

1     **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2     **Health Facilities Regulation Division**

3     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4     **CHAPTER II - GENERAL LICENSURE STANDARDS**

5     **6 CCR 1011-1 Chap 02**

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7     **PART 1 – RESERVED ~~GENERAL BUILDING AND FIRE SAFETY PROVISIONS~~**

8     ~~1.100 SUBMISSION OF CONSTRUCTION PLANS/DOCUMENTS AND COMPLETION OF THE PLAN~~  
9     ~~REVIEW PROCESS~~

10    ~~1.200 USE OF ANTIFREEZE IN SPRINKLER SYSTEMS~~

11    ~~**1.100 SUBMISSION OF CONSTRUCTION PLANS/DOCUMENTS AND COMPLETION OF**~~  
12    ~~**THE PLAN REVIEW PROCESS**~~

13    ~~1.101 STATUTORY AUTHORITY AND APPLICABILITY~~

14           ~~(1) Authority to establish minimum standards through regulation and to administer and enforce such~~  
15           ~~regulations is provided by Sections 25-1.5-103 and 25-3-101, C.R.S., et seq.~~

16           ~~(2) This Subpart 1.100 applies to all licensed facilities subject to plan review in accordance with~~  
17           ~~requirements established in the respective chapter under 6 CCR 1011-1, associated with each~~  
18           ~~type of health care entity. It is the responsibility of the health facility to ensure that any~~  
19           ~~construction project complies with the applicable local, state, and federal standards and codes.~~

20    ~~1.102 DEFINITIONS. Reserved.~~

21    ~~1.103 SUBMISSION OF CONSTRUCTION PLANS/DOCUMENTS. Materials submitted for review shall be in~~  
22    ~~the format and/or on forms prescribed by the department. The following construction plans/documents~~  
23    ~~for all facilities subject to plan review shall be submitted to the department prior to the start of~~  
24    ~~construction:~~

25           ~~(1) A written description of the type and size of patient/resident service or services to be provided in the~~  
26           ~~area subject to the plan review.~~

27           ~~(2) Scale drawings showing the proposed general location, boundaries, approaches to and physical~~  
28           ~~features of the site, other buildings on the site, means of water supply, sewage disposal, and~~  
29           ~~other utilities to the site, and other services, as applicable, to ensure the review is accurate and~~  
30           ~~complete. The drawings shall also show the proposed layout of each floor of the facility with~~  
31           ~~each room labeled as to its use and dimensions, and a general cross section of the structure~~  
32           ~~indicating type of construction.~~

33           ~~(3) Specifications indicating electrical, mechanical and other features not shown on drawings.~~

34    ~~1.104 COMPLETION OF THE PLAN REVIEW PROCESS~~

35           ~~(1) For the purposes of this Section 1.104, the plan review process consists of the following steps:~~

~~(a) submittal of construction plans/documents by the facility.~~

~~(b) preliminary review by the department of the health care entity submittals and written notification of preliminary review findings.<sup>4</sup>~~

~~1 Preliminary review findings will vary based on the type of construction or remodel being reviewed and may include that insufficient information was submitted to make conclusive findings. When sufficient information is submitted, findings for new construction, for example, will establish whether the construction type, occupancy separations, smoke barriers meet Life Safety Code requirements. For a kitchen hood and duct work remodel, on the other hand, findings will establish whether the system is properly designed, routed, and accessible.~~

~~(c) completion of the project by the health care entity.~~

~~(d) final review/inspection by the Department of the completed project.~~

~~(e) department approval of the project indicating that the facility is in compliance and no additional changes need to be made.~~

~~(2) The steps outlined in Section 1.104 (1)(c) through 1.104 (1)(e) shall be completed:~~

~~(a) for those facilities that submit constructions plans on or after May 1, 2010, within 24 months after the issuance of the preliminary review findings by the department, unless extensions are obtained pursuant to Section 1.104 (3).~~

~~(b) for those facilities that submit construction plans prior to May 1, 2010, within 24 months after the issuance of the preliminary review findings by the department or by May 1, 2012, whichever is later, unless extensions are obtained pursuant to Section 1.104 (3).~~

~~(3) Extensions~~

~~(a) Notwithstanding Section 1.104 (2), the facility may obtain a one-month extension for the completion of the plan review process beyond the 24-month period.~~

~~(i) The facility may obtain a one-month extension by submitting a written request, in the form required by the Department, no later than 10 working days prior to the 24-month completion due date.~~

~~(ii) The facility is only eligible for a single one-month extension.~~

~~(b) If the plan review process is not completed within the 24-month period established in Section 1.104 (2), or 25-month period if the one-month extension was obtained, the applicant may obtain a 6-month extension, as long as the applicant has commenced project construction and construction is ongoing.~~

~~(i) The facility may obtain a six-month extension by submitting an extension fee of \$500 and a written request, in the form required by the Department, no later than 10 working days prior to the completion due date.~~

~~(ii) The facility is eligible for multiple six-month extensions.~~

~~(iii) Extension fees are non-refundable.~~

~~(4) Failure to complete the plan review process within the 24-month period established in Section 1.104 (2) or within the timeframes authorized by the extensions shall result in the plan review process being administratively closed. After an administrative closure, the applicant may activate a new plan review by resubmitting the construction plans/documents along with the corresponding plan review fee.~~

## ~~1.200 USE OF ANTIFREEZE IN SPRINKLER SYSTEMS~~

### ~~1.201 STATUTORY AUTHORITY AND APPLICABILITY~~

~~(1) Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by Sections 25-1.5-103 and 25-3-101, C.R.S., et seq.~~

~~(2) This Subpart 1.200 applies to all licensed facilities that provide services upon their licensed premises, except for certain community clinics.~~

### ~~1.202 DEFINITIONS~~

~~(1) "Acute care facility" means an ambulatory surgical center, birth center, community clinic and emergency center, community clinic with an anesthetizing location, community clinic with sleeping rooms for stays over 24 hours, chiropractic center/hospital, convalescent center, dialysis treatment clinic, hospital (including a general hospital, psychiatric hospital, maternity hospital, and rehabilitation center), and hospital unit.~~

~~(2) "Dwelling unit" means one or more rooms arranged for the use of one or more individuals living together as in a single housekeeping unit normally having cooking, living, sanitary and sleeping facilities. For the purposes of this Subpart 1.200, dwelling unit includes apartments, sleeping rooms in nursing homes and similar living units.~~

~~(3) "Residential facility" means an assisted living residence, acute treatment unit, community residential home for persons with developmental disabilities, intermediate care facility for persons with developmental disabilities, nursing home or residential hospice.~~

~~(4) "System riser" means the aboveground horizontal or vertical pipe between the water supply and the mains (cross or feed) that contains a control valve (either directly or within its supply pipe) and a waterflow alarm device.~~

### ~~1.203 PROTECTION AGAINST COMBUSTIBLE ANTIFREEZE - RESIDENTIAL FACILITIES~~

~~(1) On or after September 15, 2010, residential facilities shall not permit antifreeze within the dwelling unit portions of sprinkler systems:~~

~~(a) in facilities that apply for initial licensure; except that such facilities with a sprinkler system with an onsite water supply shall not be permitted to use antifreeze in any portion of that sprinkler system.~~

~~(b) in new construction, additions of previously uninspected or unlicensed square footage under the license to an existing occupancy, and relocations in whole or in part of another physical plant. This requirement applies to construction for which the application for a building permit from the local authority having jurisdiction is dated between September 15, 2010 and December 31, 2010.~~

~~(2) On or after January 1, 2011, existing residential facilities shall not permit antifreeze within the dwelling unit portions of sprinkler systems in additions of previously uninspected or unlicensed square footage under the license and relocations in whole or in part to another physical plant. This requirement applies to construction for which the complete submission of construction plans and documents for plan review in accordance with 6 CCR 1011-1, Part 1, Section 1.103 was received by the Department on or after January 1, 2011.~~

### ~~1.204 PROTECTION AGAINST COMBUSTIBLE ANTIFREEZE - ACUTE CARE FACILITIES~~

(1) ~~On or after January 1, 2011, acute care facilities shall not permit antifreeze within the patient sleeping room, patient use area, and egress corridor portions of sprinkler systems:~~

~~(a) in facilities that apply for initial licensure;~~

~~(b) for existing facilities, in additions of previously uninspected or unlicensed square footage under the license and relocations in whole or in part to another physical plant. This requirement applies to construction for which the complete submission of construction plans and documents for plan review in accordance with 6 CCR 1011-1, Part 1, Section 1.103 was received by the Department on or after January 1, 2011.~~

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## 2.3 License Required

2.3.1 No person or business entity shall establish, maintain or operate a health care entity without first having obtained a license therefore or, in the case of governmental facilities, a certificate of compliance from the Department. For purposes of these rules, the holder of a certificate of compliance shall be considered a licensee.

(A) ~~Any person or business entity operating a health care entity shall not provide services in areas subject to plan review except as approved by the Department~~ A LICENSED HEALTH CARE ENTITY THAT IS SUBJECT TO FIRE PREVENTION AND LIFE SAFETY CODE REQUIREMENTS SHALL NOT PROVIDE SERVICES IN AREAS SUBJECT TO PLAN REVIEW EXCEPT AS APPROVED BY THE DEPARTMENT OF PUBLIC SAFETY, DIVISION OF FIRE PREVENTION AND CONTROL.

(B) Any person or business entity operating a health care entity who does not have a provisional, conditional or regular license from the Department is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not less than fifty dollars (\$50), nor more than five hundred dollars (\$500). Each day of operation shall be considered a separate offense.

(C) No health care entity shall create the impression that it is a licensed entity at any location unless it meets the legal definition of the health care entity that it purports to be.

2.3.2 A separate license shall be required for each physical location or campus of a health care entity, except as otherwise specified in Chapter IV, General Hospitals and Chapter XXVI, Home Care Agencies.

2.3.3 Each health care entity offering services that are regulated by more than one chapter of 6 CCR 1011-1, Standards for Hospitals and Health Facilities, shall obtain a separate license for each category of services that requires a state license.

(A) If any licensed health care entity offers services within the same building or on the same campus as another licensee, the care facilities of one licensee shall be separately identifiable from the care facilities of any other licensee.

(1) Care facilities shall include, but not be limited to, patient/resident bed wings, diagnostic, procedure and operating rooms.

2.3.4 Each health care entity that is federally certified shall have a state license for each category of services for which it is certified, if such a license category exists.

~~2.3.5 Two Hour Fire Separation Required Between Occupancies~~

~~(A) An intact, two-hour fire-rated separation wall, floor or ceiling assembly between the facility and all adjoining occupancy areas shall be required under the following circumstances unless the health care entity meets the criteria for one of the alternatives or exclusions outlined in paragraphs (B) and (C) below:~~

~~(1) For each applicant seeking an initial license on or after July 1, 2010, except for a health care entity that has submitted building plans to the Department and obtained a building permit prior to July 1, 2010 from the local authority having jurisdiction.~~

~~(2) For each licensee who obtains a building permit on or after July 1, 2010 for relocations in whole or in part to another physical structure.~~

~~(3) For each licensee who obtains a building permit on or after July 1, 2010 to add previously un-inspected or unlicensed square footage to an existing license. For the purposes of compliance with this section, the two-hour fire-rated separation shall be around either the entire perimeter of the added square footage or the entire perimeter of the facility.~~

#### ~~(B) Alternatives~~

~~Where there are adjoining occupancies by licensed health care entities and all are directly owned by one of the licensees or share the same governing body, the following alternatives to section 2.3.5(A) shall be acceptable.~~

~~(1) Install a one-hour rated separation wall, floor or ceiling assembly between each occupancy if all occupancies are board and care, ambulatory care, or business occupancy. This alternative shall not apply to health care occupancies.~~

~~(2) Have no separation wall, floor, or ceiling assembly between the adjoining occupancies on the condition that all adjoining occupancies shall meet the standards applicable to the most stringent occupancy requirements and the citing of a life safety code deficiency in one occupancy shall result in the citing of such deficiency for all adjoining licensed occupancies.~~

#### ~~(C) Exclusions~~

~~(1) A health care entity that does not provide services on its licensed physical premises.~~

2.3.65 Each health care entity applying for initial licensure shall submit a distinctive license name that does not mislead or confuse the public regarding the type of health services to be provided. The entity name need not include the services to be provided. If, however, those services are included in the name, that inclusion shall not mislead or confuse the public. Duplication of an existing name is prohibited except between health care entities that are affiliated through ownership or controlling interest.

(A) Each health care entity shall be identified by this distinctive name on stationery, billing materials and exterior signage that clearly identifies the licensed entity. Exterior signage shall conform to the applicable local zoning requirements.

## **2.4 Initial License Application Procedure**

2.4.1 Any person or entity seeking a license to operate a health care entity shall initially notify the Department by submitting a letter of intent upon such form and in such manner as prescribed by the Department. Such notification shall include the proposed name, location, license category, services and date of opening of said entity. Upon receipt of the letter of intent, the Department will provide the applicant with the appropriate application.

1 2.4.2 The applicant shall provide the Department with a complete application including all information and  
2 attachments specified in the application form and any additional information requested by the  
3 Department. The appropriate non-refundable fee(s) for the license category requested shall be  
4 submitted with the application. ~~unless previously tendered in connection with a plan review.~~ Applications  
5 shall be submitted at least ninety (90) calendar days before the anticipated start-up date.

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### 7 **PART 3. QUALITY MANAGEMENT**

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9 3.2 OCCURRENCE REPORTING. Notwithstanding any other reporting required by state law or regulation,  
10 each health care entity licensed pursuant to 25-1.5-103 shall report to the Department the occurrences  
11 specified at 25-1-124 (2) C.R.S.

12 3.2.1 The following occurrences shall be reported to the department in the format required by the  
13 Department by the next business day after the occurrence or the health care entity becomes  
14 aware of the occurrence:

15 (1) Any occurrence that results in the death of a patient or resident of the health care entity and  
16 is required to be reported to the coroner pursuant to section 30-10-606, C.R.S., as  
17 arising from an unexplained cause or under suspicious circumstances;

18 (2) Any occurrence that results in any of the following serious injuries to a patient or resident:

19 (a) Brain or spinal cord injuries;

20 (b) Life-threatening complications of anesthesia or life-threatening transfusion errors or  
21 reactions;

22 (c) Second or third degree burns involving twenty percent or more the body surface  
23 area of an adult patient or resident or fifteen percent or more of the body  
24 surface area of a child patient or resident;

25 (3) Any time that a resident or patient of the health care entity cannot be located following a  
26 search of the health care entity, the health care entity grounds, and the area  
27 surrounding the health care entity and there are circumstances that place the resident's  
28 health, safety, or welfare at risk or, regardless of whether such circumstances exist, the  
29 patient or resident has been missing for eight hours;

30 (4) Any occurrence involving physical, sexual, or verbal abuse of a patient or resident, as  
31 described in sections 18-3-202, 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-403, 18-  
32 3-404, or 18-3-405, C.R.S., by another patient or resident, an employee of the health  
33 care entity or a visitor to the health care entity;

34 (5) Any occurrence involving neglect of a patient or resident, as described in section 26-3.1-101  
35 ~~(4)(b)~~ (7)(b) C.R.S. [*change in reference as a result of SB12-226*]

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### 37 **Part 4. WAIVER OF REGULATIONS FOR HEALTH CARE ENTITIES**

38 4.101 Statutory Authority, Applicability and Scope

- (1) This Part 4 is promulgated by the State Board of Health pursuant to Section 25-1-108(l)(c), C.R.S., in accordance with the general licensing authority of the Department as set forth in Section 25-1.5-103, C.R.S.
- (2) This Part 4 applies to health facilities licensed by the Department and establishes procedures with respect to waiver of regulations relating to state licensing and federal certification of health facilities.
- (3) Nothing contained in these provisions abrogates the Applicant's obligation to meet minimum requirements under local safety, fire, electrical, building, zoning, and similar codes.
- (4) Nothing herein shall be deemed to authorize a waiver of any statutory requirement under state or federal law, except to the extent permitted therein.
- (5) It is the policy of the State Board of Health and the Department that every licensed health care entity complies in all respects with applicable regulations. Upon application to the Department, a waiver may be granted in accordance with this Part 4, generally for a limited term. Absent the existence of a current waiver issued pursuant to this part, health care entities are expected to comply at all times with all applicable regulations.

#### 4.102 Definitions For This Part 4

- (1) "Applicant" means a current health care entity licensee, or an applicant for federal certification or for an initial license to operate a health care entity in the state of Colorado.
- (2) "Board" means the State Board of Health.
- (3) "Department" means the Colorado Department of Public Health and Environment.
- (4) "Health Care Entity" means a health facility or agency licensed pursuant to Sections 25-1.5-103 and 25-3-102, C.R.S., and/or certified pursuant to federal regulations to participate in a federally funded health care program.
- (5) "Regulation(s)" means:
- (a) Any state regulation promulgated by the Board relating to standards for operation or licensure of a health care entity, or
  - (b) Any federal regulation pertaining to certification of a care entity, but only when final authority for waiver of such federal regulation is vested in the Department. "Regulation(s)" includes the terms "standard(s)" and "rule(s)."

