resident rooms shall meet the requirements in Section 3.1-2.2.2 (Resident Room Requirements for New Construction), except as modified in this section.

*3.1-2.2.3.1 Capacity. In renovations of existing nursing homes, multiple-resident rooms shall have a maximum capacity of four residents.

**A3.1-2.2.3.1** Existing nursing homes have limited space for renovation when repositioning to person-centered care models and making changes within existing building footprints. Although single-resident rooms with an individual toilet room are preferred, this may require a reduction in census for a nursing home. Therefore, existing nursing home resident rooms should be evaluated with the AHJ to maximize the utilization and size of resident rooms without penalizing a nursing home completing renovations by requiring larger square footages that are suited for new construction. Existing rooms should be allowed to be renovated within their current size constraints.

*3.1-2.2.3.2 Space requirements

**A3.1-2.2.3.2** Determining space needs. Existing resident rooms for renovation should be arranged to maximize resident privacy and furnished to maximize safe resident mobility.

1. (1) – (2) Reserved
2. (3) Resident room accommodations. The following furniture shall be provided:
   1. (a) Bed
   2. *(b) Resident recliner.* A recliner shall be permitted in lieu of a bed based upon resident needs and preferences.
   3. **A3.1-2.2.3.2 (3)(b) Resident recliner.** The resident recliner provided in a resident room to give residents an alternative to bed stay should be evaluated for provision of the following:
      a. Comfort sufficient for long-term sitting
      b. Cervical support and support for the resident’s head (backrest)
      c. Opportunity to recline the backrest to enable periodic redistribution of body weight during long periods of sitting (recliner)
      d. Ease of entry and exit
      
      See appendix section A2.4-2.4.3.1 (Furniture selection recommendations) for additional information.
   4. (c) Dresser or drawers within a wardrobe or fixed closet
   5. (d) Nightstand

3.1-2.2.3.3 Window
3.1-2.2.3.4 Resident privacy. Resident privacy for a renovation shall meet the requirements in Section 3.1-2.2.4 (Resident privacy), except Section 3.1-2.2.4 (2).

3.1-2.2.3.5 Hand-washing station

3.1-2.2.3.6 Resident toilet room

(1) Resident toilet room(s) for a renovation shall meet the requirements in Section 3.1-2.2.6 (Resident toilet room), except Section 3.1-2.2.6 (1) and 3.1-2.2.6 (2)(d).

(2) One toilet room shall serve no more than four residents in a bedroom.

(3) Accommodation for individual storage for the personal effects of each resident shall be provided directly accessible to the resident toilet room.

3.1-2.2.3.7 Reserved

3.1-2.2.3.8 Resident storage

(1) Resident storage for a renovation shall meet the requirements in Section 3.1-2.2.8 (Resident storage), except Section 3.1-2.2.8 (3).

(2) Where drawers are accommodated within the individual wardrobe or closet, a separate dresser shall not be required.

3.1-2.2.4 Resident Room for Individuals of Size

Where a resident room 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.

3.1-2.2.4.1 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.

(2) Where the facility provides resident rooms for individuals of size, see sections 1.2-5.6 (Planning Considerations for Individuals of Size) and 2.2-4 (Design Criteria for Accommodations for Care of Individuals of Size) for additional requirements.

*3.1-2.2.4.2 Space requirements

A3.1-2.2.4.2 Resident lifting equipment. See Section 1.2-3.3 (Resident Mobility and Transfer Risk Assessment) for information on providing resident lifts to mitigate risks involved in resident handling and mobility tasks. Information and guidance for evaluating resident mobility and transfer risks can be found in the FGI Beyond Fundamentals Library in a white paper titled “Patient Handling and Mobility Assessment,” 2nd ed., posted at www.fgiguidelines.org.

(1) Area

(a) Where a single-resident room with a fixed overhead life is provided, it shall have the following:
3.1 Specific Requirements for Nursing Homes

(i) Minimum clear floor area of 200 square feet (18.58 square meters), excluding bathroom, vestibule entry, and closet or wardrobe

(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 bathroom, vestibule entry, and closet or wardrobe

(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 bathroom, vestibule entry, and closet or wardrobe

(ii) Minimum clear dimension of 13 feet (3.96 meters)

(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) per resident bed, excluding bathroom, vestibule entry, and closet or wardrobe

(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.

A3.1-2.2.4.2 (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 (1.68 meters) 72 inches (1.83 meters) from the bed by 120 126 inches long (3.2 meters 304.8 centimeters) on the transfer side
- 66 inches (1.68 meters) 36 inches (91.44 centimeters) on the non-transfer side
- 60 inches (1.52 meters) 66 inches (1.68 meters) at the foot
b. In resident rooms for individuals of size without an overhead lift to accommodate use of a mobile lift, the following minimum clearances should be used around the bed to support resident and staff safety:

- 84 inches (2.13 meters) from the bed by 126 inches long (3.2 meters 304.8 centimeters) on the transfer side
- 66 inches (1.68 meters) 36 inches (91.44 centimeters) on the non-transfer side
- 60 inches (1.52 meters) 66 inches (1.68 meters) at the foot

c. In resident rooms for individuals of size, a clear circulation pathway of 60 inches (1.52 meters) 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 or resident chairs, recliners, and other movable furnishings; these items and their clearances may overlap with the bed clearances. The size of rooms for individuals of size should allow unimpeded clearance on at least one side and at the front of any resident chair as follows:

- 48 inches (1.22 meters) on the transfer side
- 66 inches (1.68 meters) for the approach

e. A3.1-2.2.2.2 (3)(h) 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 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; 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 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,
3.1 Specific Requirements for Nursing Homes

- One objective in using ceiling 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. **One way to meet these objectives is to 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, where provided (i.e., an “I” or “H” layout) to achieve maximum flexibility. 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.

### 3.1.2.2.4.3 Accommodations for care of individuals of size

Where the facility provides resident rooms for individuals of size, see Section 2.2.3 (Design Criteria for Accommodations for Care of Individuals of Size) for further requirements.

#### 3.1.2.2.5 Special Care Resident Rooms

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

**3.1.2.2.5.1 Airborne infection isolation (AII) room**

A3.1.2.2.5.1 For additional information, refer to the Centers for Disease Control and Prevention (CDC) publications “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings” and “Guidelines for Environmental Infection Control in Health-Care Facilities.”

1. **General**
   - (a) The need for and number of AII rooms shall be determined by an infection control risk assessment.
   - (b) Where provided, each AII room shall comply with the requirements in Section 3.1.2.2.2 (Resident Room) as well as the following requirements:

2. **Capacity.** Each resident room shall contain only one bed.

3. **The toilet room provided for each AII room shall include a shower.**

4. **Anteroom.** An anteroom is not required; however, where an anteroom is part of the design concept, it shall meet the following requirements:
   - (a) The anteroom shall provide space for persons to don personal protective equipment before entering the resident room.
   - (b) All doors to the anteroom shall have self-closing devices.
(5) Where no anteroom is provided, provision shall be made for storage of personal protective equipment at the entrance to the room.

(6) Special design elements

(a) Architectural details

(i) All room perimeter walls, ceiling, and floor, including penetrations, shall be constructed to prevent air exfiltration.

(ii) All rooms shall have self-closing devices on all room exit doors.

(b) Window treatments and privacy curtains shall be provided in accordance with Section 2.4-2.4.4 (Window Treatments and Privacy Curtains).

(c) Ventilation

(i) Ventilation upon loss of electrical power. The space ventilation and pressure relationship requirements of Table 3.1-1 (Design Parameters for Ventilation of Residential Health Spaces) shall be maintained for All rooms, even in the event of loss of normal electrical power.

*(ii) Use of recirculating room units shall not be permitted in new construction.

A3.1-2.2.5.1 (6)(c)(ii) Use of recirculating room units in new construction is prohibited due to the difficulty of cleaning the units and the potential for buildup of contamination in the All room.

*(iii) Use of recirculating devices with HEPA filters shall be permitted in existing facilities as interim, supplemental environmental controls to meet requirements for the control of airborne infectious agents. The design of such recirculating systems shall allow for easy access for scheduled preventive maintenance and cleaning.

A3.1-2.2.5.1 (6)(c)(iii) The design of either portable or fixed recirculating systems should prevent stagnation and short-circuiting of airflow.

(iv) Design relative humidity shall be a maximum of 60 percent.

*3.1-2.2.5.2 Ventilator-dependent resident units. 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).

A3.1-2.2.5.2 Where a dedicated unit is provided for ventilator-dependent residents, piped oxygen and vacuum should be provided. Refer to NFPA 99: Health Care Facilities Code and ANSI/ASSE 6000: Professional Qualifications Standard for Medical Gas Systems Personnel for essential power requirements and medical gas installation information.