#### 4.103 Application Procedure

- (1) General ~~W~~waiver applications shall be submitted to the Department on the form and in the manner required by the Department.
- (a) Only one ~~R~~regulation per waiver application will be considered.
  - (b) The ~~A~~Applicant shall provide the Department such information and documentation as the Department may require to validate the conditions under which the waiver is being sought.
  - (c) The application must include the Applicant's name and specify' the ~~R~~regulation that is the subject of the application, identified by its citation.

(d) The application must be signed by an authorized representative of the Applicant, who shall be the primary contact person for the Department and the individual responsible for ensuring that accurate and complete information is provided to the Department.

(2) At a minimum, each waiver application shall include the following:

(a) A copy of the notice required to be posted pursuant to Section 4.103(4);

(b) If the waiver application pertains to PHYSICAL PLANT ISSUES THAT AFFECT THE HEALTH AND/OR ENVIRONMENT OF THE RESIDENTS OR PATIENTS, building requirements, schematic drawings of the areas affected and a description of the effect of the requested waiver on the total health care entity;

(c) A description of the programs or services offered by the health care entity that are anticipated to be affected by the waiver;

(d) A description of the number of residents or patients in the health care entity and the level of care they require;

(e) A description of the nature and extent of the Applicant's efforts to comply with the Regulation;

(f) An explanation of the Applicant's proposed alternative(s) to meet the intent of the Regulation that is the subject of the waiver application;

(g) An explanation of why granting the waiver would not adversely affect the health, safety or welfare of the health care entity's residents or patients;

(h) If the waiver is being sought for state Regulation, a description of how any applicable federal Regulation similar to the state Regulation for which the waiver is sought (if any) is being met.

(3) A waiver application shall address the following matters, to the extent applicable or relevant:

(a) Staffing considerations, such as staff/resident or patient ratios, staffing patterns, scope of staff training, and cost of extra or alternate staffing;

(b) The location and number of ambulatory and non-ambulatory residents or patients;

(c) The decision-making capacity of the residents or patients;

(d) Recommendations of attending physicians and other care-givers;

(e) The extent and duration of the disruption of normal use of resident or patient areas to bring the health care entity into compliance with the Regulation;

~~(f) Life safety code factors, including but not limited to:~~

~~(i) The availability and adequacy of areas safe from fire and smoke to hold residents or patients during a fire emergency;~~

~~(ii) Smoking regulations;~~

~~(iii) Fire emergency plan;~~



1 ~~(iv) The availability, extent and types of automatic fire detection and fire extinguishment~~  
2 ~~systems provided in the health care entity;~~

3 ~~(v) The ability to promptly notify, and availability of, the fire department;~~

4 (gf) Financial factors, including but not limited to:

5 (i) The estimated cost of complying with the ~~R~~regulation, including capital expenditures  
6 and any other associated costs, such as moving residents or patients;

7 (ii) How application of the ~~R~~regulation would create a demonstrated financial hardship  
8 on the health care entity that would jeopardize its ability to deliver necessary  
9 health care services to residents or patients;

10 (iii) The availability of financing to implement the ~~R~~regulation, including financing costs,  
11 repayment requirements, if any, and any financing or operating restrictions that  
12 may impede delivery of health care to residents or patients; and

13 (iv) The potential increase in the cost of care to residents or patients as a result of  
14 implementation of the ~~R~~regulation.

15 (hg) Why waiver of the ~~R~~regulation is necessary for specific health care entity programs to  
16 meet specific patient or resident needs, and why other patient or resident needs are not  
17 thereby jeopardized.

18 (4) *Notice and Opportunity to Comment on Application*

19 (a) No later than the date of submitting the waiver application to the Department, the applicant  
20 shall post written notice of the application for thirty (30) days at all public entrances to  
21 the health care entity, as well as in at least one area commonly used by patients or  
22 residents, such as a waiting room, lounge, or dining room. Applicants that do not  
23 provide services on their own licensed premises, such as home care agencies and  
24 hospices, shall instead provide such written notice directly to patients. The notice shall  
25 be dated and include that an application for a waiver has been made, a meaningful  
26 description of the substance of the waiver, and that a copy of the waiver shall be  
27 provided by the health care entity upon request.

28 (b) The notice must also indicate that any person interested in commenting on the waiver  
29 application may forward written comments directly to the Department at the following  
30 address:

31 CDPHE - HFD, A2 - Waiver Program

32 4300 Cherry Creek Drive South

33 Denver, CO 80246.

34 (c) The notice must specify that written comments from interested persons must be submitted  
35 to the Department within thirty (30) calendar days of the date the notice is posted by the  
36 Applicant, and that persons wishing to be notified of the Department's action on the  
37 waiver application may submit to the Department at the above address a written  
38 request for notification and a self-addressed stamped envelope.

39 4.104 Department Action Regarding Waiver Application

1 (1) *General* . Upon an Applicant's submission of a completed waiver application to the Department, a  
2 waiver of a particular ~~R~~regulation with respect to a health care entity may be granted in  
3 accordance with this Part 4.

4 (2) *Decision on Waiver Application*

5 (a) In acting on a waiver application, the Department shall consider:

6 (i) The information submitted by the Applicant;

7 (ii) The information timely submitted by interested persons, pursuant to Section 4.103  
8 (4); and

9 (iii) Whether granting the waiver would adversely affect the health safety or welfare of  
10 the health care entity's residents or patients.

11 (b) In making its determination, the Department may also consider any other information it  
12 deems relevant, including but not limited to occurrence and complaint investigation  
13 reports, and licensure or certification survey reports and findings related to the health  
14 care entity and/or the operator or owner thereof.

15 (c) The Department shall act on a waiver application within ninety (90) calendar days of receipt  
16 of the completed application. An application shall not be deemed complete until such  
17 time as the Applicant has provided all information and documentation requested by the  
18 Department.

19 (3) *Terms and conditions of the waiver.* The Department may specify terms and conditions under which  
20 any waiver is granted, which terms and conditions must be met in order for the waiver to remain  
21 effective.

22 4.105 Termination, Expiration and Revocation of Waiver

23 (1) *General* The term for which each waiver granted will remain effective shall be specified at the time  
24 of issuance.

25 (a) The term of any waiver shall not exceed any time limit set forth in applicable state or federal  
26 law.

27 (b) At any time, upon reasonable cause, the Department may review any existing waiver to  
28 ensure that the terms and conditions of the waiver ~~are~~ARE being observed, and/or that  
29 the continued existence of the waiver is otherwise appropriate.

30 (c) Within thirty (30) calendar days of the termination, expiration or revocation of a waiver, the  
31 Applicant shall submit to the Department an attestation, in the form required by the  
32 Department, of compliance with the ~~R~~regulation to which the waiver pertained.

33 (2) *Termination*

34 (a) *Change of Ownership.* A waiver shall automatically terminate upon a change of ownership  
35 of the health care entity, as defined in Section 2.7 of Part 2, Chapter II of these  
36 ~~R~~regulations. However, to prevent such automatic termination, the prospective new  
37 owner may submit a waiver application to the Department prior to the effective date of  
38 the change of ownership. Provided the Department receives the new application by this  
39 date, the waiver will be deemed to remain effective until such time as the Department  
40 acts on the application.

1 (3) *Expiration*

2 (a) Except as otherwise provided in this Part 4, no waiver shall be granted for a term that  
3 exceeds one year from the date of issuance.

4 ~~(b) A waiver with a term in excess of one year may be granted for Regulations pertaining to~~  
5 ~~state building or fire safety Regulations, or in other specific cases where it is determined~~  
6 ~~a longer term is appropriate.~~

7 (eb) If an Applicant wishes to maintain a waiver beyond the stated term, it must submit a new  
8 waiver application to the Department not less than ninety (90) calendar days prior to the  
9 expiration of the current term of the waiver.

10 (4) *Revocation*

11 (a) Notwithstanding anything in this Part 4 to the contrary, the Department may revoke a waiver  
12 if it determines that:

13 (i) The waiver's continuation jeopardizes the health, safety, or welfare of residents or  
14 patients;

15 (ii) The Applicant has provided false or misleading information in the waiver  
16 application;

17 (iii) The Applicant has failed to comply with the terms and conditions of the waiver;

18 (iv) The conditions under which a waiver was granted no longer exist or have changed  
19 materially; or

20 (v) A change in a federal or state law or ~~R~~ regulation prohibits, or is inconsistent with,  
21 the continuation of the waiver.

22 (b) Notice of the revocation of a waiver shall be provided to the Applicant in accordance with  
23 the Colorado Administrative Procedures Act, Section 24-4-101 et seq., C.R.S.

24 ~~4.106 Waiver of Building and Fire Safety Regulations for Skilled and Intermediate Health Facilities~~

25 ~~(1) Notwithstanding anything in this Part 4 to the contrary, an application for waiver of building or fire~~  
26 ~~safety Regulations promulgated by the Board that is submitted with respect to a health care~~  
27 ~~entity that is a skilled or intermediate health care facility shall be reviewed and acted upon in~~  
28 ~~accordance with this Section 4.106. To the extent they do not conflict with the express~~  
29 ~~provisions of this Section 4.106, the remaining provisions of this Part 4 shall also apply to this~~  
30 ~~type of waiver application.~~

31 ~~(2) A waiver application described in Section 4.106(1) shall be submitted to the Department and notice~~  
32 ~~thereof shall be posted in accordance with Section 4.103. The application must address those~~  
33 ~~matters set forth in Section 4.103(2) and Sections 4.103(3) (f) and (g). Other matters described~~  
34 ~~in Section 4.103(3) may also be addressed, as appropriate.~~

35 ~~(3) The Department shall review the application in accordance with Section 4.104(2), and shall make a~~  
36 ~~recommendation to the Board within ninety (90) calendar days of receipt of the complete~~  
37 ~~application as to whether or not the requested waiver should be granted.~~

38 ~~(a) The Department may recommend granting a waiver only upon finding that:~~

1 (i) ~~Rigid application of the Regulation would result in demonstrated financial hardship to~~  
2 ~~the health care entity, and~~

3 (ii) ~~Granting the requested waiver would not adversely affect the health and safety of~~  
4 ~~the health care entity's residents or patients.~~

5 (b) ~~The Department's recommendation shall include the term of the waiver and any terms and~~  
6 ~~conditions for issuance thereof.~~

7 (4) ~~The Department's recommendation to the Board on any waiver application subject to this Section~~  
8 ~~4.106 shall be in writing and shall include the following:~~

9 (a) ~~A statement of the Department's recommendation, including the required findings described~~  
10 ~~in Section 4.106(3)(a) and a general statement of the basis for the recommendation;~~  
11 ~~and~~

12 (b) ~~A list of the documents and other information reviewed by the Department in preparing its~~  
13 ~~recommendation, which documents shall be made available to the Board for review~~  
14 ~~upon request.~~

15 (5) ~~The Board shall review and act upon the Department's recommendation at its next regularly~~  
16 ~~scheduled meeting, or as soon as reasonably possible thereafter. The Department shall provide~~  
17 ~~the Applicant notice of the Board's action, and if the waiver is approved, shall issue the waiver~~  
18 ~~in accordance with the direction of the Board.~~

19 (6) ~~The Department shall be responsible for monitoring any waiver approved by the Board pursuant to~~  
20 ~~this Section 4.106 and, at the Board's request, shall provide periodic reports to the Board~~  
21 ~~concerning the status thereof. Such waivers shall be subject to the provisions of Section 4.105~~  
22 ~~concerning termination, expiration and revocation; provided, however, that the Department's~~  
23 ~~action to revoke a waiver pursuant to Section 4.105(4)(a) shall be subject to the Board's prior~~  
24 ~~approval.~~

25 4.107 ~~6~~ Appeal Rights

26 (1) ~~An~~ Applicant may appeal the decision of the Department or the Board regarding a waiver  
27 application or revocation as provided in the Colorado Administrative Procedures Act, Section  
28 24-4-101 et seq., C.R.S.

29 .....  
30

1     **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2     **Health Facilities Regulation Division**

3     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4     **CHAPTER III - GENERAL BUILDING AND FIRE SAFETY**

5     **6 CCR 1011-1 Chap 03 REPEALED**

6     *[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

7     ~~Copies of these regulations may be obtained at cost by contacting:~~

8             ~~Division Director~~

9             ~~Colorado Department of Public Health and Environment~~

10            ~~Health Facilities Division~~

11            ~~4300 Cherry Creek Drive South~~

12            ~~Denver, Colorado 80222-1530~~

13            ~~Main switchboard: (303) 692-2800~~

14     ~~These chapters of regulation incorporate by reference (as indicated within) material originally published~~  
15     ~~elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material.~~  
16     ~~Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health~~  
17     ~~And Environment maintains copies of the incorporated texts in their entirety which shall be available for public~~  
18     ~~inspection during regular business hours at:~~

19            ~~Division Director~~

20            ~~Colorado Department of Public Health and Environment~~

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26     ~~that has been incorporated by reference after July 1, 1994 may be examined in any state publications~~  
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28     ~~distribution center, and are available for interlibrary loan.~~

29     **~~1. CONSTRUCTION STANDARDS.~~**

30     ~~All buildings housing health facilities licensed by the Colorado Department of Public Health and Environment~~  
31     ~~shall conform to the standards listed herein.~~

32     **~~2. SITE.~~**

All weather roads and walks shall be provided within the lot lines to the main, service, and ambulance entrances. The site of any health facility should be reasonably accessible to the population served. Public transportation should be available, especially if an outpatient service is to be maintained. The site should not be near insect breeding areas, industrial developments, airports, railways, or highways producing noise, nuisance or air pollution, or other objectional facilities or businesses.

### **3. PARKING.**

Parking space shall be conveniently available for staff, visitors, and service vehicles.

A ratio of two parking spaces per patient bed is recommended.

### **4. CODES AND REGULATIONS.**

The following codes and regulations (on file at the address listed on page i of these regulations) must be observed insofar as they are not in conflict with the other sections of these standards: 1) National Fire Protection Association, Building Exit Code 1963, excluding paragraphs 2350 to 2376. 2) International Conference of Building Officials, Uniform Building Code . Vol. 1, 1964. 3.) USPHS, Public Health Service Regulations . Part 53. Pertaining to the Construction and Modernization of Hospitals and Medical Facilities, "Sub-part N" (Appendix A), Dec. 29, 1964; 4)

National Fire Protective Association:

Bulletin No. 10 — Portable Extinguishers , 1962

Bulletin No. 14 — Standpipe Hose Systems , 1952

Bulletin No. 30 — Flammable Liquids Code , 1963

Bulletin No. 31 — Oil Burning Equipment , 1964

Bulletin No. 37 — Combustion Engines , 1963

Bulletin No. 55 — Gas Shut-off , 1924

Bulletin No. 56 — Flammable Anesthetics , 1962

Bulletin No. 565 — Nonflammable Medical Gases , 1962

Bulletin No. 58 — L. P. Gas Storage, Use , 1963

Bulletin No. 70 — National Electrical Code , 1962

Bulletin No. 71 — Central Station Signal , 1962

Bulletin No. 72 — Proprietary Signal System , 1962

Bulletin No. 72C — Remote Station Systems , 1962

Bulletin No. 76 — Hospital Electrical Service , 1962

Bulletin No. 82 — Incinerators , 1960

Bulletin No. 82A — Rubbish , 1948

1        ~~Bulletin No. 90A — Air Conditioning System , 1962~~

2        ~~Bulletin No. 96 — Ventilation Restaurant Cooking Equipment , 1964~~

3        ~~Bulletin No. 241 — Building Construction Operation , 1958~~

4        ~~Bulletin No. 255 — Flamespread Tests , 1961~~

5        ~~5) Colorado Department of Health: Technical Plumbing Code, amended 1961, Restaurant Sanitation Code,~~  
6        ~~amended 1959 6) Colorado State Industrial Commission Boiler Code, amended 1961. 7) National Bureau of~~  
7        ~~Standards: Handbook 73, Protection Against Radiations from Sealed Gamma Sources, 1960; Handbook 76,~~  
8        ~~Medical X-ray Protection Up to Three Million Volts, 1961. 8) All other applicable local codes and regulations.~~

9        **~~5. NEW CONSTRUCTION, ADDITIONS, CONVERSIONS.~~**

10       ~~5.1 Buildings erected after the adoption date of these standards, and additions thereto, shall comply with all~~  
11       ~~requirements for new buildings.~~

12       ~~5.2 Each addition to a new or an existing building converted to health facility use, shall be such that the entire~~  
13       ~~resulting building conforms to all requirements of these standards.~~

14       ~~5.3 No building shall be converted to a health facility unless it complies with all requirements for new buildings~~  
15       ~~and meets specified standards for patient services to be rendered.~~

16       **~~6. OCCUPANCY.~~**

17       ~~Occupancies not essential to the functions of a health facility are prohibited therein, with the exception of~~  
18       ~~residence facilities for personnel required to live in the building.~~

19       **~~7. LOCATION OF PROPERTY.~~**

20       ~~Fire protection requirements for exterior walls and wall openings, based on the location on the property, shall be~~  
21       ~~as specified in Section 504 of the Uniform Building Code.~~

22       **~~8. AREAS OF BUILDINGS.~~**

23       ~~Floor areas of buildings for fire separation shall be specified in Sections 505 and 506 of the Uniform Building~~  
24       ~~Code.~~

25       **~~9. FOUNDATIONS.~~**

26       ~~Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the~~  
27       ~~estimated frost line or shall rest on leveled rock or load-bearing piles, when solid ground is not encountered.\*~~  
28       ~~Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of~~  
29       ~~ground water. Proper bearing values for the soil shall be established in accordance with recognized standards.~~

30       ~~\* — Not required for existing facilities~~

31       **~~10. DESIGN.~~**

32       ~~10.1 General. The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and~~  
33       ~~lateral loads without exceeding the working stresses permitted for the materials of their construction in~~  
34       ~~the applicable code.~~

35       ~~10.2 Special. Special provision shall be made for machine or apparatus loads which would cause a greater~~  
36       ~~stress than that produced by the specified minimum live load, with due consideration of vibration or~~

1 impact resulting from operation of such equipment (e.g., some portable x-ray machines weigh as much  
2 as 1,000 pounds). Consideration shall be given to structural members and connections of structures  
3 which may be subject to hurricanes, tornadoes, and earthquakes. Suitable allowance shall be made for  
4 future partition changes.

5 ~~10.3 Live Loads. The following unit live loads shall be taken as the minimum uniformly distributed live loads for~~  
6 ~~the occupancies listed: 1) Patient bedrooms and all adjoining service” rooms which comprise a typical~~  
7 ~~patient care unit (except solaria and corridors) – 40 p.s.f.; 2) Solaria, corridors above the first floor,~~  
8 ~~operating suites, examination and treatment rooms, laboratories, toilets and locker rooms – 60 p.s.f.; 3)~~  
9 ~~Corridors on first floor, waiting rooms and similar public areas, offices, conference room, library, kitchen~~  
10 ~~and radiographic room – 80 p.s.f.; 4) Stairways, laundry, large rooms used for dining, recreation or~~  
11 ~~assembly purposes, work shops – 100 p.s.f.; 5) Records, file room, storage, supply – 125 p.s.f.; 6)~~  
12 ~~Mechanical equipment room (unless actual equipment loads are accurately determined) 150 p.s.f.; 7)~~  
13 ~~Roofs (except use increased value where snow and ice may occur) – 20 p.s.f.; 8) Wind – as required by~~  
14 ~~local conditions, but not less than 15 p.s.f.~~

## 15 **11. FIRE RESISTIVE CONSTRUCTION.**

16 ~~11.1 Where one-hour fire resistive construction throughout is required by these standards, an approved~~  
17 ~~automatic fire-extinguishing system may not be substituted.~~

18 ~~11.2 One-story buildings shall be constructed of not less than one-hour fire resistive construction throughout,~~  
19 ~~except that if used to house or treat mentally retarded or mentally ill patients, one-story buildings shall in~~  
20 ~~addition be constructed of noncombustible materials.~~

21 ~~11.3 Buildings more than one-story in height shall be constructed of noncombustible materials, using a~~  
22 ~~structural framework of reinforced concrete or structural steel except that load-bearing masonry walls~~  
23 ~~and piers may be used in buildings up to and including three stories. Basements shall be counted a~~  
24 ~~story if the finished floor level directly above a basement or cellar is more than six feet above grade.~~  
25 ~~Grade (ground level) is the average of the finished ground level at the center of all walls of a building. If~~  
26 ~~walls are parallel to and within five (5) feet of a sidewalk, alley or other public way, the above ground~~  
27 ~~levels shall be measured at the elevation of the sidewalk, alley or public way.~~

28 ~~11.4 Interior non-load-bearing partitions, other than those enclosing corridors and vertical shafts, may be of~~  
29 ~~noncombustible construction without a fire-resistive rating.~~

30 ~~11.5 All walls enclosing stairways, elevators, laundry and trash chutes, and other vertical shafts, in buildings of~~  
31 ~~more than one-story, and all boiler rooms and rooms used for the storage of combustible materials shall~~  
32 ~~be of two-hour fire resistive non-combustible construction.~~

## 33 **12. EXITS.**

34 ~~12.1 All exit facilities shall be in accordance with the Building Exits Code. (Except paragraphs 2350 to 2376~~  
35 ~~inclusive, Existing Hospitals and Nursing Homes).~~

36 ~~12.2 In new construction, only the following types of exits will be permitted: 1) Doors; 2) Stairs and smokeproof~~  
37 ~~towers; 3) Ramps; 4) Horizontal exits. In existing buildings, fire escape stairs, Class A or B, in addition~~  
38 ~~to the above types of exits, will be permitted.~~

39 ~~12.3 At least two exits of the above type, remote from each other, shall be provided for each floor or fire section~~  
40 ~~of the building. At least one exit in each floor or fire section shall be of type 1 or 2 as listed above. In~~  
41 ~~new buildings, stairs must be Class A. In existing buildings, stairs must be Class A or B. (See Building~~  
42 ~~Exits Code, par. 3311). Class A stairways must be forty-four (44) inches wide. The width shall be~~  
43 ~~measured between handrails when handrails project more than 3-1/2 inches.~~



- ~~12.4 Basements used only for service to the building, and every boiler room and every room containing an incinerator or L.P. gas or liquid fuel-fired equipment, shall have at least two means of egress, one of which may be a ladder.~~
- ~~12.5 Basement exits for patients shall discharge directly outdoors without the necessity for use of interior stairs connecting with the story above.~~
- ~~12.6 Elevators, if for patient use, must have a platform size of 5'4" x8'. Door openings must be 3' 10" wide.~~
- ~~12.7 Every patient room shall have a doorway opening directly to a patient corridor.~~
- ~~12.8 Corridors and passageways to be used as a means of exit, or part of a means of exit, shall be unobstructed and shall not lead through any room or space used for a purpose that may obstruct free passage.~~
- ~~12.9 Exits shall be so placed that the entrance door of every patient room, day rooms, dormitories, dining rooms and other areas shall be not more than one hundred (100) feet (along line of travel) from the nearest exit. In buildings completely protected by a standard automatic sprinkler system, the distance may be one hundred and fifty (150) feet.~~
- ~~12.10 Corridor widths.~~
- ~~12.10.1 Corridors located in areas housing bed patients, and providing egress therefrom, shall be eight (8) feet in clear width. This width may be narrowed to 7'6" by corridor railings or other projections. A greater width should be provided at elevator entrances.~~
- ~~12.10.2 Horizontal exits and smoke stop doors at least forty-four (44) inches in width are permitted in corridors.~~
- ~~12.10.3 New buildings shall be so designed that all patient beds can be rolled to exits.~~
- ~~12.10.4 In existing buildings, corridors in areas housing bedridden patients, and providing egress therefrom, shall be at least five (5) feet wide.~~
- ~~12.11 Dead Ends. Exits shall be so arranged that there are no pockets or dead ends exceeding thirty (30) feet in which occupants may be trapped.~~
- ~~12.12 No door shall swing into a corridor except closet doors.~~
- ~~12.13 Door widths shall be 3'8" clear widths (4'0" preferable) at all: 1) Bedrooms; 2) Treatment rooms; 3) Operating rooms; 4) X-ray therapy rooms; 5) Delivery rooms; 6) Solariums; 7) X-ray rooms; 8) Physical therapy rooms; 9) Labor rooms. In existing buildings exit doorways and doorways to the above areas shall be at least thirty-two (32) inches in clear width. Exit doors so located as not to be subject to use by patients may not be less than twentyeight (28) inches wide.~~
- ~~12.14 Horizontal Exits. Horizontal exits shall be in accordance with Section 30 of the Building Exits Code and shall be at least forty-four (44) inches in clear width. Doors need not swing with exit travel. In existing buildings, wall of one-hour fire-resistive construction may be used in connection with horizontal exits.~~
- 13. PROTECTION**
- ~~13.1 Each floor used for sleeping rooms for more than thirty (30) patients, unless provided with a horizontal exit, shall be divided into at least two fire sections by a smoke stop partition having at least a one-hour fire-resistance rating. (A one-half hour fire resistance rating is permitted for existing buildings.) Such a~~

1 partition shall be continuous through any concealed space such as between the ceiling and the floor or  
2 roof above.

3 ~~13.2 Openings in smoke stop partitions shall have three-quarter hour fire doors (metal, metal covered, or~~  
4 ~~approved treated wood construction). Smoke stop doors shall be so installed that they may be left in~~  
5 ~~open position but will close automatically in case of fire by arrangements which are in accordance with~~  
6 ~~Section 3209 of the Building Exits Code or by heat sensitive releases, and may be released manually to~~  
7 ~~self-closing action. Such doors need not swing with exit travel.~~

8 ~~13.3 Any openings in smoke stop partitions or doors shall be protected by fixed wire glass panels, or by rated~~  
9 ~~louvers.~~

10 ~~13.4 In unsprinkled buildings, no more than one hundred and fifty (150) feet of corridor without horizontal exit or~~  
11 ~~smoke stop doors shall be permitted.~~

12 ~~13.5 Glass on corridors, except directly to the outside, must be one-fourth inch wire glass set in approved~~  
13 ~~metal stops.~~

14 ~~13.6 Doors opening on corridors must be wood solid core, or better.~~

15 ~~13.7 Protection of Vertical Openings. All stairways, elevator shafts, chutes and other openings between~~  
16 ~~different stories or floor levels shall be enclosed or protected to prevent the spread of fire or smoke (See~~  
17 ~~Section 11.5).~~

18 ~~13.8 Doors in stairway enclosures shall be one and one-half hour B-label, fire rated doors, and shall be self-~~  
19 ~~closing and shall be kept in closed position except as otherwise permitted by Section 3209 of the~~  
20 ~~Building Exits Code.~~

21 ~~13.9 No laundry, trash, or other chute, or incinerator flue shall open directly on any exit, or corridor to an exit. A~~  
22 ~~separate room or closet separated from the exit or corridor by an approved self-closing fire door shall be~~  
23 ~~used.\* Laundry chutes, where used, must be 2'0" minimum diameter.\*~~

24 ~~\* — Not required in existing facilities~~

25 ~~13.10 All incinerator flues, rubbish chutes, and linen or laundry chutes shall be of standard type properly~~  
26 ~~designed and maintained for fire safety according to N.F.P.A. Standard No. 82, Incinerators. 1960. (This~~  
27 ~~standard applies to rubbish, linen and laundry chutes).~~

28 ~~13.11 In new construction, all chutes other than incinerator chutes shall be provided with automatic sprinkler~~  
29 ~~protection.~~

#### 30 **14. X-RAY PROTECTION.**

31 ~~14.1 X-ray rooms, surgeries, cystoscopic rooms and other areas containing x-ray producing equipment, other~~  
32 ~~than mobile equipment, shall have ray protection as recommended by Handbooks No. 73 and 76 of the~~  
33 ~~National Bureau of Standards.~~

34 ~~14.2 All Radioisotopes. Rooms or areas where radioisotopes are used or stored, shall have the ray protection~~  
35 ~~necessary to limit the radiation in occupied areas to those levels required by the Atomic Energy~~  
36 ~~Commission. The methods for determining radiation barriers shall be those established in the applicable~~  
37 ~~handbook of the National Bureau of Standards.~~

38 ~~14.3 X-ray Equipment. X-ray equipment and installation shall comply with recommendations contained in the~~  
39 ~~National Electrical Code and Handbooks, Nos. 73 and 76 of the National Bureau of Standards.~~

#### 40 **15. WINDOWS.**

- 1 15.1 All rooms customarily used by patients or personnel shall have windows or be supplied by mechanical  
2 ventilation as required by Section 19.4, chapter IV of these standards.
- 3 15.2 For patient room windows see Section 19.4, chapter IV of these standards.
- 4 15.3 For purposes of evacuation, the window sills of one-story buildings constructed of other than  
5 noncombustible materials shall be not more than six feet above the adjacent ground level.
- 6 **16. INTERIOR FINISHES.**
- 7 16.1 Floors. The floors of the following areas shall have smooth, waterproof surfaces which are wear resistant:  
8 1) Toilets; 2) Baths; 3) Bedpan rooms; 4) Floor pantries; 5) Utility rooms; 6) Treatment rooms; 7)  
9 Sterilizing rooms; 8) Janitor's closets; 9) Elevators; 10) Chute anterooms; 11) Central supply rooms; 12)  
10 Clean or soiled linen storage rooms; 13) Storage in patient areas; 14) Lobbies; 15) Waiting rooms; 16)  
11 Corridors; 17) Nurses' station; 18) Patient rooms; 19) Medicine preparation room; 20) X-ray suite; 21)  
12 Operating suite; 22) Delivery suite; 23.) Emergency suite; 24) Nursery suite; 25) Dining rooms; 26)  
13 meeting rooms.
- 14 16.2 Carpeting may be used in administrative areas and other areas as approved by the State Health  
15 Department.
- 16 16.3 The floors of the following areas shall be waterproof, grease proof, smooth and resistant to heavy wear: 1)  
17 kitchens; 2) Butcher rooms; 3) Food preparation; 4) Formula rooms; 5) Dishwashing rooms.
- 18 16.4 Floors in anesthetizing areas and in rooms used for storage of flammable anesthetic agents in surgical  
19 suites and floors within ten feet of the door to these areas shall be conductive as required by the  
20 N.F.P.A. No. 56, Code for Use of Flammable Anesthetics, 1962.
- 21 16.5 The walls of the following areas shall have a smooth or smooth textured surface with painted or equal  
22 washable finish. At the base they shall be waterproof and free from spaces which may harbor insects or  
23 dirt: 1) Patient rooms; 2) Corridors; 3) Nurses' station; 4) X-ray room; 5) Clean storage areas.
- 24 16.6 The walls of the following areas shall have waterproof painted, glazed or similar finishes. At the base they  
25 shall be free from spaces which may harbor insects or dirt: 1) Kitchens; 2) Pantries; 3) Utility rooms; 4)  
26 Toilets; 5) Baths; 6) Showers; 7) Dishwashing rooms; 8) Janitor's closets; 9) Sterilizing rooms; 10)  
27 Spaces with sinks; 11) Treatment rooms; 12) Delivery suite; 13) Operating suite; 14) Nursery suite; 15)  
28 Emergency suite; 16) Dark rooms; 17) Chute anterooms; 18) Central supply rooms; 19) Medicine  
29 preparation rooms; 20) Soiled linen holding rooms; 21) Laboratories; 22) Autopsy rooms.
- 30 16.7 Ceilings. The ceilings of the following areas shall be painted with waterproof paint. The first three shall  
31 have a surface that is unbroken except for lighting, ventilation, or other necessary services: 1) Operating  
32 rooms; 2) Delivery rooms; 3) Emergency rooms; 4) All rooms where food and drink is prepared; 5)  
33 Dishwash room; 6) Toilets; 7) Baths; 8) Showers; 9) Janitor closets; 10) Patient rooms; 11) Central  
34 medicine-surgical supply rooms; 12) Clinical examination and treatment rooms; 13) Nursery suite; 14)  
35 Medicine preparation area; 15) Darkrooms; 16) Radiological suite; 17) Chute anterooms; 18) Clean  
36 holding areas; 19) Soiled holding areas; 20) Laboratories; 21) Autopsy rooms; 22) Clean storage areas;  
37 23) Surgical suite; 24) Delivery suite; 25) Emergency suite; 26) Laundry rooms.
- 38 16.8 The ceilings of the following areas shall be acoustically treated: 1) Corridors in patient areas; 2) Nurses  
39 stations; 3) Labor rooms; 4) Floor pantries.
- 40 **17. FLAME SPREAD.**
- 41 17.1 Interior finish of all exit ways, storage rooms and all areas of unusual fire hazard shall have a flame spread  
42 rating of less than 20.

17.2 Interior finish of patient rooms, patient day rooms and other areas occupied by patients shall have a flame spread rating of less than 75.