(1) Resident rooms for ventilator-dependent residents shall have:

(a) Space for the ventilator unit at the bedside

(b) Space to accommodate clearances for resident-operated mobility devices that may be oversized to accommodate a ventilator
(c) Provisions for oxygen and suction. Any installation of nonflammable medical gas, air, or clinical vacuum systems shall comply with the requirements of NFPA 99: Health Care Facilities Code.

(d) Backup electrical requirements. See Section 2.5-4.4 (Electrical Requirements for Ventilator-Dependent Resident Rooms and Areas) for requirements.

(2) Resident support areas

(a) Support space shall be provided in the nursing unit to accommodate staffing associated with ventilator services.

(b) A dedicated space shall be provided for servicing and maintenance of ventilator equipment or storage shall be provided to accommodate ventilators for backup or exchange.

(c) All resident activity and support areas shall be provided with essential power outlets to support continued ventilator support in the event of a power outage. See Section 2.5-4.4 (Electrical Requirements for Ventilator-Dependent Resident Rooms and Areas) for additional requirements.

3.1-2.2.5.3 Quiet room in a resident unit. Where a single resident room is provided to accommodate care requirements for residents experiencing issues such as personal conflicts, agitation, episodic mental disturbances, or similar conditions, the requirements in Section 2.3-2.2.3.3 (Quiet room in a resident care/living area) shall be met in addition to the requirements in Section 3.1-2.2.2 (Resident Room).

*3.1-2.2.6 Other Special Care Facilities

A3.1-2.2.6 Subacute care facilities. Because subacute care programs are offered in various settings, the design of such units/facilities should focus on the following major components:

a. The unit/facility should comply with all applicable nursing home requirements in Chapter 3.1 (Specific Requirements for Nursing Homes) to the extent that these do not conflict with the functional program.

b. The unit/facility should comply with operational requirements. The authority having jurisdiction may allow the flexibility to substitute alternative uses (e.g., occupational/physical therapy space, additional family spaces) for spaces typically used for dining.

c. Inclusion of dining space in each resident room should be provided where community dining spaces have been replaced with spaces for alternative uses.

*3.1-2.2.6.1 Pediatric facilities

A3.1-2.2.6.1 The unique characteristics of long-term pediatric nursing care can have a significant impact on facility planning and design. The potential age range of pediatric residents creates different needs from those of other residents. Daily care activities are likely to be more intense, while continuing social development and maturity present privacy considerations different from those in a geriatric setting. The number of children in a room should be decided by balancing the resident’s privacy needs with the need for appropriate levels of nursing care.
*(1) Pediatric resident rooms shall be designed to accommodate the age-related characteristics of the proposed pediatric residents.

**A3.1-2.2.6.1 (1)** Pediatric long-term care stakeholders include the children, their families, and the staff. Residences (long-term care) that group children by age cohort and create an environment of care that focuses on the specific needs of children of those ages enhance the children’s functionality. While there is a disease state for the child (either progressive or static), the child’s development continues. Family-centered care and other person-centered approaches are often implemented in pediatric long-term care facilities.

(a) Rooms shall be permitted to accommodate more than two pediatric residents where sleeping accommodations are in cribs.

(b) Area and dimensions. The area and dimensions of each pediatric resident space shall be based on provision of the following:

(i) The ability to accommodate crib or bed locations, including one where staff members have access to the crib or bed on three sides

(ii) Clear access to one side of the crib or bed along 75 percent of its length.

(iii) Overnight accommodations for family

(iv) Enhanced (additional) staffing, closer observation, and equipment as identified by the functional program

(v) Privacy accommodations for family members and each pediatric resident

(vi) Space for placement of a stretcher along one side for lateral transfer of the pediatric resident from crib or bed by at least two staff members without substantial rearrangement of furniture

(vii) In multiple-crib or -bed rooms, clearance permitting movement of cribs or beds and equipment without disturbing other crib or bed locations

(viii) Space for mechanical and fixed equipment that prevents obstructed access to any required element

(c) Unless otherwise stated in the functional program, pediatric resident rooms shall be separated from units serving adult populations.

*(2) Resident support

**A3.1-2.2.6.1 (2)** In comparison to what is required for the typical geriatric facility, pediatric long-term care facilities often require additional equipment and more intensive staffing and observation. Parent/family involvement also tends to be more frequent in pediatric facilities, requiring rooms designed to accommodate family participation in direct care as well as privacy during visits.

Due to the potential age range and length of stay of pediatric residents, functional and space needs vary significantly from those of adult residents. Daily care activities are likely to be more complex from a functional perspective, while
3.1 Specific Requirements for Nursing Homes

Continuous social development and physical/mental maturity require a physical environment that is flexible to accommodate the pediatric resident’s evolving needs. The number of children in a room is related to the individual residents’ needs for privacy as well as efficient and appropriate staff access, monitoring, and care.

Because of the varying age and degree of socialization of pediatric residents, room capacities range from four infants/toddlers requiring heavy nursing care in a single room to more private accommodations for adolescents. All resident rooms must accommodate the direct care activities of enhanced staffing as well as the likelihood of significant family presence.

The various functional and physical abilities of this diverse population must be taken into account when designing facilities for toileting and bathing.

(a) At least one hand-washing station equipped with hands-free operable controls faucets shall be provided for each four or fewer pediatric residents accommodated in a single room.

(b) Indoor and outdoor activity space shall be designed with consideration of pediatric resident and family culture, age cohorts, and age-appropriate activities and needs.

*3.1-2.2.6.2 Post-acute care facilities

A3.1-2.2.6.2 Post-acute care facilities. With changes in regulations that result in shorter stays in acute care settings, post-acute care facilities are being developed and built—often under nursing or skilled nursing licensing. Post-acute care facilities are intended for residents receiving rehabilitation services rather than long-term or palliative care services.

Post-acute care units often use a household care model that includes one or more “households” or units dedicated to post-acute care residents. A household may also be dedicated to a special type of rehabilitation, such as orthopedic, cardiology, stroke, or other specialty.

Differences between a long-term care and post-acute care household or unit typically include the following:

a. Post-acute care resident rooms are usually private and designed to accommodate family and visitors. Consideration should be given to providing wi-fi access in resident rooms.

b. Post-acute care resident room bathrooms are usually private and include a shower.

c. In a larger facility setting, physical, occupational, and speech therapy may be provided in the post-acute care household or unit or centrally located with other fitness or wellness areas.

d. Food service for post-acute care is usually provided by a centralized commercial kitchen with a room service component rather than in a communal dining setting (decentralized or centralized).
3.1 Specific Requirements for Nursing Homes

e. In lieu of activity space, a lounge or family area is usually provided for family members visiting the resident. The lounge or family area should offer access to a wi-fi network.

f. Staff usually is rehabilitation-focused rather than dementia-focused in a post-acute care household or unit. However, it is recommended that staff in a unit where rehabilitation services are provided also be trained in working with residents with dementia because of the care population generally being served.

(1) For resident unit size and layout requirements, see Section 3.1-2.2.1.2 (Resident Unit—Layout).

(2) For additional post-acute care resident room requirements, see Section 3.1-2.2.2 (Resident Room).

(3) Where resident community areas are provided, see Section 3.1-2.3 (Resident Community Areas) for requirements.

(4) Where diagnostic and treatment areas are provided, see Section 3.1-3 (Diagnostic and Treatment Areas) for requirements.

(a) See Section 3.1-3.3.2 (Physical Therapy Area) and Section 3.1-3.3.3 (Occupational Therapy Facilities) for designated rehabilitation requirements.

(b) See Section 3.1-3.3.4 (Other Rehabilitation Therapy Facilities) for additional requirements based on the types of therapy being provided.

(5) See Section 3.1-4 (Facilities for Support Services) for requirements.

(6) See Section 3.1-5 (Design and Construction Requirements for Nursing Homes) for additional requirements.

(7) See Section 2.5-1 (Building Systems—General) for requirements.

3.1-2.3 Resident Community Areas

3.1-2.3.1 General
See Section 2.3-2.3.1 (Resident, Participant and Outpatient Community Areas—General) for requirements.

3.1-2.3.2 Lobby

3.1-2.3.2.1 See Section 2.3-2.3.2 (Lobby) for requirements in addition to those in this section.

3.1-2.3.2.2 Where a central lobby is provided, the following requirements shall be included:

(1) A counter or desk for reception and information

(2) Public waiting area(s)

(3) Public toilet facilities

(4) Public telephone(s) or access to a courtesy phone. See Section 2.3-4.2.8 (Resident and Participant
Telephone Access) for resident telephone requirements.

(5) Provisions for drinking water

3.1-2.3.3 Dining, Recreation, and Lounge Areas

3.1-2.3.3.1 General. See Section 2.3-2.3.3.1 (Dining, Recreation, and Lounge Areas—General) for requirements.