17.3 Interior finish of other areas shall have a flame spread rating of less than 75 except that ten percent of the aggregate wall and ceiling areas of any space may have a flame spread rating up to 200.

17.4 Interior finish materials shall be classified in accordance with their average flame spread rating on the basis of tests conducted in accordance with ASTM Standard No. E84.

## **18. CEILING HEIGHTS AND CEILING INSULATION.**

18.1 Ceiling heights and ceiling insulation for all health facilities shall be as specified in the Public Health Service Regulations, Sub-part N, Par. 53.160 with the following exceptions:

a. Ceiling heights as specified above for boiler rooms, laundry rooms, and kitchens, are required only in new hospitals.

b. Boiler room ceilings must be at least 5 feet higher than the top of any boiler unit,

c. Kitchen ceiling heights may be no less than 9'0".

## **19. UTILITIES.**

19.1 Requirements for the following categories shall be as specified in the Public Health Service Regulations, Sub-part N, Par. 53.163 or elsewhere in these standards: 1) Heating; 2) Ventilation; 3) Plumbing; 4) Plumbing fixtures and fittings; 5) Water supply; 6) Drainage; 7) Gas piping and appliances; 8) Oxygen systems; 9) Sterilizers; 10) Electrical installations; 11) Elevators and Dumbwaiters; 12) Refrigerators; 13) Kitchen equipment; 14) Laundry.

19.2 Ventilation. Exhaust air shall be discharged from the building remote from fresh air intakes.

19.3 Water Supply. The water supply system shall be from a municipal water supply system or other system approved by the State Health Department as meeting the Standards for the Quality of Water Supplied to the Public, published by the Colorado Department of Health.

19.4 Chemical properties of the water should be such as to prevent caking of deposits in and corrosion of the plumbing system and undesirable depositing of salts from water evaporation.

19.5 Electrical Service. The provisions of N.F.P.A. Standard No. 76, Essential Hospital Electrical Service, shall be complied with as follows:

a. The Emergency Electrical System shall be Type I as defined in the Building Exits Code No. 101, Sec. 52.

b. The Critical Electrical System I (Automatic Restoration) shall include the recommended areas and functions,

c. Critical Electrical System II (Delayed Automatic Restoration) shall include the recommended areas and functions and partial use of elevators and vertical conveyors.

## **20. FIRE PREVENTION AND DRILLS.**

There shall be a written program of Fire Prevention, Fire Exit Drill, and Evacuation for all Health Facilities. The program shall define policies, procedures, and the responsibilities and duties of

1 personnel. All personnel shall be instructed and trained concerning their duties under the program. Fire  
2 Exit Drills shall be conducted at regular intervals.

3 **~~21. SUBMISSION AND APPROVAL OF BUILDING PLANS AND SPECIFICATIONS.~~**

4 Plans and drawings for all buildings to be built, added to, or altered, to house facilities licensed by the  
5 Department of Public Health And Environment shall be submitted to the department for approval in the  
6 following sequence prior to the start of construction:

7 ~~21.1 A written program describing the objectives of the sponsoring organization, and the type and size of~~  
8 ~~service or services to be provided in the proposed facility.~~

9 ~~21.2 Preliminary drawings showing the proposed general location, boundaries, approaches to and physical~~  
10 ~~features of the site, other buildings on the site, means of water supply, sewage disposal, and other~~  
11 ~~utilities to the site. The preliminary drawings shall also show the proposed layout of each floor of the~~  
12 ~~facility with each room labeled as to its use, and a general cross section of the structure indicating type~~  
13 ~~of construction.~~

14 ~~21.3 Outline specifications indicating important electrical, mechanical and other features not shown on~~  
15 ~~drawings.~~

16 ~~21.4 Final working drawings and specifications. These must be approved before construction is begun, and~~  
17 ~~should not be commenced before preliminary drawings are approved, to avoid redrawing of detail plans.~~

1     **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2     **Health Facilities Regulation Division**

3     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4     **CHAPTER IV - GENERAL HOSPITALS**

5     **6 CCR 1011-1 Chap 04**

6     .....

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15           4300 Cherry Creek Drive South

16           Denver, Colorado 80222-1530

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21    distribution center, and are available for interlibrary loan.

22    .....

23    **Part 2. DEFINITIONS**

24    **2.100**

25    .....

26    ~~-(18) "Plan review" means the review by the Department, or its designee, of new construction or remodeling~~  
27    ~~plans to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life~~  
28    ~~Safety Code and with this Chapter IV. Plan review consists of the examination of new construction or~~  
29    ~~remodeling plans and onsite inspections, where warranted. In reference to the National Fire Protection~~  
30    ~~Association requirements, the Department is the authority having jurisdiction for state licensure.~~

31    (4918) "Public cord blood bank" means a public cord blood bank that has obtained all applicable federal and  
32    state licenses, certifications and registrations and is accredited as a public cord blood bank by an  
33    accrediting entity recognized or otherwise approved by the Secretary of Health and Human Services  
34    under the Public Health Service Act, as such Act may be amended. (42 U.S.C. Section 274k)

- 1 (2019) "Recreational therapy" is the use of treatment, education and recreation to help psychiatric patients  
2 develop and use leisure in ways that enhance their health, functional abilities, independence and quality  
3 of life.
- 4 (2420) "Relative Analgesia" means a state of sedation and partial block of pain perception produced in a patient  
5 by the inhalation of concentrations of nitrous oxide insufficient to produce loss of consciousness; i.e.,  
6 conscious sedation.
- 7 (2221) "Respiratory care" means that service which is organized to provide facilities, equipment, and personnel  
8 who are qualified by training, experience and ability to treat conditions caused by deficiencies or  
9 abnormalities associated with respiration.
- 10 (2322) "Surgical recovery room" means designated room(s) designed, equipped, staffed, and operated to  
11 provide close, individual surveillance of patients recovering from acute affects of anesthesia, surgery,  
12 and diagnostic procedures.
- 13 (2423) "Utensil" means any implement used in the storage, preparation, transportation, or service of food.
- 14 (2524) "Voluntary cord blood donor" means a pregnant woman who has delivered or will deliver a newborn  
15 baby and/or such other individual(s) as may be identified by the hospital as required to consent to the  
16 voluntary donation of neonatal blood remaining in the placenta and/or the umbilical cord after separation  
17 from the newborn baby and who has provided timely informed written consent in accordance with  
18 standards established by the hospital pursuant to the provisions of Section 20.152 (1)(d).

### 19 **Part 3. DEPARTMENT OVERSIGHT**

20 .....

- 21 (6) Other Regulatory Functions. If a facility requests an onsite inspection for a regulatory oversight function  
22 other than those listed in Sections 3.101 (1) through (3) and ~~Section 4.101 Plan Review~~, the  
23 Department may conduct such onsite inspection upon notification to the facility of the fee in advance  
24 and payment thereof. The fee shall be calculated solely on the basis of the cost of conducting such  
25 survey. A detailed justification of the basis of the fee shall be provided to the facility upon request.

26 .....

### 27 **Part 4. RESERVED FIRE SAFETY AND PHYSICAL PLANT STANDARDS**

#### 28 **~~4.101 PLAN REVIEW AND PLAN REVIEW FEES.~~**

29 ~~Both plan review and plan review fees are required as listed below in sections (A) and (B). Fees are~~  
30 ~~nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.~~

#### 31 ~~4.101A. Plan Review Procedure~~

32 ~~Due to the expansive and complex nature of many hospital projects, the items delineated below shall be~~  
33 ~~applied in conjunction with 6 CCR, 1011-1, Chapter II, Part 1 Submission of Construction~~  
34 ~~Plans/Documents and Completion of the Plan Review Process.~~

#### 35 ~~(1) Package Assessment~~

- 36 ~~(a) Upon receipt of a request for plan review, the Department shall assess the package to~~  
37 ~~determine if it is complete; the construction documents are in the correct format; if the~~  
38 ~~plan review is required; and if the appropriate plan review fee is included.~~

1 ~~(b) If the plan review packet meets the criteria in subsection (1)(a), the Department shall, within~~  
2 ~~fourteen (14) calendar days of determining the submittal package is complete, provide~~  
3 ~~the primary contact for the project (as indicated in the project submittal) a written or~~  
4 ~~electronic communication good faith estimate of when it will issue the written~~  
5 ~~preliminary review findings.~~

6 ~~(2) Preliminary Review~~

7 ~~(a) Upon receipt of the Department's written preliminary review findings, the hospital may agree~~  
8 ~~with them and revise its construction documents to include the Department's review~~  
9 ~~findings, or challenge the preliminary findings as provided for in paragraph (5)(a) of this~~  
10 ~~section 4.101A.~~

11 ~~(b) The issuance of written preliminary review findings triggers the 24 month period for~~  
12 ~~completion of the project.~~

13 ~~(3) Deferred Submittals and/or Change Orders~~

14 ~~(a) The hospital shall submit deferred submittals or change orders related to Life Safety Code~~  
15 ~~or adopted Department standards to the Department for review.~~

16 ~~(b) Within fourteen (14) calendar days of receipt of a complete change order package as~~  
17 ~~defined by the Department, the Department shall provide the facility a written good faith~~  
18 ~~estimate of when it will issue written comments/approvals regarding such change order.~~  
19 ~~If the Department requires an extension, it shall notify the facility within seven (7)~~  
20 ~~calendar days.~~

21 ~~(c) If the Department determines that any further design consideration is needed for code~~  
22 ~~compliance, it shall provide the primary contact for the project with written findings to~~  
23 ~~that effect. The hospital shall have thirty (30) calendar days from the date of such~~  
24 ~~findings to submit all required documentation to the Department regarding the~~  
25 ~~corrections.~~

26 ~~(4) Final Inspection~~

27 ~~(a) Prior to requesting a final inspection, the hospital shall provide the Department with local~~  
28 ~~building, zoning and fire department approvals; the certificate of occupancy reflecting~~  
29 ~~the proposed use; and a statement (in the format prescribed by the Department) that~~  
30 ~~the hospital is ready for a final life safety code inspection.~~

31 ~~(i) The Department may accept a temporary certificate of occupancy and schedule a~~  
32 ~~final inspection upon receipt of a statement from the issuing entity that outlines~~  
33 ~~the conditions preventing issuance of a final certificate of occupancy, and a~~  
34 ~~determination by the Department that the final certificate of occupancy has~~  
35 ~~been delayed for reasons that do not impact life safety or other regulatory~~  
36 ~~issues.~~

37 ~~(b) The Department shall conduct the final review/inspection of the completed project within~~  
38 ~~thirty (30) calendar days of receiving all the required documentation specified in~~  
39 ~~subsection (4)(a).~~

40 ~~(5) Dispute Resolution~~

41 ~~(a) Within 30 days of issuance of written findings from the Department regarding plan review, a~~  
42 ~~project's primary contact may challenge the Department's written findings. Such~~



challenge shall consist of a written request for a meeting (to be conducted in person, telephonically or electronically) with the assigned inspector and Life Safety Code Manager or designee to discuss the findings and attempt to reach an agreement. Such request shall outline the issue being challenged, the facility's position on the issue, and the code basis for its position. Such meeting shall occur within a reasonable timeframe. If, after meeting with the assigned inspector, the hospital continues to object to the plan review findings and an agreement has not been achieved, it may pursue the options in paragraph (i) and/or paragraph (ii) as set forth below.

(i) ~~Request review by the Plan Review Technical Advisory Panel (PRTAP) for consideration regarding interpretation of the applicable regulatory requirements. This review shall be scheduled no later than 14 calendar days following submission of such request unless a quorum cannot be convened, in which case the meeting shall be convened at the earliest practicable time.~~

~~(A) The panel shall consist of no more than seven members, four of whom shall be qualified by experience and/or education regarding Life Safety Code or other building requirements and not be employed by the Department.~~

~~(B) Members shall be appointed by the Division Director who shall consider the recommendations of professional organizations such as the American Institute of Architects (AIA), the Colorado Association of Healthcare Engineers and Directors (CAHED) or other relevant professional organizations;~~

~~(C) Members may have a designated/appointed alternative who may serve when the appointed member has a conflict of interest in the matter before the panel.~~

~~(D) A quorum of the panel shall be no less than three members, of which at least two shall not be Department employees.~~

~~(E) The panel shall determine the process and procedures for the rendering of recommendations to the Division Director or designee.~~

~~(F) The Division Director or designee shall consider the recommendations of the panel and issue an agency action within ten (10) calendar days.~~

~~(ii) Submit a waiver request consistent with 6 CCR 1011-1, Chapter II, Part 4.~~

~~(b) Appeal of the Department's action shall be made pursuant to the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.~~

#### 4.101B. PLAN REVIEW FEES

~~(1) Initial licensure~~ Applicable to applications for an initial license, when such initial license is not a change of ownership. This includes new facility construction and existing structures. The requirement for plan review and the fee applies to initial license applications submitted on or after January 1, 2008. ~~Fee~~ : See table below.

Square Footage	Cost per square foot	Explanatory Note
0-35,000 sq ft	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.

35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

**(2) Additions and Relocations**

(a) ~~Applicable to additions of previously uninspected or unlicensed square footage under the license to an existing occupancy, the addition of an off-campus location, and relocations of a currently licensed facility in whole or in part to another physical plant, except as exempted in Section 4.101(2)(b), below. The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after January 1, 2008. However, facilities for which the application for the building permit from the local authority having jurisdiction is dated prior to January 1, 2008 may request a partial plan review. The partial plan review is subject to a ten (10) to twenty-five (25) percent reduction of the fee, as determined by the Department, dependent on the phase of facility construction; except that the fee shall not be below the minimum fee established by this subsection. Fee: See table below. Minimum fee: \$2,000.~~

<b>Square Footage</b>	<b>Cost per square foot</b>	<b>Explanatory Note</b>
0-35,000	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

(b) ~~An off-campus location in operation prior to January 1, 2011 is not subject to the plan review required under Section 4.101 (2) (a), if it is added:~~

~~(i) to the license of a hospital licensed prior to January 1, 2011;~~

~~(ii) through the renewal licensure application process; and~~

~~(iii) at the first licensure renewal that occurs on or after April 1, 2011.~~

**(3) Remodeling – General and Phased**

(a) ~~Remodeling – General.~~ Applicable to relocation, removal or installation of walls resulting in 50% or more of a smoke compartment being reconfigured. The cost per square footage listed in the table below is to be assessed for the entire smoke compartment(s) being reconfigured. The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after January 1, 2008. Fee : See table below. Minimum fee: \$2,000.

Square Footage	Cost per square foot	Explanatory note
0-35,000	\$0.25	This is cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

(b) ~~Remodeling – Phased.~~ Applicable to projects whereby one area is remodeled and occupied by personnel vacated from another area within the licensed facility and such vacated space is subsequently remodeled. In addition to the general remodeling fee established in subsection (3)(a), the facility shall also submit a fee of \$2,500 per separate area being remodeled and occupied; with the exception of critical access hospitals, for which the fee shall be \$750 per separate area. Prior to being occupied, the remodeled area is subject to inspection for compliance with the LSC requirements in effect at the time of the construction plan submittal. In order to be considered a phased project all aspects of the entire project (all phases) must be submitted at the inception of the project. Phases submitted at a later date will be considered separate projects and will be subject to the plan review requirements and fees applicable at that later date.

(4) ~~Remodeling – Egress Components.~~ Applicable to the relocation, removal, or addition of any egress component, including but not limited to corridors, stairwells, exit enclosures, or points of refuge. (Widening of an egress component is not relocation.) The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after January 1, 2008. Fee : \$2,000. However, if these renovations are part of the smoke compartment reconfiguration subject to the fee listed in Section 4.101 (3), the fee in this Section 1.101 (4) shall not apply.