3.1-2.3.3.2 Dining areas. See Section 2.3-2.3.3.2 (Dining areas) for requirements.

3.1-2.3.3.3 Recreation, lounge, and activity areas. Recreation, lounge, and activity areas shall provide the following:

*(1) Space adequate for resident activities and associated equipment

A3.1-2.3.3.3 (1) Recreation and lounge space needs. Activity programs focus on the social, spiritual, intellectual, physical, and creative needs of residents and provide them with quality, meaningful experiences. These programs may be facility-wide or for smaller groups. The activities the care provider will support, based on residents’ or clients’ expressed and individual interests, should be identified in the functional program.

Activity programs generally include coordination and implementation of activities for large and small groups and personalized individual programs involving one resident and one activity coordinator. These activities may be conducted in other spaces in a facility (e.g., dining rooms), but dedicated spaces are preferred for efficient operation of quality programs. The need for large activity spaces (e.g., libraries; chapels; auditoriums; conference, classroom, and training spaces) depends on the programming decisions of the care provider.

Following are some optional space needs to support recreation, lounge, and activity areas:

a. If required in the functional program, space should be included for the following:

— Storage for files and records
— Computers
— Administrative tasks
— Storage for supplies and equipment

b. A quiet space for effective resident/staff communication. This space may be incorporated into the space for administrative tasks or located in a private room setting.

c. Space for storage of items used for activities (e.g., recreation materials, exercise equipment, supplies for religious services) located near the point of use

(2) Areas sufficient in number and size to:

(a) Allow resident groups of various sizes to gather
3.1 Specific Requirements for Nursing Homes

(b) Accommodate separate and distinct activities

3.1-2.3.3.4 Toilet rooms. Toilet facilities that accommodate resident-operated mobility devices shall be readily accessible to all dining, recreation, lounge, and activity locations.

3.1-2.3.4 Resident Kitchen Reserved [Relocated to 3.1-4.5 Food Service Facilities]

Where kitchen facilities that permit use by residents and family members are provided, see Section 2.3-2.3.4 (resident and participant Kitchen) for requirements.

*3.1-2.3.5 Personal Services (Hair Salon/Spa) Areas

A3.1-2.3.5 Personal services areas. Consideration should be given to providing the following in the design of these areas:

a. General
   — Changing areas
   — Storage for supplies and linens
   — Provisions for resident privacy

b. Hair salon
   — Adjustable sink bowls for shampooing and treatment
   — Freestanding dryers for use by residents using resident-operated mobility devices

c. Space for circulation and staff assistance around spa tubs

3.1-2.3.5.1 Hair salon/spa

(1) Facilities and equipment for resident hair care and grooming shall be provided separate from resident rooms.

(2) Mechanical ventilation and exhaust shall be provided for hair salons. See Table 3.1-1 (Design Parameters for Ventilation of Residential Health Spaces) for additional requirements.

(3) See Table 3.1-1 for minimum filter efficiencies for hair salons.

3.1-2.3.5.2 Other personal services areas. Personal services areas shall be permitted to be unisex and located adjacent next to central resident activity areas.

3.1-2.3.5.3 Toilet room. Resident toilets shall be located adjacent to or directly accessible from hair salon and grooming area(s).

3.1-2.3.6 Reserved

3.1-2.3.7 Quiet Room in a Resident Community Area

Where a quiet room is provided, see Section 2.3-2.3.7 (Quiet Room in a Resident or Participant Community Area) for requirements.

3.1-2.3.8 Outdoor Activity Spaces
3.1 Specific Requirements for Nursing Homes

3.1-2.3.8.1 See Section 2.1-3.6.2 (Outdoor Activity Spaces) for additional requirements and information.

*3.1-2.3.8.2 Nursing homes shall provide outdoor spaces consistent with the geographic location designed to promote and encourage residents to spend time in a safe outdoor setting or to provide direct access to the outdoors.

A3.1-2.3.8.2 Outdoor activity spaces

a. Visual access to outdoor activity spaces from indoors should be provided for staff and residents.

b. Resident outdoor spaces should be located close to the building and allow for direct staff observation.

c. Outdoor space(s) should be accessible to residents via short navigable distances.

d. Outdoor spaces should be designed to accommodate the resident care population served.

3.1-3 Diagnostic and Treatment Areas

3.1-3.1 General

See Section 2.3-3.1 (Diagnostic and Treatment Areas—General) for requirements.

3.1-3.2 Examination, Observation, and/or Treatment Room

Where an examination, observation, and/or treatment room(s) is provided, see Section 2.3-3.2 (Examination, Observation, and/or Treatment Rooms) for requirements.

*3.1-3.3 Rehabilitation Therapy Facilities

A3.1-3.3 Rehabilitation therapy services. Rehabilitation therapy programs may include the following:

a. Hydrotherapy

b. Speech and hearing therapy

c. Occupational therapy
  — Activities of daily living therapy
  — Recreational therapy. Recreational therapy assists residents with the development and maintenance of community living skills and socialization through the use of leisure-time activity tasks. These activities may occur in a recreational therapy department, in a specialized facility such as a fitness room or area, in resident activity areas, or outdoors.
  — Education therapy
  — Vocational therapy. Vocational therapy assists patients in the development and maintenance of productive work and interaction skills through the use of work
tasks. These activities may occur in an industrial therapy workshop, in another
department, or outdoors.
— Other occupational therapy activities. Occupational therapy may include such
activities as woodworking, leather-tooling, art, needlework, painting, sewing,
metalwork, and ceramics.
d. Art and music therapy
e. Horticulture therapy
f. Prosthetics and orthotics

3.1-3.3.1 General

*3.1-3.3.1.1 Application. At minimum, the facilities included in this section shall be provided on-site and
shall be easily accessible for the residents served.

A3.1-3.3.1.1 Where resident units are not located near a facility’s central
rehabilitation therapy department, provision of smaller therapy rooms or areas in
a specific resident unit or in a location central to a group of units should be
considered.

(1) Space and equipment shall be provided for carrying out each type of therapy the facility offers.

(2) Where two or more rehabilitation services are provided, sharing of facilities and equipment shall be
permitted.

(3) Where a nursing home is part of a general hospital or other facility, rehabilitation services shall be
permitted to be shared.

(4) Where outpatient therapy services are provided on-site at a nursing home, see Chapter 5.3 (Specific
Requirements for Outpatient Rehabilitation Therapy Facilities) for additional requirements.

*3.1-3.3.1.2 Location. The requirements in this section shall be met in any location where rehabilitation
therapy services are provided.

A3.1-3.3.1.2 Rehabilitation therapy services can be provided in a department or
a facility that is specifically designed for these services, or they can be provided
where convenient for the resident, for example, in the resident’s room or in
corridor space near the resident’s room.

3.1-3.3.2 Physical Therapy Area

3.1-3.3.2.1 General. Private therapy room(s) shall be provided where private communication with a
resident and/or family is required or where therapy requires privacy or seclusion to preserve resident
dignity.

3.1-3.3.2.2 Individual treatment areas

(1) Space requirements. Space requirements shall be based on the equipment used for therapeutic
treatment(s) provided in the facility. Sufficient space shall be provided to allow access to the
equipment when in use by the resident and the therapist.
(a) Area. Each individual treatment space shall have a minimum clear floor area of 60 square feet (5.57 square meters).

(b) Clearances. Room arrangement shall permit a minimum clearance of 2 feet 8 inches (81.28 centimeters) on at least three sides of the treatment furniture (e.g., chairs, recliners, tables, beds, mats).

(2) Resident or client privacy

(a) Exterior and interior windows in therapy areas shall have window treatments or shades to provide resident privacy during individual therapy treatments.

(b) Individual treatment areas shall have privacy screens or cubicle curtains and appropriate provisions for resident dignity or private communication.

(3) Hand-washing stations. Individual therapy area(s) shall have access to either a hand-washing station or a hand sanitation dispenser.

(a) Hand-washing stations shall be provided in each therapy room where hands-on resident care is provided.

(b) Any therapy room that does not require a hand-washing station shall have a dedicated hand sanitation dispenser.

(c) One hand-washing station shall be permitted to serve several treatment stations for both physical therapy and occupational therapy.

3.1.3.3.2.3 Group treatment areas

(1) Space requirements. Group treatment areas shall be sized to accommodate one type of therapy at a time.

(2) Hand-washing stations

(a) Group treatment area(s) shall have access to either a hand-washing station or a hand sanitation dispenser.

(b) One hand-washing station shall be permitted to serve several group treatment areas, including spaces for physical therapy and occupational therapy.

3.1.3.3 Occupational Therapy Facilities

3.1.3.3.1 General. Where occupational therapy services are provided in the facility, the requirements in this section shall be met.