(5) ~~Remodeling – Specific Systems.~~ Applicable to significant modifications to the following systems: fire sprinkler, fire alarm, medical gas, kitchen exhaust/suppression system, and essential electrical system. The requirement for plan review and the fee applies to significant modifications where construction is initiated on or after July 1, 2008. For the purposes of this Section 4.101 (5), construction of significant modifications is deemed initiated when there is an alteration associated with the remodeling to an existing structure that results in a physical change. Fee : \$2,000 for up to four smoke compartments, plus \$500 for each additional compartment. However, if these renovations are part of the smoke compartment reconfiguration subject to the fee listed in Section 4.101 (3), the fee in this Section 4.101 (5) shall not apply. Significant modifications include:

(a) ~~Fire sprinkler: 100 or more sprinklers. Notwithstanding the other provisions in this Section 2-203 (5), the extension of a sprinkler system involving the installation of 25 to 99 sprinkler heads for an area previously unsprinklered is subject to a partial plan review consisting of the review of the remodeling plans and a fee of \$500.~~

(b) ~~Fire alarm: any modification to the fire alarm system that involves the replacement of the main fire alarm control unit (panel).~~

(c) ~~Medical gas: modifications that affect 50% or more of a smoke compartment.~~

(d) ~~Kitchen exhaust/suppression system: replacement of the suppression or hood exhaust/duct system.~~

(e) ~~Essential electrical system: replacement or addition of a generator or transfer switch.~~

#### **4.102 COMPLIANCE WITH THE LIFE SAFETY CODE**

(1) ~~Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000). This section incorporates by reference the NFPA 101, Life Safety Code (2000). Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.~~

(a) ~~Facilities licensed on or before September 30, 2003 shall meet Chapter 19, Existing Health Care Occupancies, NFPA 101 (2000).~~

(b) ~~Facilities licensed on or after October 1, 2003 or portions of facilities that undergo remodeling on or after October 1, 2003 shall meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000). In addition, if the remodel represents a modification of more than 50 percent, or more than 4,500 square feet of the smoke compartment, the entire smoke compartment shall be renovated to meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000).~~

(c) ~~An off-campus location in operation prior to January 1, 2011 may meet either the existing or the new occupancy Life Safety Code requirements, if it is added to the hospital license at the first renewal licensure that occurs on or after April 1, 2011.~~

(d) ~~Notwithstanding 6 CCR 1011-1, Chapter II, Part 2.3.5(A), an off-campus location that contains an anesthetizing location shall have an intact, two-hour fire rated separation wall, floor or ceiling assembly under the following circumstances:~~

(i) ~~For each applicant seeking an initial license on or after January 1, 2011, except for a health care entity that has submitted building plans to the Department and obtained a building permit prior to January 1, 2011, from the local authority having jurisdiction.~~

(ii) ~~For each licensee that submits building plans to the Department or obtains a building permit on or after January 1, 2011, for relocations in whole or in part to another physical structure.~~

(iii) ~~For each licensee that submits building plans to the Department or obtains a building permit on or after January 1, 2011, to add previously un-inspected or unlicensed square footage to an existing license. For the purposes of compliance with this section, the two-hour fire rated separation shall be around either the entire perimeter of the added square footage or the entire perimeter of the facility.~~

(iv) ~~For each licensee that creates a new anesthetizing location on or after January 1, 2011, within an existing off-campus location.~~

1     **4.103 COMPLIANCE WITH AIA FGI GUIDELINES**

2     (1) The DEPARTMENT SHALL RELY ON ~~publication~~ THE *Guidelines for Design and Construction for Health*  
3         *Care Facilities*, (2006 2010 Edition), FACILITIES GUIDELINES INSTITUTE (FGI) ~~American Institute of~~  
4         ~~Architects (AIA) may be used by the Department in resolving building, PHYSICAL PLANT health and~~  
5         safety issues for construction initiated or systems installed on or after ~~March 2, 2010~~ JULY 1, 2013. ~~The~~  
6         ~~AIA guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for~~  
7         ~~in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material. THE~~  
8         *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010  
9         EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY  
10        REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE  
11        GUIDELINES.

12     .....

13     **Part 5. FACILITY OPERATIONS**

14     **5.102 PROGRAMMATIC FUNCTIONS**

15     (1) Continuous supervision shall be maintained throughout receiving, cleaning, processing, sterilizing, and  
16         storing. A combination of controls or indicators shall be used to determine ~~THE~~ the effectiveness of the  
17         sterilization process. Bacteriological methods shall be used to evaluate the effectiveness of sterilization,  
18         by at least monthly cultures with records maintained.

19     .....

20     **11.104 FACILITIES**

21     (1) Patient Rooms

22         (a) There shall be provisions for private and multiple bedrooms to meet the needs of patients and  
23             programs of the hospital. There shall be no more than four beds per patient bedroom. There  
24             should be no more than approximately 40 patient beds in a patient care unit.

25         (b) Each one-bed room shall contain a minimum floor area of 100 square feet. Each multiple-bed room  
26             shall contain a minimum floor area of 80 square feet per bed. This minimum floor area, may  
27             include built-ins not exceeding four feet in height.

28         (c) Privacy shall be provided for each patient in a multiple-bed room by the installation of approved  
29             cubicle curtains or partitions.

30         ~~(d) Each patient bedroom shall have a minimum window area equal to 1/8 of the floor area. The ground~~  
31             ~~level shall be maintained at or below the window sill for a distance of at least 8 feet measured~~  
32             ~~perpendicular to the window. Privacy for the patient and control of light shall be provided at~~  
33             each window.

34     .....

35     (2) Service Areas

36     .....

37         (b) The patient care control center (nurses station) ~~\*\*~~ shall be adequately designed and equipped.

- (c) The medication preparation area<sup>\*\*</sup> shall be equipped with: 1) Cabinets with suitable locking devices to protect drugs stored therein; 2) Refrigerator equipped with thermometer and used exclusively for pharmaceutical storage; 3) Counter work space; 4) Sink with approved handwashing facilities; 5) Antidote, incompatibility, and metri-apothecary conversion charts. Only medications, equipment, and supplies for their preparation and administration shall be stored in the medication preparation area. Test reagents, general disinfectants, cleaning agents, and other similar products shall not be stored in the medication area.

<sup>\*\*</sup> Other approved facilities for patient services may be substituted to meet the requirements specified in 19.13 through 19.18

### (3) Linen and Laundry

- (a) (Not required in hospitals of 25 beds or less if the ~~CSR~~ CLEAN SUPPLY ROOM is conveniently located on the same floor). The clean supply ~~holding-room~~<sup>\*\*\*</sup> shall be equipped with: 1) Suitable counter sink with mixing faucet, blade controls, soap, and sanitary band drying facility; 2) Waste container with cover (foot controlled recommended), and impervious, disposable liner; 3) Cupboards or carts for supplies. In the case of new hospital construction, or modification of an existing hospital facility, 4) Mechanical fresh air supply to maintain positive pressure; and 5) Nurse call utility station must also be provided.

- (b) There shall be a separate closed area in the clean supply ~~holding-room~~, on a cart, or in a separate closet for clean linen supplies.<sup>\*\*\*</sup>

- (c) (Not required in hospitals of 25 beds or less if there is a ~~CSR~~ CLEAN SUPPLY ROOM, and a soiled linen holding room or soiled linen chute conveniently located on the same floor). The soiled holding room<sup>\*\*\*</sup> shall be equipped with: 1) Suitable counter sink with mixing faucet, blade controls, soap, and sanitary hand-drying facility. In the case of new hospital construction, or modification of an existing hospital facility the sink must be 2-compartment. 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner; 3) Soiled linen cart or hamper with impervious liner; 4) Accommodations and provisions for enclosed soiled articles; 5) Space for short-time holding of specimens awaiting delivery to laboratory; 6) Adequate shelf and counter space; and, in the case of new hospital construction, or modification of an existing hospital facility, 7) Nurse call utility station; 8) A clinical flushing sink; and 9) Continuous mechanical exhaust ventilation to the outside.

- (4) The janitor's closet<sup>\*\*\*</sup> shall be equipped with: 1) Sink, preferably a floor receptor, with mixing faucets; 2) Hook strip for mop handles from which soiled mopheads have been removed; 3) Shelving for cleaning materials; 4) Approved handwashing facilities, ~~in the case of new hospital construction, or modification of an existing hospital facility, the handwashing facility must be separate if a floor receptor is used~~; 5) Waste receptacle with impervious liner.

<sup>\*\*\*</sup> Other approved facilities for patient services may be substituted to meet the requirements specified in 19.13 through 19.18.

## **18.104 FACILITIES**

- (1) Emergency facilities should be conveniently located with respect to radiological and laboratory services. Emergency facilities shall be separate and removed from surgical and obstetrical suites and shall consist, as a minimum of the following:

- (a) A well-marked ~~ENTRANCE~~ entrance, separate from the main hospital entrance, at grade level and sheltered from the weather with provisions for ambulance and pedestrian service.

- (b) ~~A RECEPTION AND CONTROL AREA~~ reception and control area with visual control of the entrance, waiting room and treatment area. (Required for hospitals of 50 beds or more).\*
- (c) ~~COMMUNICATIONS~~ Communications with appropriate nursing stations outside the emergency unit and connected to emergency power source.
- (d) ~~PUBLIC WAITING SPACE~~ Public waiting space with toilet facilities, telephone, drinking fountain, stretcher and wheelchair storage.\*
- (e) ~~EMERGENCY ROOM~~ Emergency room equipped with clinical sink and handwashing facilities.\*
- (f) ~~NURSES STATION~~ Nurses station which may be combined with reception and control area, or it may be within the emergency room.\*
- (g) ~~STORAGE FOR CLEAN SUPPLIES~~ Storage for clean supplies.\*

\* Required only in case of new hospital construction, or modification of an existing hospital facility

## Part 19. OUTPATIENT SERVICES

### 19.104 FACILITIES

- (1) The following physically separated areas shall be provided: 1) An adequate waiting room, 2) public toilet facilities, 3) public phone, 4) drinking fountain, 5) patient preparation area with adjacent toilet room, handwashing and provision for storing patient's clothing, 6) provisions within the patient preparation area for medication storage and preparation, 7) recovery room equipped as specified in Part 21, Surgical and Recovery Services.

## Part 20. PERINATAL SERVICES

### 20.104 FACILITIES

#### (2) Nursery

- (a) The nursery should be located in the labor and delivery patient care unit as close to the mothers as possible and away from the line of traffic of others than maternity services. The nursery(ies) shall be separated physically and functionally from other hospital services.
- (b) A minimum of twenty-four (24) square feet per infant shall be provided within the nursery.
- (c) A control area shall be provided to serve as a work space and nursery entry for security.
- (d) A fixed view window shall be provided between nursery(ies) and control area or between two nursery(ies). ~~Fixed view windows between the nurseries and corridor shall be wire glass set in steel frames. In the case of new hospital construction or modification of an existing hospital~~

1 facility, ~~the view windows shall be 1/4 inch thick welded wire glass set in steel frames.~~ Curtains  
2 or drapes when used in nurseries shall be laundered frequently and maintained flame-retardant.

3 (e) ~~All electrical outlets must have a common ground. One electrical outlet shall be provided for every~~  
4 ~~two bassinets. Some of the outlets shall be connected to an emergency source of power. In the~~  
5 ~~case of new hospital construction or modification of an existing hospital facility, fifty (50) percent~~  
6 ~~of the outlets shall be connected to an emergency source of power. The use of adapters,~~  
7 ~~extension cords, and junction boxes should be discouraged.~~

8 (fe) The nursery(ies) shall be well lighted to permit optimal observation and for easy detection of  
9 jaundice or cyanosis. ~~In the case of new hospital construction, or modification of an existing~~  
10 ~~hospital facility, shadow-free illumination with at least 100 ft. candle intensity at the infants' level~~  
11 ~~is required and is best provided by fluorescent lamps. A suggested fluorescent tube for~~  
12 ~~illuminations is General Electric's fluorescent tubes F-40-CWX(deluxe cool white) or equal. Light~~  
13 ~~fixtures should be provided with lenses to reduce glare. The number and exact location of~~  
14 ~~fixtures cannot be recommended because ceiling height and windows influence the intensity of~~  
15 ~~the illumination. Spot illumination can be provided by a portable lamp containing two 15-watt~~  
16 ~~fluorescent bulbs which, when held 12" from the infant, will produce about 100 ft. candle~~  
17 ~~intensity of light.~~

18 (gf) Wall surfaces shall be washable and non-glare. Acoustical ceiling tile is permissible if it is  
19 ~~in~~NONcombustible and washable.

20 (hg) A minimum ventilation rate of 12 room volumes of ~~out-door~~ OUTDOOR air per hour with no  
21 recirculation shall be provided by mechanical supply and exhaust air systems. Filters with a  
22 minimum efficiency of 90-99 percent in the retention of particles shall be provided. Positive air  
23 pressure relative to the air pressure of adjoining areas should be maintained. A temperature of  
24 75-82° F. and a relative humidity of less than 50% is recommended. In the case of new hospital  
25 construction, or modification of an existing hospital facility, access openings in ducts for  
26 cleaning purposes shall be provided.

27 (ih) Nursery facilities shall be available for the immediate isolation of all newborn infants who have or  
28 are suspected of having communicable disease. Such nursery facilities shall have a minimum of  
29 30 square feet of space for each bassinet or incubator.

30 (ji) The following shall be provided in each nursery:

31 (i) Lavatory with mixing faucet, knee, foot or automatically operated, soap and sanitary hand-  
32 drying accommodations.

33 (ii) Piped oxygen with outlets, one for every four bassinets.

34 (iii) In the case of new hospital construction, or modification of an existing hospital facility, a  
35 nurse call system shall be provided.

36 .....  
37



1     **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2     **Health Facilities Regulation Division**

3     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4     **CHAPTER V - LONG TERM CARE FACILITIES**

5     **6 CCR 1011-1 Chap 05**

6     These chapters of regulation incorporate by reference (as indicated within) material originally published  
7     elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material.  
8     Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health  
9     And Environment maintains copies of the incorporated texts in their entirety which shall be available for public  
10    inspection during regular business hours at:

11           Division Director

12           Colorado Department of Public Health and Environment

13           Health Facilities Division

14           4300 Cherry Creek Drive South

15           Denver, Colorado 80222-1530

16           Main switchboard: (303) 692-2800

17    Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material  
18    that has been incorporated by reference after July 1, 1994 may be examined in any state publications  
19    depository library. Copies of the incorporated materials have been sent to the state publications depository and  
20    distribution center, and are available for interlibrary loan.

21    .....

22    **Definitions**

23    .....

24    ~~PLAN REVIEW—the review by the Department, or its designee, of new construction, previously unlicensed~~  
25    ~~space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA)~~  
26    ~~Life Safety Code and with this Chapter V. Plan review consists of the analysis of construction plans/documents~~  
27    ~~and onsite inspections, where warranted. For the purposes of the National Fire Protection Association~~  
28    ~~requirements, the Department is the authority having jurisdiction for state licensure.~~

29    ~~STRUCTURAL ELEMENT—for the purposes of plan review, means an element relating to load bearing or to~~  
30    ~~the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a~~  
31    ~~building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and~~  
32    ~~foundations.~~

33    .....

34    **Part 18. RESIDENT CARE UNIT**

1 .....  
2 18.2.3 \* Each bedroom shall have an exterior window with area not less than 1/8 of the floor area. The  
3 sills of such windows shall not be located below the finished ground level and shall not be more  
4 than 32 inches above the floor level. The ground level shall be maintained at or below the  
5 window sill for a distance of at least eight feet measured perpendicular to the window. One-half  
6 of the required window area shall be openable without the use of tools.

7 ~~18.2.3 \* Each bedroom shall have an exterior window with area not less than 1/8 of the floor area. The~~  
8 ~~sills of such windows shall not be located below the finished ground level and shall not be more~~  
9 ~~than 32 inches above the floor level. The ground level shall be maintained at or below the~~  
10 ~~window sill for a distance of at least eight feet measured perpendicular to the window. One-half~~  
11 ~~of the required window area shall be openable without the use of tools.~~

12 If a mechanical ventilation system is provided, a portion of the required window shall be openable without the  
13 use of tools. Privacy for the resident and control of light shall be provided at each window.

14 18.2.4 \* Each bedroom shall have direct entry from a corridor. Such entry shall have a door at least  
15 equal in fire resistance to 1-3/4 inches thick solid core wood door. The door shall be at least 3'8"  
16 in width (4' width is recommended) and shall not swing into the corridor.

17 .....  
18 ~~18.8 MODIFICATIONS. If the facility was licensed as a nursing home before July 1, 1988, the facility shall~~  
19 ~~comply with Life Safety Code requirements, except as modified herein. The modifications are as follows:~~  
20 ~~[Eff. 04/30/2009]~~

21 ~~18.8.1 Notwithstanding Section 18.2.1, the minimum room area shall be 100 sq. ft. for one-bed room~~  
22 ~~and 80 sq. ft. per bed in multiple-bed rooms.~~

23 ~~18.8.2 Notwithstanding Section 18.2.4, the door width for bedroom doors with direct entry into the~~  
24 ~~corridor may be 3'6".~~

25 ~~18.8.3 Notwithstanding Section 18.2.5, the facility shall provide artificial lighting for general illumination,~~  
26 ~~reading lamps, and night lights (plug-in types approved). However, lighting shall conform to Life~~  
27 ~~Safety Code requirements.~~

28 ~~18.8.4 Notwithstanding Section 18.2.6, handwashing facilities may be installed in a toilet room adjacent~~  
29 ~~to the bedroom.~~

30 ~~18.8.5 Notwithstanding Section 18.2.7, if centralized toilet facilities are provided, one toilet shall be~~  
31 ~~provided for each eight residents of each sex. If toilet facilities are provided between adjacent~~  
32 ~~bedrooms, the ratio shall be one facility for not more than four beds.~~

33 ~~18.8.6 Notwithstanding Section 18.2.10, the resident call signal is not required to register at clean or~~  
34 ~~soiled areas. Calling stations are not required at toilets, tubs, or showers.~~

## 35 **Part 19. SECURE UNITS**

36 .....  
37 19.2 MENTAL HEALTH FACILITIES. Any facility that is a "designated" or "placement" facility under 27-10-101  
38 C.R.S., et seq, shall comply with the regulations of OF the Department of Human Services. In the case  
39 of conflicting regulations, the stricter shall apply.