3.1.3.3.2 Physical requirements. The following shall be provided:

(1) Work areas, counters, and/or tables suitable for resident-operated mobility device access and standard seated access

*(2) An area for practicing activities of daily living. Where an outpatient therapy kitchen is provided, see Section 2.3-4.5.1.5 (Outpatient therapy kitchen) for requirements.*
A3.1-3.3.3.2 (2) Areas for practicing activities of daily living could include a residential kitchen, bathroom, or other area that supports daily function for a resident or client. Residents living in a facility could also practice activities of daily living in their resident rooms or in a community space used for activities and as support space for occupational therapy.

(3) Hand-washing stations. Occupational therapy area(s) shall have access to either a hand-washing station or a hand sanitation dispenser.

(a) Hand-washing stations shall be provided in each occupational therapy room where hands-on resident or client care is provided.

(b) Any occupational therapy room that does not require a hand-washing station shall have a dedicated hand sanitation dispenser.

(c) One hand-washing station shall be permitted to serve several occupational and/or physical therapy treatment stations.

3.1-3.3.4 Other Rehabilitation Therapy Facilities

3.1-3.3.4.1 Prosthetic and orthotic work areas. Where prosthetics and orthotics services are provided in the facility, the following shall be provided:

(1) Space for evaluation and fitting. This space shall have provisions for privacy for the fitting and adjustment of prosthetics.

(2) Hand-washing station

(a) Where staff is required to work with or mix wet material or handle material or chemicals that are caustic to the skin, a hand-washing station shall be provided.

(b) Where staff is not required to work with or mix wet material or handle material or chemicals that are caustic to the skin, provision of a hand sanitation dispenser or a hand-washing station shall be permitted.

(2) Clinical sink. Where running water is required for materials preparation, a clinical sink(s) or flushing-rim sink shall be provided. See Section 2.5-2.3.5 (Clinical Sinks) for requirements.

3.1-3.3.4.2 Speech and hearing services

(1) Where speech and hearing services are provided in the facility, space for evaluation and treatment shall be provided.

(2) The therapy area(s) shall be provided with speech privacy. The design shall minimize external sound from high-traffic, public, and similar noisy areas. See Section 2.5-8 (Acoustic Design Systems) for information.

3.1-3.3.4.3 Therapeutic pool and hydrotherapy whirlpool

(1) Where a therapeutic pool(s) is provided, see appendix section A5.2-2.3.3.3 (3) (Aquatic center) for information.
(2) Where portable hydrotherapy whirlpools are provided, see Section 2.5-2.3.6 (Portable Hydrotherapy Whirlpools) for requirements.

*3.1-3.3.4.4 Provisions for additional therapies. Where additional therapies are offered in the facility, space for them shall be provided.

A3.1-3.3.4.4 Additional therapies could include thermotherapy, diathermy, and ultrasonics. Art and music therapy and recreational therapy are usually tied to activities of daily living and activity programming and require storage, an activity room, and a toilet room sized and configured to accommodate accessibility standards that support independent resident use.

3.1-3.3.5 Support Areas for Rehabilitation Therapy

3.1-3.3.5.1 Reception area

(1) Where a reception area is provided, provisions shall be made for visual observation of the waiting areas(s).

(2) Combination of the reception area with the documentation or charting area shall be permitted.

3.1-3.3.5.2 Documentation area. Provisions shall be made for documentation, filing, and retrieval of resident records.

3.1-3.3.5.3 Clean utility room. A clean utility room that meets the requirements in 2.3-4.2.5 (Clean Utility Room) shall be provided in each resident unit readily accessible to the rehabilitation therapy area.

3.1-3.3.5.4 Soiled utility room. A soiled utility room that meets the requirements in 2.3-4.2.6 (Soiled Utility Room) shall be provided in each resident unit readily accessible to the rehabilitation therapy area.

3.1-3.3.5.5 Equipment and supply storage

(1) Space(s) shall be provided to store resident-operated mobility devices out of traffic while residents are using therapy services. These spaces shall be located in, next to, or directly or immediately accessible from the treatment area(s).

(2) See Section 2.3-4.2.4 (Equipment and Supply Storage) for additional requirements.

3.1-3.3.5.6 Environmental services rooms. See Section 2.3-4.9 (Environmental Services Rooms) for requirements.

3.1-3.3.6 Support Areas for Staff

Support areas for staff shall be provided and may be shared. See Section 2.3-4.3 (Support Areas for Staff) for requirements.

3.1-3.3.7 Resident Support Areas for Rehabilitation Therapy

3.1-3.3.7.1 Changing areas. Where required by the therapy program, changing areas, showers, and/or lockers shall be provided. See Section 2.5-2.3.3.2 (Accessible showers) for shower requirements.

3.1-3.3.7.2 Toilet room(s)
3.1 Specific Requirements for Nursing Homes

(1) Toilet room(s) shall be usable by residents using resident-operated mobility devices.

(2) Toilet rooms shall be provided next to or directly accessible from or adjacent to changing areas.

(3) If therapy treatments include toileting, toilet rooms shall include hand-washing stations. See 2.4-2.2.8 (Hand-Washing Stations) for requirements.

(4) See Section 3.1-2.2.6 (Resident toilet room) for additional requirements.

3.1-3.4 Wellness Centers

Where wellness facilities are provided, see Chapter 5.2 (Specific Requirements for Wellness Centers) for requirements.

3.1-3.5 Dialysis Facilities

Where dialysis services are provided in the facility, the requirements of this section shall be met.

3.1-3.5.1 Dialysis Treatment Area

(1) Space requirements shall be based on the equipment used for dialysis treatment.

   (a) Area. Each individual chair station shall have a minimum clear floor area of 80 square feet (7.43 meters), with a minimum headwall length of 8 feet (2.44 meters).

   (b) Clearances. A minimum clearance of 4 feet (1.22 meters) shall be provided between treatment chairs.

(2) Resident privacy. Individual treatment areas shall have privacy screens or cubicle curtains.

(3) Handwashing stations. Handwashing stations shall be provided within 25 feet (7.62 meters) of each treatment location.

(4) Sufficient storage shall be provided for each individual resident’s dialysis supplies and dialysis machine when not in use.

(5) Dialysis treatment areas shall be separate from day, dining, and activity space.

(6) An illumination level of 500 lux (50 foot-candles) shall be provided at the dialysis treatment area.

3.1-3.5.2 Water Supply at the Dialysis Station

Where water is supplied to portable reverse osmosis machines at the dialysis station, the facility water supply shall be protected by a reduced pressure principal backflow preventer or a pressure vacuum breaker.

3.1-4 Facilities for Support Services

3.1-4.1 General

See Section 2.3-4.1 (Facilities for Support Services—General) for requirements.
3.1-4.2 Facilities that Support Resident, Participant, or Outpatient Care

3.1-4.2.1 Staff Work Area(s)

See Section 2.3-4.2.1 (Staff Work Area) for requirements.

3.1-4.2.1.1 Nurse station for centralized staffing. Where caregiving is organized on a centralized staffing model, staff work areas shall provide for charting or transmitting charted data and any storage for administrative activities.

*3.1-4.2.1.2 Nurse station for decentralized staffing. Where caregiving is decentralized, supervisory work areas need not accommodate charting activities or allow a direct view of resident rooms. Rather, decentralized direct care staff work areas shall be used for charting or transmitting charted data and any storage for administrative activities.

A3.1-4.2.1.2 Depending on the type of service to be provided and the care plan, direct care staff work areas need not be encumbered with all the provisions for a supervisory administrative staff work area. In some decentralized arrangements, caregiving functions may be accommodated with a piece of residential furniture (e.g., a table or desk) or a work counter recessed into an alcove off a corridor or activity space, with or without computer and communications equipment, storage facilities, and so on.

3.1-4.2.2 Medication Distribution and Storage Locations (Centralized and Decentralized)

See Section 2.3-4.2.2 (Medication Distribution and Storage Locations) for requirements.

*3.1-4.2.3 Central Bathing Rooms or Areas

A3.1-4.2.3 Consideration should be given to privacy when locating entrances to bathing rooms.

3.1-4.2.3.1 See Section 2.5-2.3.3.2 (Accessible showers) for requirements.

3.1-4.2.3.2 Number

(1) Where a shower is not provided in the resident bathroom, residents shall have access to at least one central bathing room or area per floor or unit that is sized to permit assisted bathing in a tub or shower.

*(2) A minimum of one bathtub or shower shall be provided for every 20 residents (or major fraction thereof) not otherwise served by bathing facilities in resident bathrooms.

A3.1-4.2.3.2 (2) Number. The minimum bathtub or shower unit requirements should be verified with the local plumbing code.

3.1-4.2.3.3 Accessibility

(1) The bathtub or spa tub in this room shall be accessible to residents in wheelchairs.

(2) The shower shall have fittings accessible to a resident in a recumbent position.
(3) Adult resident shower rooms shall be designed to allow entry of portable/mobile mechanical lifts, shower gurney devices, and shower chairs.

*3.1-4.2.3.4* A separate toilet and hand-washing station shall be provided in or directly accessible to each bathing area without requiring entry into the general corridor.

**A3.1-4.2.3.4** This toilet may also serve as the toilet-training facility for rehabilitation.

3.1-4.2.3.5 Access to a grooming location without reentry to the general corridor shall be provided. This shall contain the following:

(1) Hand-washing station

(2) Mirror

(3) Counter or shelf

3.1-4.2.3.6 The design details of all bathing facilities provided shall be in accordance with Section 3:1-2.2.2.7 (Resident bathroom).

3.1-4.2.4 Equipment and Supply Storage

3.1-4.2.4.1 General. See Section 2.3-4.2.4 (Equipment and Supply Storage) for requirements in addition to those in this section.

3.1-4.2.4.2 Decentralized clean linen storage. A separate closet or designated area shall be provided for clean linen storage.

(1) A decentralized clean utility room shall be permitted to be used for the storage of clean linen.

(2) Where a closed-cart system is used, storage in an alcove shall be permitted.

3.1-4.2.4.3 Storage for mobility devices and support equipment. Storage for resident-operated mobility devices and personal support equipment shall allow this equipment to be accessible to residents at all times without entering another resident’s living space.

3.1-4.2.5 Clean Utility Room

3.1-4.2.5.1 See Section 2.3-4.2.5 (Clean Utility Room) for requirements in addition to those in this section.

*3.1-4.2.5.2* Storage for clean linen, towels, equipment, safety devices, and supplies shall be provided in cabinets, closets, or a separate storeroom.

**A3.1-4.2.5.2** Provision of a dryer and folding area should be considered when linens and towels are to be laundered on-site.

3.1-4.2.6 Soiled Utility Room

3.1-4.2.6.1 See Section 2.3-4.2.6 (Soiled Utility Room) for requirements in addition to those in this section.
3.1 Specific Requirements for Nursing Homes

*3.1-4.2.6.2 An area for temporary holding of soiled material shall be provided.

   **A3.1-4.2.6.2** Provision of a washer and sorting area should be considered when linens and towels are to be laundered on-site.

3.1-4.2.7 Personal Laundry Facilities

See Section 2.3-4.2.7 (Personal Laundry Facilities) for requirements.

3.1-4.2.8 Resident Telephone Access

See Section 2.3-4.2.8 (Resident and Participant Telephone Access) for requirements.

3.1-4.3 Support Areas for Staff

See Section 2.3-4.3 (Support Areas for Staff) for requirements.

3.1-4.4 Support Facilities for Family and Visitors

3.1-4.4.1 Overnight Guest Accommodations

Where sleeping accommodations for visitors are provided, the following requirements shall apply:

3.1-4.4.1.1 Where a sleeping accommodation (e.g., recliner, sleep chair, sleep sofa) is located in the resident room, space shall be provided for circulation when the furnishing is fully open for use so staff can access the resident in case of an emergency.

3.1-4.4.1.2 Storage space shall be provided to accommodate and secure overnight guests’ belongings.

3.1-4.4.2 Pet Accommodations

See Section 2.3-4.4.3 (Pet Accommodations) for requirements.

3.1-4.4.3 Kitchen Facilities

Where kitchen facilities that permit use by family members and visitors are provided, see Section 3.1-2.3.4 (Resident Kitchen) for requirements.

3.1-4.5 Food Service Facilities

3.1-4.5.1 General

3.1-4.5.1.1 The type and size of the nursing home facility shall determine the dietary environment and the food service facilities provided.

3.1-4.5.1.2 Where the following food service facility types are provided, they shall meet the requirements in Section 2.3-4.5 (Food Service Facilities):

   **3.1-4.5.2 Commercial Kitchen**

   **3.1-4.5.3 Retail Kitchen**

   **3.1-4.5.4 Household Kitchen**
3.1 Specific Requirements for Nursing Homes

3.1-4.5.5 Social Activity Kitchen

3.1-4.5.6 Reserved

3.1-4.5.7 Warming/Serving Kitchen

3.1-4.5.2 Central Commercial Kitchen

Where a central commercial kitchen is provided, food service facilities shall be provided in accordance with Section 2.3-4.5 (Food Service Facilities).

3.1-4.5.3 Warming Kitchen

If the facility has a service contract with an outside vendor for food service, a warming kitchen designed to meet the following requirements shall be provided.

3.1-4.5.3.1 Where an outside vendor is used to provide meals, 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.

3.1-4.5.3.2 The resident kitchen shall be permitted to serve as an alternative location to accommodate the function of a warming kitchen. See Section 2.3-2.3.4 (Resident and Participant Kitchen) for requirements.

3.1-4.5.4 Decentralized Kitchen

Where food preparation is conducted on-site, the facility shall have dedicated non-public space and equipment for preparation of meals. See Section 2.3-2.3.4 (Resident and Participant Kitchen) for requirements.

3.1-4.6 Linen and Laundry Service Facilities

3.1-4.6.1 General

3.1-4.6.1.1 Each facility shall have provisions for storing and processing clean and soiled/contaminated linen.

*3.1-4.6.1.2 Where a facility includes a commercial laundry, the following requirements shall apply:

A3.1-4.6.1.2 For certain care models, laundry services may be decentralized using personal laundry facilities and/or a combination of personal laundry facilities and contracted services to provide linen service. See Section 2.3-4.2.7 (Personal Laundry Facilities) for requirements.

(1) Processing shall be permitted to take place in the facility, in a separate building on- or off-site, or in a shared laundry.

(2) At minimum, the elements in Section 3.1-4.6.2 (Laundry Facility) shall be provided.

3.1-4.6.2 Laundry Facility

3.1-4.6.2.1 Layout. Equipment shall be arranged to permit an orderly workflow and minimize cross-traffic that might mix clean and soiled operations.
3.1-4.6.2.2 Where linen is processed in a laundry facility in the nursing home, the following shall be provided:

1. Receiving, holding, and sorting room
   
   (a) This room shall be provided to accommodate control and collection of soiled linen.
   
   (b) Soiled linen chutes shall be permitted to discharge in this room or in an adjacent separate room.

2. Washers/extractors. Washers/extractors shall be located between the soiled linen receiving and clean processing areas.

3. Dryers

4. Supply storage. Storage shall be provided for laundry supplies.

5. Inspection and mending area. An area shall be provided for linen inspection and mending.

3.1-4.6.3 Support Areas for Linen Services

3.1-4.6.3.1 Central clean linen storage. A central clean linen storage and issuing room(s) shall be provided in addition to the linen storage required at individual resident units. See Section 2.3-4.2.5 (Clean Utility Room) for additional information.

3.1-4.6.3.2 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.

1. Room(s) shall have ventilation and exhaust.

2. Discharge from soiled linen chutes shall be received in this room or in a separate room, as required by the local authority having jurisdiction.

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

3.1-4.6.3.3 Linen carts

1. Provisions shall be made for parking clean and soiled linen carts separately and out of traffic.

2. Provisions shall be made for cleaning linen carts on premises (or for exchange of carts off premises).

3.1-4.6.3.4 Hand-washing stations

1. Hand-washing stations shall be provided in each area where unbagged soiled linen is handled.

2. See Section 2.4-2.2.8 (Hand-Washing Stations) for additional requirements, except for Section 2.4-2.2.8.7 (Hand-Washing Stations—Mirror).

3.1-4.6.4 Support Areas for Facilities Using Off-Site Linen Processing

Where linen is processed off-site or in a separate building on-site, the following shall be provided:

3.1-4.6.4.1 A service entrance, protected from inclement weather. This shall be permitted to be shared with other services.
3.1 Specific Requirements for Nursing Homes

3.1-4.6.4.2 A control station, which can be shared with other services

3.1-4.7 Materials Management Facilities
See Section 2.3-4.7 (Materials Management Facilities) for requirements.

3.1-4.8 Waste Management Facilities
See Section 2.3-4.8 (Waste Management Facilities) for waste collection, storage, and disposal requirements.

3.1-4.9 Environmental Services Rooms
See Section 2.3-4.9 (Environmental Services Rooms) for requirements.

3.1-4.10 Facilities for Engineering and Maintenance Services
See Section 2.3-4.10 (Facilities for Engineering and Maintenance Services) for requirements.

3.1-4.11 Administrative Areas

3.1-4.11.1 Office and Conference Space
Offices or an open office area with private conference space shall be provided for business transactions, admissions, and social services and for the use of administrative and professional staff.

*3.1-4.11.1.1 Conference space. Space for private interviews; staff, resident, and family meetings; conferences; and health education shall be sized to accommodate operational and activity needs.

**A3.1-4.11.1.1 Kitchenette for conference space.** Provision of kitchenette facilities, including under-counter refrigerator, microwave, and sink, should be considered for the conference space.