1 .....  
2 19.8 PHYSICAL FACILITIES. In addition to the physical plant requirements of these regulations, the facility  
3 shall provide at least 10 square feet per resident (excluding hallways) of common areas within the  
4 secure unit.  
5 .....  
6 ~~19.9 REVIEW OF PLANS. A facility wishing to open a secure unit shall submit the fee for opening a secured~~  
7 ~~unit, along with its plans for physical plant, staffing, and program to the Department for prior review of~~  
8 ~~conformity with these standards.~~  
9 **Part 25. COMPLIANCE WITH FGI GUIDELINES GENERAL BUILDING AND LIFE SAFETY CODE**  
10 **REQUIREMENTS — [Eff. 04/30/2009]**  
11 ~~25.1 COMPLIANCE WITH THE LIFE SAFETY CODE. Facilities shall be compliant with the National Fire~~  
12 ~~Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference.~~  
13 ~~Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later~~  
14 ~~amendments to or editions of referenced material.~~  
15 ~~25.1.1 Facilities licensed on or before March 11, 2003 shall meet Chapter 19, Existing Health Care~~  
16 ~~Occupancies, NFPA 101 (2000).~~  
17 ~~25.1.2 Facilities licensed after March 11, 2003 or portions of facilities that undergo remodeling on or~~  
18 ~~after October 1, 2003 shall meet Chapter 18, New Health Care Occupancies, NFPA 101. In~~  
19 ~~addition, if the remodel represents a modification of more than 50 percent of the smoke~~  
20 ~~compartment, or more than 4,500 square feet, the entire smoke compartment shall be~~  
21 ~~renovated to meet Chapter 18, New Health Care Occupancies, NFPA 101(2000).~~  
22 ~~25.1.3 Notwithstanding Life Safety Code (2000) provisions to the contrary:~~  
23 ~~(1) when differing fire safety standards are imposed by federal, state or local jurisdictions, the~~  
24 ~~most stringent standard shall apply.~~  
25 ~~(2) any story containing an exterior door or an exterior window that opens to grade level shall~~  
26 ~~be counted as a story.~~  
27 ~~(3) licensed facilities shall be separated from unlicensed contiguous occupancies by an~~  
28 ~~occupancy separation with a fire resistance rating of not less than 2 hours.~~  
29 ~~25.2 PLAN REVIEW AND PLAN REVIEW FEES. Plan review and plan review fees are required as listed~~  
30 ~~below. If the facility has been approved by the Department to use more than one building for the direct~~  
31 ~~care of residents on its campus, each building is subject to the applicable base fee plus square footage~~  
32 ~~costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for~~  
33 ~~a facility.~~  
34 ~~25.2.1 Initial Licensure, Additions, Relocations~~  
35 ~~(1) Plan review is applicable to the following, and includes new facility construction and new~~  
36 ~~occupancy of existing structures:~~  
37 ~~(a) applications for an initial license, when such initial license is not a change of~~  
38 ~~ownership and the application is submitted on or after July 1, 2009.~~

(b) ~~additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.~~

(C) ~~relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.~~

(2) Initial licensure, addition, and relocation plan review fees: base fee of \$2,500, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

#### 25.2.2 Remodeling

(1) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:

(a) ~~alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.~~

(b) ~~relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.~~

(c) ~~conversion of existing space not previously used for providing resident services, including storage space, to resident sleeping areas.~~

(d) ~~changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.~~

(e) ~~installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.~~

(f) ~~installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.~~

(g) ~~installation, removal or renovation of any kitchen hood suppression system.~~

(h) ~~essential electrical system: replacement or addition of a generator or transfer switch.~~

(i) ~~alteration of an existing area of the facility into a resident services area that restricts resident egress through the use of locking devices. Such areas include but are not limited to secured units. In addition to construction plans, the following information shall also be submitted:~~

~~(i) cut sheets and sequence operations for locking devices for egress and egress access doors.~~

~~(ii) location of locked egress and egress access doors.~~

~~(iii) if applicable, how the fencing or other enclosure around the secured outdoor area designed to prevent elopement will be installed such that it and protects the safety and security of the residents.~~

(2) ~~Remodeling plan review fees: base fee of \$2,000, plus square footage costs as shown in the table below.~~

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

25.31 ~~The "Guidelines of Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material. THE DEPARTMENT SHALL RELY ON THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, ( 2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.~~

.....

1     **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2     **Health Facilities Regulation Division**

3     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4     **CHAPTER VI - ACUTE TREATMENT UNITS**

5     **6 CCR 1011-1 Chap 06**

6     .....

7     **1.101 STATUTORY AUTHORITY AND APPLICABILITY**

8     (1) Authority to establish minimum standards through regulation and to administer and enforce such  
9         regulations is provided by Section 25-1.5-103, C.R.S.

10    (2) Acute treatment units, as defined herein, shall be in compliance with all applicable federal and state  
11         statutes and regulations, including but not limited to, the following:

12         (a) This Chapter VI.

13         (b) The following parts of 6 CCR 1011-1, Chapter II, General Licensure Standards:

14                 ~~(i) Part 1, Submission of Construction Plans/Documents and Completion of the Plan Review~~  
15                 ~~Process.~~

16                 (ii) Part 2, Licensure Process.

17                 (iii) Part 3.2, Occurrence Reporting

18                 ~~(iv)~~ (iii) Part 4, Waiver of Regulations for Health Facilities

19    (3) This chapter applies to services provided by acute treatment units, including services provided through  
20         contracts.

21     **1.102 DEFINITIONS.**

22     For purposes of this chapter, the following definitions shall apply, unless the context requires otherwise:

23    (1) "Acute treatment unit" means a facility or a distinct part of a facility for short-term psychiatric care, which  
24         may include substance abuse treatment, and which provides a total, twenty-four-hour therapeutically  
25         planned and professionally staffed environment for persons who do not require inpatient hospitalization  
26         but need more intense and individual services than are available on an outpatient basis, such as crisis  
27         management and stabilization services.

28    (2) "Auxiliary aid" means any device used by persons to overcome a physical disability and includes but is  
29         not limited to a wheelchair, walker or orthopedic appliance.

30    (3) "Client" means an individual who is age 18 and over in need of short-term psychiatric care.

31    ~~(4) "Construction on-site review" means on-site inspection by the Department, or its designee, of new~~  
32         ~~construction or substantial remodeling to determine compliance by the facility with the National Fire~~  
33         ~~Protection Association (NFPA) Life Safety Code and with this Chapter VI.~~

- 1 ~~(5)~~ “~~Construction plan review~~” means the review by the Department, or its designee, of new construction or  
2 remodeling plans to determine compliance by the facility with the National Fire Protection Association  
3 (NFPA) Life Safety Code and with this Chapter VI.
- 4 (64) “Deficiency” means a violation of regulatory and/or statutory requirements governing acute treatment  
5 units, as cited by the Department.
- 6 (75) “Deficiency list” means a listing of deficiency citations which contains:
- 7 (a) a statement of the statute or regulation violated; and
- 8 (b) a statement of the findings, with evidence to support the deficiency.
- 9 (86) “Department” means the Colorado Department of Public Health and Environment or its designee.
- 10 (97) “Director” means a person who is responsible for the overall operation, daily administration,  
11 management and maintenance of the facility.
- 12 ~~(10)~~ “~~Distinct part~~” means ~~a contiguous section of a building dedicated to serving as an acute treatment~~  
13 ~~unit.~~
- 14 (448) “Facility” means an acute treatment unit.
- 15 (429) “Governing body” means the board of trustees, directors or other governing body in whom the  
16 ultimate authority for the conduct of the facility is vested.
- 17 ~~(4310)~~ “Licensee” means the person or entity to whom:
- 18 (a) a license is issued by the Department pursuant to Section 25-1.5-103 (1) (a), C.R.S., to operate a  
19 facility within the definition herein provided, and
- 20 (b) a “27-10” designation has been granted by the Department of Human Services pursuant to  
21 Section 27-10-101, et. seq. and 2 CCR 502-1.
- 22 (4411) “Occurrences” means information reported to the Department in accordance with 25-1-124, C.R.S.  
23 and Chapter II, General Licensure, Part 3.2 occurrence Reporting.
- 24 ~~(15)~~ “~~NFPA~~” means ~~the National Fire Protection Association.~~
- 25 ~~(4612)~~ “Owner” means the entity in whose name the license is issued. The entity is responsible for the  
26 financial and contractual obligations of the facility. Entity means any corporation, limited liability  
27 corporation, firm, partnership, or other legally formed body, however organized. For the purposes of  
28 this regulation, the term “owner” is used interchangeably with the terms “applicant” and “licensee.”
- 29 ~~(4713)~~ “Plan of correction” means a written plan to be submitted by facilities to the Department for  
30 approval, detailing the measures that shall be taken to correct all cited deficiencies.
- 31 ~~(1814)~~ “~~Regulated contiguous occupancy~~” means ~~an occupancy adjacent to the facility that is subject to the~~  
32 ~~life safety code and physical plant requirements established by the Department because such~~  
33 ~~occupancy does not have the necessary fire safety separations between the facility. Such occupancy~~  
34 ~~shall be operated by the facility licensee and shall be used to deliver: — [Eff. 09/30/2008]~~
- 35 ~~— detoxification services licensed by the Department of Human Services; or~~

~~outpatient services, certified in accordance with Article 10 of Title 27, C.R.S., to assess and determine appropriate placement. For the purposes of this definition, the term "outpatient" means less than 24 hours.~~

~~The services provided by the occupancy shall benefit ATU clients, although the occupancy may also provide such services to other populations.~~

~~(1915)~~ "Seclusion room" means a room where a client is placed alone and from where egress is involuntarily prevented. [Eff. 09/30/2008]

~~(2016)~~ "Short-term psychiatric care" means services provided to treat persons with mental illness for an average of 3-7 days, but generally no longer than 30 days. [Eff. 09/30/2008]

~~(2417)~~ "Staff" means employees; and contract staff intended to substitute for, or supplement staff who provide client care services. [Eff. 09/30/2008]

~~(2218)~~ "Therapeutic diet" means a diet ordered by a physician as part of a treatment of disease or clinical condition, or to eliminate, decrease, or increase specific nutrients in the diet. Examples include, but are not limited to: a calorie counted diet, a specific sodium gram diet, and a cardiac diet. [Eff. 09/30/2008]

~~(2319)~~ "Unit" means a locked treatment setting that serves a maximum of sixteen persons. [Eff. 09/30/2008]

~~(2420)~~ "Warewashing" means the cleaning and sanitizing of equipment and utensils. For the purposes of this definition, equipment includes but is not limited to kitchen appliances and tables with which food normally comes into contact. For the purposes of this definition, utensils are implements used to prepare, store, transport or serve food. [Eff. 09/30/2008]

## **1.103 DEPARTMENT OVERSIGHT**

### **(1) General**

(a) Facility Compliance. The governing body shall be responsible for the operation of the facility and for compliance with these regulations. The governing body shall delegate the responsibility for day-to-day operations to the director.

(b) Issuing Licenses. The Department shall issue or renew a license after it is satisfied that the license applicant or licensee is in compliance with the requirements set forth in this Chapter VI and the requirements established by the Division of Mental Health, Department of Human Services. Such license issued or renewed pursuant to this section, other than a provisional license, shall expire one year from the date of issuance or renewal.

### **(2) Licensure Fees [Eff. 09/30/2008]**

(a) General. Licensure fees are specified in Section 25-3-105 (1)(c), C.R.S.

~~(b) Renewal Fee — Regulated Contiguous Occupancies. In addition to the renewal fees established pursuant to Section 25-3-105 (1)(c)(i)(C), C.R.S., facilities with regulated contiguous occupancies are subject to the following licensure renewal fees. (These fees are not applicable to an initial conversion, which is subject to plan review fees under Section 1.103(3)(c)). Where the combined square footage of the ATU and the regulated contiguous occupancies is:~~

~~(i) 20,000 square feet or less: \$250~~

~~(ii) over 20,000 square feet: \$500.~~



~~(3) Construction Plan Review and Plan Review Fees. In reference to the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure. [Eff. 09/30/2008]~~

~~(a) When Plan Review is Required [Eff. 04/01/2007]~~

~~(i) Application for an initial license, when such initial license is not a change of ownership. This includes new facility construction and existing structures.~~

~~(ii) Substantial remodeling which includes, but is not limited to:~~

~~(A) Structural additions, of any size or type (including pre-fabricated structures) to or adjacent to the structure and on the property controlled by the facility.~~

~~(B) Alteration of an existing space, room, structure, or area of the facility not previously used for providing client services to space used for the delivery of services to clients.~~

~~(C) Any structural alteration that affects 25% or more of the square footage of the existing habitable<sup>1</sup> floor space, as determined by the Department.~~

~~(D) Installation or substantial alteration<sup>2</sup> of the following systems: fire alarm, sprinkler, kitchen hood fire suppression and security.~~

<sup>1</sup>—Areas, such as unfinished basements and garages, not used for habitable space shall not be included in the calculation of habitable existing building area.

<sup>2</sup>—Substantial alteration does not include repairs, replacement in kind, or additions of a single device to a required Life Safety Code system. Substantial alteration does include permanent de-activation of a system.

~~(b) Process for Submission and Approval of Building Plans [Eff. 04/01/2007]~~

~~(i) General. The building plans and plans for the security system, fire alarm system and automatic fire suppression system, subject to plan review under this Chapter VI, shall be submitted in accordance with 6 CCR 1011-1, Chapter II, Part 1, Submission of Construction Plans/Documents and Completion of the Plan Review Process, Section 1.103 and 1.104~~

~~(ii) Locked areas. The following shall also be submitted as part of the plan review:~~

~~(A) Locking devices for egress doors, egress access doors, and seclusion room doors.~~

~~(B) Location of locked egress and locked egress access doors.~~

~~(C) Drawings and information detailing how the facility will install or construct fencing or other enclosures around all secured outdoor areas, to prevent elopement and maintain the safety of the clients.~~

~~(D) Location, size, and distance from the structure(s) of any secured exterior point of safety used for emergency evacuation purposes.~~

~~(c) Plan Review Fees [Eff. 09/30/2008]~~

~~(i) General. Reserved.~~

~~(ii) Regulated Contiguous Occupancy. Plan review fees for regulated contiguous occupancies are nonrefundable and shall be as listed below.~~

~~(A) Initial conversion of an adjacent occupancy into a regulated contiguous occupancy: base fee of \$1,350 plus \$0.20 per additional square foot over 20,000 square feet. (The 20,000 square foot threshold applies to the combined square footage of the ATU and one or more regulated contiguous occupancies.)~~

~~(B) Substantial remodeling of a regulated contiguous occupancy: \$500 for the desk audit and \$500 for the onsite review.~~

(43) Citing Deficiencies

(a) The Department is authorized to cite deficiencies.

(b) The facility shall respond to a life or limb-threatening deficiency by immediately removing the cause of the life or limb threatening risk and provide evidence, either verbal or written as required by the Department, that the risk has been removed.

(54) Plans of Correction (POCs). The Department shall require and the facility shall submit a plan of correction in response to cited deficiencies.

(a) General

(i) The facility shall develop a POC, in the format required by the Department, for every deficiency cited by the Department in the deficiency list.

(ii) The POC shall be typed or printed legibly in ink.

(iii) The date of correction for deficiencies shall be no longer than 30 calendar days from the date of the mailing of the deficiency list to the facility, unless otherwise required or approved by the Department.

(b) Process for Submission and Approval of POC

(i) A facility shall submit a POC to the Department no later than ten (10) working days of the date of the deficiency list letter sent by the Department.

(ii) If an extension of time is needed to complete the POC, the facility shall request an extension in writing from the Department prior to the POC due date. An extension of time may be granted by the Department not to exceed seven (7) calendar days.

(iii) The POC is subject to Department approval.