(1) Space shall include provisions for use of visual aids and technology.

(2) Sharing of space by several services shall be permitted.

3.1-4.11.1.2 General office space. Office space shall be provided for staff and file storage.

3.1-4.11.1.3 Supply and copy room. Space for storage of files, office equipment, and supplies shall be provided.

3.1-5 Design and Construction Requirements for Nursing Homes

3.1-5.1 Building Codes and Standards
See Section 2.4-1.2 (Building Codes and Standards) for requirements.

3.1-5.2 Architectural Details, Surfaces, and Furnishings

3.1-5.2.1 General
See Section 2.4-2.1 (Architectural Details, Surfaces, and Furnishings—General) for requirements.

3.1-5.2.2 Architectural Details

3.1-5.2.2.1 General. See Section 2.4-2.2.1 (Architectural Details—General) for requirements.

3.1-5.2.2.2 Corridors. See Section 2.4-2.2.2 (Corridors) for requirements.

3.1-5.2.2.3 Ceiling height. See Section 2.4-2.2.3 (Ceiling Height) for requirements.

3.1-5.2.2.4 Doors and door hardware. See Section 2.4-2.2.4 (Doors and Door Hardware) for requirements in addition to those in this section.

1) Door type

(a) Doors to all rooms containing bathtubs, showers, and toilets for resident use shall be hinged, sliding, or folding.

(b) All doors between corridors, rooms, or spaces subject to occupancy shall be of the swing type or shall be sliding doors.

(b) Manual or automatic sliding doors shall be permitted where their use does not compromise fire and other emergency exiting requirements.

2) Doors for resident bathing/toilet facilities

(a) Door type. Rooms that contain bathtubs, showers, or toilets for patient use shall have one of the following:

*(i) Two separate doors

A3.1-5.2.2.4 (2)(a)(i) The two doors should be located so that a collapsed patient will not block both doors.

(ii) A door that swings outward

*(iii) A door equipped with emergency rescue hardware

A3.1-5.2.2.4 (2)(a)(iii) Emergency rescue hardware. Emergency rescue hardware for toilet room doors permits quick access from outside the room to prevent blockage of the door and ensure quick access from outside the room.

*(iv) A sliding door other than a pocket door

A3.1-5.2.2.4 (2)(a)(iv) Use of sliding doors. Sliding doors are permitted for toilet rooms if they do not conflict with other requirements, such as handicapped accessibility, and cannot be blocked from the inside. A pocket type of sliding door would not meet this requirement because weight pushed up against this type of door prevents the door from opening for access from outside the room.

(b) Door opening. Where the bathing area or toilet room opens onto a public area or corridor, visual privacy shall be maintained.
3.1 Specific Requirements for Nursing Homes

(32) Door hardware

*(a) Sliding doors shall not have floor tracks.

**A3.1-5.2.2.4 (32)(a)** Eliminating the floor tracks and using breakaway door hardware minimizes the possibility of jamming.

(b) In shared resident bathrooms, use of privacy locks with emergency access release shall be permitted.

3.1-5.2.2.5 Thresholds and expansion joint covers. See Section 2.4-2.2.5 (Thresholds and Expansion Joint Covers) for requirements.

3.1-5.2.2.6 Windows

(1) See Section 2.4-2.6 (Windows) for requirements.

(2) For facilities where resident elopement or falls from windows may be a risk to resident safety, see Section 2.2-4.2.1.6 (Physical Environment Elements for Risk Reduction—Operable windows) for additional requirements.

3.1-5.2.2.7 Glazing materials. See Section 2.4-2.7 (Glazing Materials) for requirements.

3.1-5.2.2.8 Hand-washing stations. See Section 2.4-2.8 (Hand-Washing Stations) for requirements.

3.1-5.2.2.9 Grab bars. See Section 2.4-2.9 (Grab Bars) for requirements.

3.1-5.2.2.10 Handrails and lean rails

(1) Handrails and lean rails shall meet the requirements in See Section 2.4-2.10 (Handrails and Lean Rails), except as amended in this section for requirements.

(2) Handrails shall be provided on both sides of public corridors.

3.1-5.2.2.11 Protection from heated surfaces. See Section 2.4-2.11 (Protection from Heated Surfaces) for requirements.

3.1-5.2.2.12 Signage and wayfinding. See Section 2.4-2.12 (Signage and Wayfinding) for requirements.

3.1-5.2.2.13 Decorative water features. Where decorative water features are used in the facility design, see appendix section A2.4-2.13 (Decorative water features) for recommendations.

3.1-5.2.3 Surfaces

3.1-5.2.3.1 See Section 2.4-2.3 (Surfaces) for requirements in addition to those in this section.

*3.1-5.2.3.2 To reduce surface contamination linked to health care-associated infections, surface materials selected for use in nursing homes shall possess the following performance characteristics:

(1) Surfaces shall be cleanable and have no surface crevices or rough textures, joints, or seams.

(2) Surfaces shall be non-absorptive, nonporous, and smooth.
A3.1-5.2.3.2 Surfaces and materials selected should be easy to use and have clear, written, manufacturer-recommended cleaning and disinfection protocols to assure the product will remain durable and effective at meeting CDC and other clinical bacterial-elimination requirements.

The Center for Health Design report “Designing for Patient Safety: Developing Methods to Integrate Patient Safety Concerns in the Design Process” identified environmental factors as “latent conditions that can be designed to help eliminate harm.” Such “built environment latent conditions [holes and weaknesses] that adversely impact patient safety” should be identified and eliminated during the planning, design, and construction of health care facilities. Reduction of surface contamination linked to health care–associated infections is one of these factors. See Section 1.2-3 (Resident Safety Risk Assessment) for additional information.

3.1-5.2.4 Furnishings
See Section 2.4-2.4 (Furnishings) for requirements.

3.1-6 Building Systems
3.1-6.1 General
See Section 2.5-1 (Building Systems for Residential Health, Care, and Support Facilities—General).

3.1-6.2 Plumbing Systems
3.1-6.2.1 General
See Section 2.5-2.1 (Plumbing Systems—General) for additional requirements.

3.1-6.2.2 Plumbing and Other Piping Systems
See Section 2.5-2.2 (Plumbing and Other Piping Systems) for requirements.

3.1-6.2.3 Plumbing Fixtures
3.1-6.2.3.1 Reserved

3.1-6.2.3.2 Hand-washing sinks. See Section 2.5-2.3.2 (Hand-Washing Sinks) and Section 2.4-2.2.8 (Hand-Washing Stations) for requirements.

3.1-6.2.3.3 Showers. See Section 2.5-2.3.3.2 (Accessible showers) for requirements and appendix section A3.1-2.2.2.7 (3) (Accessible shower) for recommendations.

3.1-6.2.3.4 Reserved

3.1-6.2.3.5 Clinical sinks. See Section 2.5-2.3.5 (Clinical Sinks) for requirements.

3.1-6.2.3.6 Portable hydrotherapy whirlpools. See Section 2.5-2.3.6 (Portable Hydrotherapy Whirlpools) for requirements.
3.1-6.2.4 Medical Gas and Vacuum Systems

Any installation of nonflammable medical gas, air, or clinical vacuum systems shall comply with the requirements of NFPA 99: Health Care Facilities Code.

3.1-6.3 Heating, Ventilation, and Air-Conditioning (HVAC) Systems

3.1-6.3.1 General

3.1-6.3.1.1 Application. HVAC systems that meet the requirements in this section shall be provided for nursing homes.

3.1-6.3.1.2 Ventilation and space conditioning

(1) See Section 2.5-3.1.2 (Ventilation and Space Conditioning) for requirements in addition to those in this section.

*(2) Ventilation systems shall be designed to provide control of environmental comfort, asepsis, and odor control in resident spaces.

A3.1-6.3.1.2 (2) Ventilation system design. Because of the diversity of the population and variations in susceptibility and sensitivity, the specific care population’s needs should be taken into consideration when providing ventilation for comfort, infection control, and odor control.

(a) Design of the ventilation system shall provide air movement that is generally from clean to less clean areas. If any form of variable-air-volume or load-shedding system is used for energy conservation, it shall not compromise the pressure-balancing relationships or the minimum air changes required in Table 3.1-1 (Design Parameters for Ventilation of Residential Health Spaces).

(b) See Table 3.1-1 for ventilation requirements intended to provide for comfort and asepsis and odor control in nursing home spaces that directly affect resident care.

(c) For spaces not specifically listed in Table 3.1.1:

(i) Ventilation requirements shall be those for functionally equivalent spaces in Table 3.1-1.

(ii) If no functionally equivalent spaces exist in Table 3.1-1, ventilation requirements shall be obtained from Informative Appendix B in ANSI/ASHRAE Standard 62.1: Ventilation and Acceptable Indoor Air Quality or from Informative Appendix B in ANSI/ASHRAE Standard 62.2: Ventilation and Acceptable Indoor Air Quality in Low-Rise Residential Buildings.

(iii) Where spaces with prescribed rates are included in both ANSI/ASHRAE Standard 62.1 or 62.2 and Table 3.1-1, the higher of the air change rates shall be used.

(d) Air change rates. The minimum number of total air changes per hour indicated in Table 3.1-1 shall be either supplied for positive pressure rooms or exhausted for negative pressure rooms.

(i) For spaces that required by Table 3.1-1 to have a negative pressure relationship but are not required to be exhausted, the supply airflow rate shall be used to compute the minimum total air changes per hour required.
*(ii) For spaces that require a positive or negative pressure relationship, the number of air changes per hour can be reduced when the space is unoccupied as long as the required pressure relationship to adjoining spaces is maintained while the space is unoccupied and the minimum number of air changes indicated is reestablished whenever the space is occupied.

A3.1-6.3.1.2 (2)(d)(ii) Air exchanges. Air change rates in excess of the minimum values are expected in some cases to maintain room temperature and humidity conditions based on the cooling or heating load of the space.

(e) Use of controls intended to switch the required pressure relationships between spaces from positive to negative, and vice versa, shall not be permitted.

(f) For air-handling systems serving multiple spaces, system minimum outdoor air quantity shall be calculated using one of the following methods:

(i) As the sum of the individual space requirements

(ii) By the “ventilation rate procedure” (multiple zone formula) of ASHRAE Standard 62.1. The minimum outdoor air change rate listed in this standard shall be interpreted as the \( V_{oz} \) (zone outdoor airflow) for purposes of this calculation.

(3) Outdoor air intakes and exhaust discharges. Equipment shall comply with Table 5.5.1 (Air Intake Minimum Separation Distance) in ANSI/ASHRAE Standard 62.1.

3.1-6.3.2 Mechanical System Design

See Section 2.5-3.2 (Mechanical System Design) for requirements.

3.1-6.3.3 HVAC Requirements for Specific Locations

3.1-6.3.3.1 Reserved

3.1-6.3.3.2 Fuel-fired equipment rooms. See Section 2.5-3.3.2 (Fuel-Fired Equipment Rooms) for requirements.

3.1-6.3.3.3 Areas of refuge. See Section 2.5-3.3.3 (Areas of Refuge) for requirements.

3.1-6.3.3.4 Commercial food preparation areas. See Section 2.5-3.3.4 (Commercial Food Preparation Areas) for requirements.

3.1-6.3.4 Thermal and Acoustic Insulation

See Section 2.5-3.4 (Thermal and Acoustic Insulation) for requirements.

3.1-6.3.5 HVAC Air Distribution

See Section 2.5-3.5 (HVAC Air Distribution) for requirements.

3.1-6.3.6 HVAC Filters

3.1-6.3.6.1 Filter efficiencies
3.1 Specific Requirements for Nursing Homes

(1) For centralized recirculated systems, see Table 3.1-1 (Design Parameters for Ventilation of Residential Health Spaces) for required filter efficiencies.

(a) Each filter bank with an efficiency greater than MERV 12 shall be provided with an installed, readily accessible manometer or differential pressure-measuring device that provides a reading of differential static pressure across the filter to indicate when the filter needs to be replaced.

(b) All air provided to a space by centralized recirculated systems shall be filtered.

(2) For non-central recirculating room systems, HVAC units shall:

(a) Not receive nonfiltered, nonconditioned outdoor air.

(b) Serve only a single space.

*(c) Include the manufacturer’s recommended filter for airflow passing over any surface that is designed to condense water. This filter shall be located upstream of any such cold surface so that all of the air passing over the cold surface is filtered.

A3.1-6.3.6.1 (2)(c) Filters for recirculating room systems. Filters should be replaced and/or cleaned per the manufacturer’s recommendations to maintain indoor air quality.

3.1-6.3.6.2 Filter frames for centralized systems

(1) Filter frames shall be durable and proportioned to provide an airtight fit with the enclosing ductwork.

(2) All joints between filter segments and the enclosing ductwork shall have gaskets or seals to provide a positive seal against air leakage.

3.1-6.3.7 Heating Systems, Cooling Systems, and Equipment

3.1-6.3.7.1 Reserved

*3.1-6.3.7.2 Heating systems

A3.1-6.3.7.2 Heating systems. Storage on-site of fuel sufficient to support the owner’s facility operation plan upon loss of fuel service should be considered as part of the disaster and emergency preparedness plan.

(1) Reserve capacity

(a) Heating sources and essential accessories shall be provided in number and arrangement sufficient to accommodate the facility needs (reserve capacity) even when any one of the heat sources or essential accessories is not operational due to a breakdown or routine maintenance.

(b) Exception: Reserve capacity is shall not be required if the ASHRAE 99% heating dry-bulb temperature for the nursing home is greater than or equal to 25°F (−4°C).

(2) When a heat source is off-line, the capacity of the remaining source(s) shall be sufficient to provide for domestic hot water and dietary purposes and to provide heating for resident care areas and resident rooms.
(3) See Table 3.1-1 (Design Parameters for Ventilation of Residential Health Spaces) for additional requirements.

### 3.1-6.3.7.3 Cooling systems

1. For central cooling systems greater than a 400-ton (1407 kW) peak cooling load, the number and arrangement of cooling sources and essential accessories shall be sufficient to support the nursing home operation plan upon a breakdown or during routine maintenance of any one of the cooling sources.

2. See Table 3.1-1 (Design Parameters for Ventilation of Residential Health Spaces) for additional requirements.

### 3.1-6.3.7.4 Temperature control.

See Section 2.5-3.7.4 (Temperature Control) for requirements.

### 3.1-6.4 Electrical Systems

#### 3.1-6.4.1 General

See Section 2.5-4.1 (Electrical Systems—General) for requirements.

#### 3.1-6.4.2 Power-Generating and Power-Storing Equipment

#### 3.1-6.4.2.1 Essential electrical service

1. Applicable standards

   a. At minimum, nursing homes or sections thereof shall have essential electrical systems as required in:

      i. NFPA 99: *Health Care Facilities Code*

      ii. NFPA 110: *Standard for Emergency and Standby Power Systems*, requirements that address nursing homes

      iii. NFPA 70: *National Electrical Code*, requirements that address nursing homes

   b. Requirements for emergency lighting in nursing homes shall be dictated by local codes according to the care model.

2. Shared service. Where the nursing home is a distinct part of or served by an acute care hospital on the same campus, required emergency lighting and power shall be permitted to be provided by the hospital essential electrical system.

3. Where fuel for electricity generation is stored on-site, the following shall be required:

   a. Storage capacity shall be sufficient to provide continuous operation in accordance with state requirements.

   b. Fuel storage for electricity generation shall be separate from heating fuel storage.

**3.1-6.4.2.2 Generators.** Exhaust systems (including locations, mufflers, and vibration isolators) for internal combustion engines shall be designed and installed to minimize noise.
A3.1-6.4.2.2 Generators. Centers for Medicare & Medicaid (CMS) Emergency Preparedness (EP) final rule states that a facility must develop and implement policies and procedures that address the alternate sources of energy to maintain temperatures to protect resident health and safety and maintain safe and sanitary storage for supplies and provisions.

Facilities should be in full compliance with other CMS conditions for participation in Medicare and Medicaid programs or risk not being eligible nor receiving anticipated reimbursement.

If the residential care organization determines that compliance to the alternate source energy is a generator, then the capacity has to include the maintaining of temperatures through the connected HVAC system.

For compliance, permanently installed generators and/or readily available temporary connections to portable generators could be part of the plan and procedure for fulfillment of the alternate source of energy.


The posted document includes emerging infectious diseases in the definition of all-hazards approach, provides new Home Health Agency citations, and lists clarifications under alternate source power and emergency standby systems.

3.1-6.4.3 Electrical Receptacles

3.1-6.4.3.1 General. Omission of receptacles from exterior walls where construction makes installation impractical shall be permitted. See Section 2.5-4.3.1 (Electrical Receptacles—General) for additional information.

3.1-6.4.3.2 Receptacles in corridors. See Section 2.5-4.3.2 (Receptacles in Corridors) for requirements.

*3.1-6.4.3.3 Receptacles in resident rooms

A3.1-6.4.3.3 Resident room receptacles.

a. During the functional programming process, all equipment, electric beds, task lamps, televisions, data equipment, telephones, electronics, and other resident and care uses in resident rooms that will require electrical receptacles should be identified during the functional programming process. Providing enough outlets to avoid the need for extension cords is recommended as use of extension cords can be a hazard and lead to regulatory citations. As well, the outlet height that will promote ease of use by residents, staff, and family members should be determined.

b. In new construction, locating multi-use ports adjacent to the bed should be considered.
(1) Each resident room shall have duplex-grounded receptacles, including at least one on each wall.