~~(6) Penalties — Regulated Contiguous Occupancies. The Department may impose a penalty of up to \$100 per day for a regulated contiguous occupancy that does not comply with the Life Safety Code and physical plant requirements established in this Chapter VI. The facility may be required to submit a plan of correction. The facility may only be assessed a penalty after the facility has had an opportunity to correct the noncompliance. The opportunity to correct shall not extend beyond the timeframe to submit a plan of correction under Section 1.103 (5) and any deadlines set forth in the plan of correction, if one is submitted, as approved by the Department. [Eff. 09/30/2008]~~

(75) Facility Reporting Requirements. The facility shall develop and implement policies and procedures for complying with the following reporting requirements. [Eff. 09/30/2008]

(a) Occurrences

(i) Reporting. The facility shall be in compliance with occurrence reporting requirements pursuant to 6 CCR 1011, Chapter II, Section 3.2.

(ii) Facility investigation of occurrences

(A) Occurrences shall be investigated to determine the circumstances of the event and institute appropriate measures to prevent similar future situations.

(B) Documentation regarding investigation, including the appropriate measures to be instituted, shall be made available to the Department, upon request.

(C) A report with the investigation findings will be available for review by the Department within five working days of the occurrence.

(D) Nothing in this Section 1.103 (75)(a) shall be construed to limit or modify any statutory or common-law right, privilege, confidentiality or immunity.

(b) Notification Regarding Relocations. The facility shall notify the Department within 48 hours of the relocation of one or more clients occurs due to any portion of the facility becoming uninhabitable as a result of fire or other disaster.

(c) Facility Closure. If the closure of a facility by a licensee is pending, the licensee shall notify the Department in writing at least 30 days prior to such closure.

.....

#### **1.106 LINEN AND LAUNDRY SERVICES**

.....

(3) Sanitary Conditions

(a) Linen and laundry services shall be conducted in a manner designed to prevent contamination of patients and personnel.

(b) Staff shall wash their hands after handling soiled linen and before handling clean linen.

(c) Storage

(i) Soiled linen shall be stored separately from clean linen. Soiled linen and clean linen shall be stored in separate enclosed areas.

~~(ii) Laundry room(s) shall not be used for storage of soiled or clean laundry unless the laundry room is over 100 square foot in area and meets the requirements of NFPA 101, Chapter 18, Section 18.3.2.~~

#### **1.107 INTERIOR AND EXTERIOR ENVIRONMENT**

.....

(2) Exterior Environment

(a) General. The facility shall provide a clean, sanitary, and secure exterior environment, free of hazards to health and safety. IN ADDITION TO THE INTERIOR COMMON AREAS

REQUIRED BY THIS REGULATION, THE FACILITY SHALL PROVIDE A SAFE AND SECURE  
OUTDOOR AREA FOR THE USE OF CLIENTS YEAR ROUND.

(b) Potential Hazards. Exterior areas shall be well maintained.

(i) Maintenance of the grounds. Exterior premises shall be kept free of high weeds and grass, garbage and rubbish. Grounds shall be maintained to prevent hazardous slopes, holes, or other potential hazards.

(ii) Staircases. Exterior staircases of three (3) or more steps and porches shall have handrails. Staircases and porches shall be kept in good repair.

(iii) FENCING OR OTHER ENCLOSURES THAT PREVENT ELOPEMENT AND PROTECT THE SAFETY AND SECURITY OF THE CLIENTS, SHALL BE INSTALLED AROUND SECURE OUTDOOR AREAS.

## 1.108 PHYSICAL PLANT

.....

(4) Bedrooms

.....

~~(e) Windows. Each bedroom shall have at least one window of eight (8) square feet with a sill height not to exceed 36 inches.~~

~~(f)~~ Furnishings

(i) Each client bedroom shall be equipped as follows for each client:

(A) A comfortable, standard-sized bed equipped with a comfortable, clean mattress, mattress protector, and pillow. Rollaway type beds, cots, folding beds or bunk beds shall not be permitted.

(B) A standard-sized chair in good condition.

(C) A safe and sanitary method to store the client's towel, such as a breakaway towel rack.

~~(g)~~ Electrical Hazards. Extension cords and multiple use electrical sockets shall be prohibited in client bedrooms.

.....

(6) Seclusion rooms

.....

~~(h) Fire Detection and Suppression Equipment. Any sprinkler head in a seclusion room shall be tamper proof, either by being recessed and covered at all times with the manufacturer's recommended cover or institutional style~~

(7) Linen and Laundry

- (a) The facility may have laundry room(s) no larger than 100 square feet in area equipped with residential style washer(s) and one residential style dryer without such laundry rooms being classified as a hazardous area. These laundry rooms shall not be used for storage of soiled or clean linen.
- (b) Facilities shall have a separate enclosed area for receiving and holding soiled linen until ready for pickup or processing in addition to a separate enclosed area for clean linen storage. ~~Enclosed areas located inside the structure or attached to the structure, used for soiled linen, shall meet the requirements of NFPA 101, Chapter 18, Section 18.3.2 for hazardous areas. Enclosed areas located inside the structure or attached to the structure, that are over 50 square feet and used for clean linen, shall meet the requirements of NFPA 101, Chapter 18, Section 18.3.2.~~
- (c) There shall be hand-washing facilities in each area where un-bagged, soiled linen is handled.

## **1.109 ~~FIRE SAFETY EMERGENCY EVACUATION AND EQUIPMENT~~**

~~These regulations incorporate by reference the National Fire Protection Association's NFPA 101, Life Safety Code, 2006 Edition. Such incorporation does not include later amendments to or editions of the referenced material. The Department of Public Health and Environment maintains copies of the complete text of the incorporated materials for public inspection during regular business hours, and shall provide certified copies of the incorporated material at cost upon request. Information regarding how the incorporated material may be obtained or examined is available from:~~

~~Division Director~~

~~Health Facilities and Emergency Medical Services Division~~

~~Colorado Department of Public Health and Environment~~

~~4300 Cherry Creek Drive South~~

~~Denver, CO 80246~~

~~Phone: 303-692-2800~~

~~Copies of the incorporated materials have been provided to the State Publications Depository and Distribution Center, and are available for interlibrary loan. Any incorporated material may be examined at any state publications depository library.~~

### ~~(1) General~~

- ~~(a) Multiple Buildings Under One License. Any facility operating under one license but comprised of multiple buildings shall have the Life Safety Code requirements determined for each building on an individual basis.~~

### ~~(2) Compliance with NFPA 101, Life Safety Code Requirements~~

#### ~~(a) General [Eff. 09/30/2008]~~

- ~~(i) Except as noted in Section 109 (2) (b), facilities shall meet the requirements of Chapter 18 "New Health Care Occupancies" of NFPA 101 (2006) "Life Safety Code." In addition, facilities shall meet the requirements referenced in NFPA 101 (2006), Chapter 2 "Referenced Publications."~~

~~(ii) Facilities with Regulated Contiguous Occupancies. Notwithstanding Section 1.109 (2)(a)(i), facilities with regulated contiguous occupancies shall meet Chapter 18 and shall not be subject to the exceptions in 1.109 (2)(b).~~

~~(b) Exceptions. Facilities that have the exceptions listed under subsections (i) Smoke Barriers and (ii) Minimum Construction Requirements, below, shall have a minimum staffing ratio of 1:6 to ensure timely evacuation in case of fire.~~

~~(i) Smoke Barriers. A facility is exempted from the requirements of NFPA 101, Chapter 18, Section 18.3.7.1 (smoke barriers) if:~~

~~(A) The facility is equipped with a complete fire alarm system that includes smoke detectors in all corridors, sleeping rooms, and habitable spaces, and~~

~~(B) The facility maintains a travel distance of 200 feet or less from any point in the facility to the exterior of the structure, through a required exit, and the required exits lead to an approved, secured exterior point of safety.~~

~~(ii) Minimum Construction Requirements. In addition to the acceptable types of building construction listed in NFPA 101, Chapter 18, Table 18.1.6.4, facilities may be type V (000) construction if:~~

~~(A) The structure is one-story in height, and~~

~~(B) The facility is equipped with a complete fire alarm system that includes smoke detectors in all corridors, sleeping rooms, and habitable spaces.~~

### ~~(3) Locking devices~~

~~(a) Egress and egress access doors. Locking devices, used to secure facility egress doors and egress access doors, shall be in compliance with the following:~~

~~(i) NFPA 101, Chapter 7, Section 7.2.1.6.1, Delayed Egress Locks, or~~

~~(ii) NFPA 101, Chapter 7, Section 7.2.1.6.2, Access Controlled Egress Doors, or~~

~~(iii) Doors in the required means of egress may have locking arrangements without delayed egress provided that all staff can readily unlock such doors at all times.~~

~~(iv) Facilities may use electric or electronic locking devices if:~~

~~(A) All staff can readily unlock such doors at all times.~~

~~(B) For emergency purposes, the facility evacuates clients to an approved, secured, exterior, point of safety, OR, the facility is equipped with smoke barriers as required by NFPA 101, Chapter 18, Section 18.3.7.1 of.~~

~~(v) Doors in the required means of egress that are equipped with electronic or electrical locking devices must:~~

~~(A) Unlock upon loss of power controlling the lock or locking mechanism, and~~

~~(B) Unlock upon actuation of the approved supervised automatic sprinkler system, and~~

~~(C) — Unlock upon activation of no more than two smoke detectors of the approved automatic fire detection system.~~

~~(b) — Seclusion Rooms. Seclusion rooms are permitted to have door-locking arrangements, provided that at all times keys are carried by the staff, responsible for client care and treatment. These keys shall have a distinct color and feel.~~

~~(c) Secure Outdoor Area {Moved to 1.107(2)}~~

~~(ia) — In addition to the interior common areas required by this regulation, the facility shall provide a safe and secure outdoor area for the use of clients year round.~~

~~(iib) — Fencing or other enclosures~~

~~(A) — Fencing or other enclosures, that prevent elopement and protect the safety and security of the clients, shall be installed around secure outdoor areas.~~

~~(B) — Where a locked outdoor fence gate restricts access to the public way, all staff must carry gate lock keys on their person at all times while on duty, unless the gate is locked using electronic or electrical devices authorized under Section 1.109 (3)(a)(v).~~

#### ~~(41) Fire Drills~~ EMERGENCY EVACUATION DRILLS

(a) During the first year of operation, ~~fire~~ EMERGENCY EVACUATION drills shall be conducted once per shift per month.

(b) After the first year of operation, ~~fire~~ EMERGENCY EVACUATION drills shall be conducted once per shift per quarter.

(c) ~~Fire~~ EMERGENCY EVACUATION drills conducted during normal sleeping hours do not require the activation of the fire alarm system. All other ~~fire~~ EMERGENCY EVACUATION drills shall include the activation of the fire alarm system.

(d) Clients should, whenever possible, participate in daytime ~~fire~~ EMERGENCY EVACUATION drills. Client participation in ~~fire~~ EMERGENCY EVACUATION drills conducted during normal sleeping hours is not required.

#### ~~(52) Equipment~~

(a) First Aid. First aid equipment shall be maintained on the premises in a readily available location and staff shall be instructed in its use.

(b) Telephone

(i) There shall be at least one telephone, not powered by the facility's electrical system, for use by the staff for emergencies.

(ii) Current phone number and location of the nearest hospital, and current phone numbers of ambulance service, poison control center, fire station and the police shall be shall be readily accessible to staff.

~~(6) — Fire Suppression or Detection Equipment. Any fire suppression or detection equipment shall be operational and functional. The facility must fully document all inspections for fire alarm and smoke detection systems, automatic fire sprinkler systems and fixed kitchen systems with written records~~

maintained at the facility for review. All inspections and documentation shall be per NFPA requirements.

(a) Fire alarm and smoke detection systems must be inspected by trained and qualified personnel at least annually.

(b) Automatic fire sprinkler systems must be inspected annually, by a sprinkler contractor currently registered with the State of Colorado Division of Fire Safety to perform inspection and maintenance services. The facility shall perform and document, main drain tests and flow tests on a quarterly basis.

(c) Fixed kitchen extinguishing systems must be inspected by trained and qualified personnel on a semi-annual basis.

(d) Portable fire extinguisher. The facility shall have a portable fire extinguisher of the ABC type and of at least 3-pound capacity<sup>3</sup>, located in the kitchen area, common area, and at least one on every level of the facility. Fire extinguishers shall be checked monthly to ensure that they are mounted in a location that is easily accessible and that the pressure gauge is within the safe zone. Portable fire extinguishers shall be inspected annually, and tagged by a qualified fire extinguisher maintenance contractor.

<sup>3</sup> Capacity is defined as the capacity of the extinguishment agents.



1     **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2     **Health Facilities Regulation Division**

3     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4     **CHAPTER VII - ASSISTED LIVING RESIDENCES**

5     **6 CCR 1011-1 Chap 07**

6     .....

7     These chapters of regulation incorporate by reference (as indicated within) material originally published  
8     elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material.  
9     Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health  
10    And Environment maintains copies of the incorporated texts in their entirety which shall be available for public  
11    inspection during regular business hours at:

12           Division Director

13           Colorado Department of Public Health and Environment

14           Health Facilities Division

15           4300 Cherry Creek Drive South

16           Denver, Colorado 80222-1530

17           Main switchboard: (303) 692-2800

18     Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material  
19     that has been incorporated by reference after July 1, 1994 may be examined in any state publications  
20     depository library. Copies of the incorporated materials have been sent to the state publications depository and  
21     distribution center, and are available for interlibrary loan.

22     .....

23     **1.102 DEFINITIONS.**

24     .....

25     ~~1.102(25) "NFPA" means the National Fire Protection Association.~~

26     1.102(26~~25~~) "Ombudsman" means, unless otherwise specified, long term care ombudsman.

27     1.102(27~~26~~) "Owner" means the entity in whose name the license is issued. The entity is responsible for the  
28     financial and contractual obligations of the facility. Entity means any individual, corporation, limited  
29     liability corporation, firm, partnership, or other legally formed body, however organized. For the  
30     purposes of the background check required pursuant to Section 1.104 (3) of the owner, if the owner is  
31     an entity other than an individual, one person with legal liability for the facility shall be designated to  
32     undergo fingerprinting, in accordance with Department requirements.

33     1.102(28~~27~~) "Personal services" means those services which the administrator and employees of an assisted  
34     living residence provide for each resident, including, but not limited to:

1 102(~~2827~~)(a) an environment that is sanitary and safe from physical harm;

2 102(~~2827~~)(b) individualized social supervision;

3 102(~~2827~~)(c) assistance with transportation whether by providing transportation or assisting in making  
4 arrangements for the resident to obtain transportation; and

5 102(~~2827~~)(d) assistance with activities of daily living, as herein defined.

6 1.102(~~2928~~) "Physical abuse" means causing physical harm in a situation other than an accident. Physical  
7 abuse means behavior, including but not limited to, hitting, slapping, kicking or pinching.

8 1.102(~~3029~~) "Plan of correction" means a written plan to be submitted by facilities to the Department for  
9 approval, detailing the measures that shall be taken to correct all cited deficiencies.

10 ~~1.102(31) "Plan review" means the review by the Department, or its designee, of new construction or~~  
11 ~~remodeling plans to ensure compliance by the facility with the National Fire Protection Association~~  
12 ~~(NFPA) Life Safety Code and with this Chapter VII. Plan review consists, as appropriate, of:~~

13 ~~102(31)(a) the examination of new construction or remodeling plans; and~~

14 ~~102(31)(b) onsite inspections.~~

15 1.102(~~3230~~) "Protective oversight" means guidance of a resident as required by the needs of the resident or  
16 as reasonably requested by the resident including the following:

17 102(~~3230~~)(a) being aware of a resident's general whereabouts, although the resident may travel  
18 independently in the community; and

19 102(~~3230~~)(b) monitoring the activities of the resident while on the premises to ensure the resident's  
20 health, safety, and well-being, including monitoring the resident's needs and ensuring that the  
21 resident receives the services and care necessary to protect the resident's health, safety, and  
22 well-being.

23 1.102(~~3331~~) "Resident's legal representative" means one of the following:

24 102(~~3331~~)(a) the legal guardian of the resident, where proof is offered that such guardian has been  
25 duly appointed by a court of law, acting within the scope of such guardianship;

26 102(~~3331~~)(b) an individual named as the agent in a power of attorney (POA) that authorizes the  
27 individual to act on the resident's behalf, as enumerated in the POA;

28 102(~~3331~~)(c) an individual selected as a proxy decision-maker pursuant to Section 15-18.5-101,  
29 C.R.S., et seq., to make medical treatment decisions. For the purposes of this regulation, the  
30 proxy decision-maker serves as the resident's legal representative for the purposes of medical  
31 treatment decisions only; or

32 102(~~3331~~)(d) a conservator, where proof is offered that such conservator has been duly appointed by  
33 a court of law, acting within the scope of such conservatorship.

34 1.102(~~3432~~) "Restraints" means any involuntary restraint as defined in 26-20-102 (6) C.R.S. and 6 CCR 1011-  
35 1, Chapter II, Part 8, Section 102 (5). For the purposes of this chapter, restraint also includes voluntary  
36 restraints. A secured environment that meets the requirements in Section 1.108 of these regulations  
37 shall not be considered a restraint.