(2) At least two duplex outlets shall be provided for each bed location, with one at each side of the head of each bed location. Where electric-powered beds are used, an additional outlet shall be provided at the head of the bed.

3.1-6.4.3.4 Essential electrical system receptacles. See Section 2.5-4.3.4 (Essential Electrical System Receptacles) for requirements.

3.1-6.4.3.5 Ground fault interrupter receptacles. See Section 2.5-4.3.5 (Ground Fault Interrupter Receptacles) for requirements.

3.1-6.4.4 Electrical Requirements for Ventilator-Dependent Resident Rooms and Areas

See Section 2.5-4.4 (Electrical Requirements for Ventilator-Dependent Resident Rooms and Areas) for requirements.

3.1-6.5 Communication Systems

3.1-6.5.1 General

See Section 2.5-5.1 (Communication Systems—General) for requirements.

3.1-6.5.2 Call System

A nurse/staff call system shall be provided.

3.1-6.5.2.1 General

(1) Use of alternative technologies, including wireless systems, shall be permitted for emergency or nurse call systems.

   (a) Where wireless systems are used, consideration shall be given to electromagnetic compatibility between internal and external sources.

   (b) Wireless systems shall comply with UL Standard 1069: Hospital Signaling and Nurse Call Equipment.

*(2) Nurse and emergency call systems shall be listed by a nationally recognized testing laboratory (NRTL).

   A3.1-6.5.2.1 Wireless call systems. Where wireless call systems (900 MHz or Wi-Fi) are used, consideration should be given to the following:

   a. Wireless system evaluation should be coordinated with facility Wi-Fi infrastructure to confirm call system infrastructure requirements and coverage.

   b. Wireless call systems using batteries for call system devices should be coordinated with the facility for replacement requirements.

   c. Transmitters, receivers, and power supplies should be coordinated when installing wireless call systems.
3.1-6.5.2.2 Resident room call bed stations

(1) Where a hardwired system is used, each bed location shall be provided with a resident bed station with call device that is accessible to the resident.

   (a) One call resident bed station shall be permitted to serve two call devices beds.

   (b) Wireless call stations are Use of wearable devices shall be permitted.

(2) A call initiated by a resident activating either a call device attached to a resident’s call station or a portable device that sends a call signal shall register at the staff call station or device and shall either:

   (a) Activate a visual signal in the corridor at the resident’s door. In multi-corridor or cluster resident units, additional visual signals shall be installed at corridor intersections; or

   (b) Activate a handheld mobile device carried by a staff member, identifying the specific resident and location from which the call was placed.

*3.1-6.5.2.3 Emergency call system bath and shower station.

(1) Where an emergency call device bath station is provided, a call device shall be accessible from located at each toilet, bathtub, and shower used by residents.

(2) The call device shall be accessible to a resident in any position in the room (e.g., from the bath, shower, toilet, or lying on the floor).

   (a) Inclusion of a pull cord or portable wireless wearable device shall satisfy this requirement.

   (b) Where a wearable device is used, it shall be waterproof.

(3) The signal shall activate at the staff work area and/or signal a handheld mobile device carried by staff. Emergency bath stations shall comply with UL 1069: Standard for Hospital Signaling and Nurse Call Equipment.

*3.1-6.5.2.4 Common area call stations. In the household and apartment-style community typologies, a call station should be provided in each hair salon, resident lounge, and social and dining space.

A3.1-6.5.2.4 Hair salons, resident lounges, and all common resident areas should be evaluated for incorporation of emergency call system stations. This evaluation of common area call stations should consider the care model, care population, scale of the facility, and staff sight lines for observing residents.
3.1 Specific Requirements for Nursing Homes

3.1-6.5.2.5 Common system notification. The signal from any call device shall activate at the staff work area and/or signal a wearable device carried by staff.

3.1-6.5.3 Technology Equipment and Teledata Room(s) Telecommunications Systems

See Section 2.5-5.3 (Technology Equipment and Teledata Room Telecommunications Systems) for requirements.

3.1-6.5.4 Grounding for Telecommunication Spaces

See Section 2.5-5.4 (Grounding for Telecommunication Spaces) for requirements.

3.1-6.5.5 Cabling Pathways and Raceway Requirements

See Section 2.5-5.5 (Cabling Pathways and Raceway Requirements) for requirements.

3.1-6.6 Electronic Safety and Security Systems

See Section 2.5-6 (Electronic Safety and Security Systems) for requirements.

3.1-6.7 Daylighting and Artificial Lighting Systems

3.1-6.7.1 General

See Section 2.5-7.1 (Daylighting and Artificial Lighting Systems General) for requirements.

3.1-6.7.2 Daylighting Systems in Resident Living Areas

See Section 2.5-7.2 (Daylighting Systems in Resident, Participant, and Outpatient Areas) for requirements.

3.1-6.7.3 Artificial Lighting Systems

3.1-6.7.3.1 Light fixtures. See Section 2.5-7.3.1 (Light Fixtures) for requirements, except as modified in this section.

*3.1-6.7.3.2 Lighting requirements for specific locations. Lighting for resident unit corridors and resident rooms and toilet rooms shall meet the requirements in this section:

A3.1-6.7.3.2 See appendix section A2.5-7.3.2 (Lighting in transition spaces) for recommendations.

(1) Resident unit corridors

(a) Resident unit corridors shall have general illumination with provisions for reducing light levels at night.

(b) Corridors and common areas used by residents shall have even light distribution to avoid glare, shadows, and scalloped lighting effects.

(2) Resident rooms and toilet rooms. These rooms shall have general lighting, task lighting, and night-lighting.

(a) Task lighting
3.1 Specific Requirements for Nursing Homes

*(i) At least one task light shall be provided for each resident.

**A3.1-6.7.3.2 (2)(a)(i)** Provision of movable task lighting should be considered.

(ii) Task light controls shall be readily accessible to residents and staff at the head of the bed (including multiple resident rooms bed locations).

*(b) Night-lighting. Night-lighting shall be provided in the pathway to and from the bedside and the bathroom.

**A3.1-6.7.3.2 (2)(b) Night-lighting in resident rooms.** Research has established that older adults sleep best in total darkness. Therefore, to minimize resident sleep disruption, night-lights should provide very low levels of illumination and be located to minimize light scatter and reflections on room surfaces. Switches for night-lights are recommended for some care populations.

(i) Night-lighting shall be mounted no higher than 2 feet (60.96 centimeters) above the floor.

(ii) Night-lighting shall be controlled separately from ambient lighting.

*(iii) Night-lighting shall have a low light level.

**A3.1-6.7.3.2 (2)(b)(iii) Night-lighting should include amber or red lamping.** White, blue, or green lamping should not be used.

(iv) Because night-lights may disturb resident sleep even when properly specified, located, and operated, care providers shall be permitted to use portable light sources or switched night lights for added control of this light source.

(c) Resident unit toilet rooms shall have general illumination with provision for reducing light levels at night.

### 3.1-6.8 Acoustic Design Systems

See Section 2.5-8 (Acoustic Design Systems) for requirements.

### 3.1-6.9 Elevator Systems

#### 3.1-6.9.1 General

#### 3.1-6.9.1.1 Requirement.** All buildings having resident use areas on more than one floor shall have electric or hydraulic elevator(s).**

#### 3.1-6.9.1.2 Number

(1) At least one elevator sized to accommodate a bed, a gurney, and/or medical carts and resident-operated mobility device users shall be installed where residents are living or receiving health, care, or support services on any floor other than the main entrance floor.

(2) At least two elevators shall be installed where 60 to 200 residents are living or receiving health, care, or support services on floors other than the main entrance floor.
3.1 Specific Requirements for Nursing Homes

(3) At least three elevators shall be installed where 201 to 350 residents are living or receiving health, care or support services on floors other than main entrance floor.

(4) For facilities with more than 350 residents living or receiving health, care, or support services above the main entrance floor, the number of elevators shall be determined from a study of the facility plan and from the estimated vertical transportation requirements.

(5) Where the facility is part of a general hospital, elevators may be shared and the standards in Section 2.5-9 (Elevator Systems) shall apply.

3.1-6.9.2 Dimensions

Elevator car doors shall have a clear opening of not less than 3 feet 8 inches (1.12 meters).

3.1-6.9.3 Leveling Device

See Section 2.5-9.3 (Leveling Device) for requirements.

3.1-6.9.4 Installation and Testing

See Section 2.5-9.4 (Installation and Testing) for requirements.

3.1-6.9.5 Handrails

Elevator cars shall have handrails on all sides without entrance door(s). See Section 2.4-2.2.10 (Handrails and Lean Rails) for additional requirements.