1 1.102(3533) "Restrictive egress alert device" means a device used to prevent the elopement of a resident who  
2 is at risk if he or she leaves the facility unsupervised. This includes any device used with residents who  
3 have confusion or dementia and is used to prohibit their egress or to immediately redirect them after  
4 they exit the facility. Egress alert devices are not considered restrictive when used only to alert staff  
5 regarding the ingress and egress of residents, visitors, and others. Restrictive egress alert devices  
6 shall not lock any door in a means of egress, including access to a means of egress.

7 1.102(3634) "Secured environment" means, unless the context requires otherwise, any grounds, building or  
8 part thereof, method or device, other than restrictive egress alert devices used consistent with Section  
9 1.104 (5)(m), that prohibits free egress of residents. An environment is secured when the right of any  
10 resident thereof to move outside the environment during any hours is limited. [Eff. 11/01/2008]

11 1.102(3735) "Sexual abuse" means non-consensual sexual contact as defined in Section 18-3-401 (4), C.R.S  
12 and sexual contact with any person incapable of giving consent. Sexual abuse includes, but is not  
13 limited to, sexual harassment, sexual coercion, or sexual assault.

14 1.102(3836) "Social care" means the organization, planning, coordination, and conducting of a resident's  
15 activity program in conjunction with the resident's care plan.

16 1.102(3937) "Staff" means employees; and contract staff intended to substitute for, or supplement staff who  
17 provide resident care services. This does not include individuals providing external services, as defined  
18 herein.

19 1.102(4038) "Therapeutic diet" means a diet ordered by a physician as part of a treatment of disease or  
20 clinical condition, or to eliminate, decrease, or increase specific nutrients in the diet. Examples include,  
21 but are not limited to: a calorie counted diet, a specific sodium gram diet, and a cardiac diet.

22 .....

23 ~~1.103(3)~~ **Plan Review**

24 ~~In reference to the National Fire Protection Association requirements, the Department is the authority having~~  
25 ~~jurisdiction for state licensure.~~

26 ~~103(3)(a) When Plan Review is Required~~

27 ~~(i) Application for an initial license, when such initial license is not a change of ownership,~~  
28 ~~addition of previously uninspected or unlicensed square footage to an existing~~  
29 ~~occupancy, or relocation of a currently licensed facility to a different physical plant. This~~  
30 ~~includes new facility construction and new occupancy of existing structures.~~

31 ~~(ii) Remodeling that commences on or after January 1, 2009,<sup>4</sup> and that includes, but is not~~  
32 ~~limited to:~~

33 <sup>4</sup> Instances where remodeling shall be deemed to have commenced before January 1, 2009 are: a) when the local jurisdiction issued a  
34 building permit for such remodeling on or before December 31, 2008; or b) if a building permit is not required by the local jurisdiction, where  
35 architectural and engineering plans have been drafted and/or onsite construction began on or before December 31, 2008, with a completion  
36 date of June 30, 2010.

37 ~~(A) Structural alterations of any size to the resident sleeping area.~~

38 ~~(B) Alteration of an existing area of the facility into space for a secured environment.~~

39 ~~(C) Relocation, removal or installation of walls that results in alteration of 25% or more~~  
40 ~~of the existing habitable square footage.<sup>2</sup>~~

2 Areas such as unfinished basements and garages that have not been used as habitable space shall not be included in the calculation of existing habitable square footage.

~~(D) Conversion of existing space not previously used for providing resident services, including storage space, to space used for the delivery of services to residents.~~

~~(E) Addition, alteration or relocation of any egress component including, but not limited to, corridors, stairwells, exit enclosures, or points of refuge.~~

~~(F) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.~~

~~(G) Installation of any new fire alarm system; or addition, removal or relocation of 20 or more fire alarm appliances including, but not limited to, pull stations, detectors and notification devices.~~

~~(H) Installation, removal or renovation of any kitchen hood suppression system.~~

#### 103(3)(b) Process for Submission and Approval of Building Plans

~~(i) General. The building plans subject to plan review under this Chapter VII, shall be submitted in accordance with 6 CCR 1011-1, Chapter II, Part 1, Submission of Construction Plans/Documents and Completion of the Plan Review Process, Section 1.103 and 1.104.~~

~~(ii) Secured Environments. If the addition, remodeling or new construction involves areas to be used for secured environments, information about the following shall also be submitted as part of the plan review:~~

~~(A) locking devices for egress and egress access doors.~~

~~(B) location of locked egress and egress access doors.~~

~~(C) how the fencing or other enclosure around the secured outdoor area will be installed such that it prevents elopement and protects the safety and security of the residents.~~

#### 103(3)(c) Plan Review Fees

~~(i) The fee for review of a building plan as described in section 1.103(3)(a)(i) of this Chapter shall be determined as follows:~~

License d-beds:	0—8	9—16	17— 30	31—50	51— 100	101— 150	151— 200	201— 250	251+
Fee:	\$2,500	\$3,200	\$4,000	\$4,400	\$4,800	\$5,200	\$5,600	\$6,000	\$6,300

~~(A) If a facility has more than one structure used for providing client services on its campus, each structure shall be assessed a separate fee based upon the above chart. The fees for all structures shall be combined to determine the total facility plan review fee.~~

~~(B) The appropriate plan review fees shall accompany the facility's first submission of building plans to the department.~~

(ii) ~~The fee for review of a remodeling plan as described in section 1.103(3)(a)(ii) of this Chapter shall be based upon the following chart and shall accompany the facility's first submission of remodeling plans to the Department:~~

Project size:	Fee:
Up to 1,500 square feet	\$1,875
1,501 to 4,500 sq. ft.	\$2,250
4,501 to 15,000 sq. ft.	\$2,625
15,001 to 30,000 sq. ft.	\$3,000
30,001 to 45,000 sq. ft.	\$3,375
45,001 to 60,000 sq. ft.	\$3,750
60,001 to 75,000 sq. ft.	\$4,125
75,000+ sq. ft.	\$4,500

1.103(43) **Citing Deficiencies** [Eff. 12/30/2008]

103(43)(a) The level of the deficiency shall be based upon the number of sample residents affected and the level of harm, as follows:

Deficiency level	Number of Sample <sup>3</sup>	Level of Harm
Level A	Isolated <sup>4</sup>	Potential harm to the resident(s)
Level B	Pattern <sup>5</sup>	Potential harm to the resident(s)
Level C	Isolated	Actual harm to the resident(s)
Level D	Pattern	Actual harm to the resident(s)
Level E	Isolated or Pattern	Life threatening to the resident(s)

<sup>3</sup> Sample may consist of residents, rooms, staff, etc.

<sup>4</sup> One or a limited number of the sample is affected.

<sup>5</sup> More than a limited number of the sample is affected.

103(43)(b) When a Level E deficiency is cited, the facility shall immediately remove the cause of the life-threatening risk and provide evidence, either verbal or written as required by the Department, that the risk has been removed.

1.103(54) **Plans of Correction (POCs)** [Eff. 12/30/2008]

The Department shall require a plan of correction by facilities pursuant to Section 25-27-105 (2), C.R.S.

103(54)(a) General

(i) The facility shall develop a POC, in the format required by the Department, for every deficiency cited by the Department in the deficiency list.

(ii) The POC shall be typed or printed legibly in ink.

- (iii) The date of correction shall be no longer than 30 calendar days from the date of the mailing of the deficiency to the facility, unless otherwise required or approved by the Department.

103(54)(b) Process for Submission and Approval of POC

- (i) A facility shall submit a POC to the Department no later than ten (10) working days of the date of the deficiency list letter sent by the Department.
- (ii) If an extension of time is needed to complete the POC, the facility shall request an extension in writing from the Department prior to the POC due date. An extension of time may be granted by the Department not to exceed seven (7) calendar days.
- (iii) The POC is subject to Department approval.

1.103(65) ***Intermediate Restrictions or Conditions***

The Department may impose intermediate restrictions or conditions on a licensee as provided in Section 25-27-106, C.R.S. [Eff. 12/30/2008]

103(65)(a) General. The Department may impose intermediate restrictions or conditions on a licensee that may include at least one of the following: [Eff. 12/30/2008]

- (i) Retaining a consultant to address corrective measures. The consultant shall not be affiliated with the corporation or the facility on which the intermediate restriction/condition is required; <sup>6</sup> [Eff. 12/30/2008]

<sup>6</sup> facility may be required to retain a consultant in order to address deficient practice resulting from systemic failure. Systemic failure involves violations regarding a facility system, where such violations resulted or could have resulted in physical or emotional harm to residents. It will be the responsibility of the facility to select the consultant and the consultant's services. An example of a facility system is the facility's medication administration program. [Eff. 12/30/2008]

- (ii) Monitoring by the Department for a specific period;
- (iii) Providing additional training to employees, owners, or operators of the residence;
- (iv) Complying with a directed written plan, to correct the violation; or
- (v) Paying a civil fine not to exceed two thousand dollars (\$2,000) in a calendar year.

103(65)(b) *Imposition of Restrictions/Conditions*

- (i) General . Intermediate restrictions or conditions may be imposed when the Department finds the facility has violated statutory or regulatory requirements. The factors that may be considered include, but are not limited to, the following:
- (A) level of actual or potential harm to a resident(s);
- (B) the number of residents affected;
- (C) whether the behaviors leading to the imposition of the restriction are isolated or a pattern;
- (D) the licensee's prior history of noncompliance in general, and specifically with reference to the cited deficiencies.

(ii) Optional . Intermediate restrictions or conditions may be imposed for Levels A, B and C deficiencies.

(iii) Mandatory Imposition

(A) A minimum of one intermediate restriction or condition shall be imposed for all cases where the deficiency list includes Levels D or E deficiencies.

(B) For all Level E deficiencies, the Department shall impose a minimum civil fine of \$500, not to exceed the \$2,000 cap established by statute; shall require the immediate correction of the circumstances that give rise to the life threatening situation; and may impose other restrictions or conditions as the Department finds necessary.

103(65)(c) *Submission of the Written Plan*

(i) Non-life threatening situations other than fines and Department monitoring . No later than ten (10) working days after the date the notice is received from the Department, unless otherwise extended, the licensee shall submit a written plan, as part of the plan of correction, regarding the implementation of the restriction or condition. This plan shall be subject to Department approval. The plan shall include:

(A) how the restriction or condition will be implemented; and

(B) the timeframe for implementing the restriction or condition.

103(65)(d) *Appealing the Imposition of Intermediate Restrictions/Conditions* . A licensee may appeal the imposition of an intermediate restriction or condition pursuant to procedures established by the Department and as provided by Section 25-27-106, C.R.S.

(i) Informal review . Informal review is an administrative review process conducted by the Department that does not include an evidentiary hearing.

(A) A licensee may submit a written request for informal review of the imposition of an intermediate restriction no later than ten (10) working days after the date notice is received from the Department of the restriction or condition. If an extension of time is needed, the facility shall request an extension in writing from the Department prior to the submittal due date. An extension of time may be granted by the Department not to exceed seven (7) calendar days. Informal review may be conducted after the plan of correction has been approved.

(B) Civil fines . For civil fines, the licensee may request in writing that the informal review be conducted in person, which would allow the licensee to orally address the informal reviewer(s).

(ii) Administrative Procedures Act (APA) . A licensee may appeal the imposition of an intermediate restriction or condition in accordance with Section 24-4-105, C.R.S. of the APA. A licensee is not required to submit to the Department's informal review before appealing pursuant to the APA.

(iii) *Implementation of Restrictions/Conditions*

(A) Life-threatening situations . The licensee shall implement the restriction or condition immediately upon receiving notice of the restriction or condition.

(iv) Non life-threatening situations. The restriction or condition shall be implemented:

(A) for restriction/conditions other than fines, immediately upon the expiration of the opportunity for appeal or from the date that the Department's decision is upheld after all administrative appeals have been exhausted.

(B) for fines, within 30 calendar days from the date the Department's decision is upheld after all administrative appeals have been exhausted.

**1.103(76) Facility Reporting Requirements**

**103(76)(a) Occurrences**

(i) Reporting . The facility shall be in compliance with occurrence reporting requirements pursuant to 6 CCR 1011, Chapter II, Section 3.2.

(ii) Facility investigation of occurrences

(A) Occurrences shall be investigated to determine the circumstances of the event and institute appropriate measures to prevent similar future situations.

(B) Documentation regarding investigation, including the appropriate measures to be instituted, shall be made available to the Department, upon request.

(C) A report with the investigation findings will be available for review by the Department within five working days of the occurrence.

(D) Nothing in this Section 1.103 (7)(a) shall be construed to limit or modify any statutory or common law right, privilege, confidentiality or immunity.

**103(76)(b) Mistreatment of Residents/Mishandling of Resident Property.** The declaration required in Section 2.4.3(K), Chapter II of 6 CCR 1011-1, shall also include any action related to the treatment of residents or the handling of their property.

**103(76)(c) Notification Regarding Relocations .** The facility shall notify the Department within 48 hours of the relocation of one or more residents occurs due to any portion of the facility becoming uninhabitable as a result of fire or other disaster.

**103(76)(d) Proof of Fire Suppression or Detection Equipment Testing .** Written proof that such fire suppression or detection equipment has been tested and approved as fully functional and operational, shall be submitted with the application prior to the issuance of a new license or license renewal.

.....

**1.104 ORGANIZATION AND STAFFING**

.....

**1.104(3) Personnel**

.....

**104(3)(f) Training.**



- 1 .....  
2 (B) Emergency and Fire Escape Plan  
3 (I) Within three (3) days of date of hire or commencement of volunteer  
4 service, the facility shall provide adequate training in emergency and  
5 fire escape plan procedures.  
6 (II) Every two (2) months, there shall be a review of all components of the  
7 emergency plan, including each individual employee's responsibilities  
8 under the plan, with the staff of each shift.  
9 (C) Within one month of the date of hire, the facility shall provide adequate training for  
10 staff on each of the following topics:  
11 (I) assessment skills;  
12 (II) infection control;  
13 (III) identifying and dealing with difficult situations and behaviors;  
14 (IV) residents rights, unless previously covered through other training; and  
15 (V) health emergency response, unless previously covered through other  
16 training.

17 1.104(4) **Staffing Requirements**

18 .....

19 104(4)(a) Staffing

- 20 (i) General . The owner shall employ sufficient staff to ensure the provision of services  
21 necessary to meet the needs of the residents.

22 .....

23 104(5)(b) Emergency Plan and Fire Escape Procedures

- 24 (i) Emergency plan . The emergency plan shall include planned responses to fire, gas  
25 explosion, bomb threat, power outages, and tornado. Such plan shall include provisions  
26 for alternate housing in the event evacuation is necessary.  
27 (ii) Fire escape procedures . The fire escape procedures shall include a diagram developed  
28 with local fire department officials which shall be posted in a conspicuous place.  
29 (iii) Disclosure to residents . Within three (3) days of admission, the plan and diagram shall be  
30 explained to each resident or legal representative, as appropriate.

31 **1.107 RESIDENT CARE SERVICES**

32 .....

33 1.107(5) **Administration of Medication and Treatment**

107(5)(g) *Oxygen* . Residents may administer oxygen, and staff shall assist with the administration as needed, when prescribed by a physician and if the facility follows appropriate safety requirements regarding oxygen herein.

(i) General

(A) Oxygen tanks shall be secured upright at all times to prevent falling over and secured in a manner to prevent tanks from being dropped or from striking violently against each other.

(B) Tank valves shall be closed except when in use.

(C) Transferring oxygen from one container to another shall be conducted in a well-ventilated room with the door shut. Transfer shall be conducted by a trained staff member or by the resident for whom the oxygen is being transferred, if the resident is capable of performing this task safely. When the transfer is being conducted, no resident, except for a resident conducting such transfer, shall be present in the room. Tanks and other oxygen containers shall not be exposed to electrical sparks, cigarettes or open flames.

(D) Tanks shall not be placed against electrical panels or live electrical cords where the cylinder can become part of an electric circuit.

(ii) Handling

(A) Tanks shall not be rolled on their side or dragged.

(B) Smoking shall be prohibited in rooms where oxygen is used. Rooms in which oxygen is used shall be posted with a conspicuous "No Smoking" sign.

(iii) Storage

(A) Smoking shall be prohibited in rooms where oxygen is stored and such rooms shall be posted with a conspicuous "No Smoking" sign.

(B) Tanks shall not be stored near radiators or other heat sources. If stored outdoors, tanks shall be protected from weather extremes and damp ground to prevent corrosion.

**1.108 SECURED ENVIRONMENT**

~~4.108(9) **Building Requirements, Grounds and Fire Safety**~~

~~408(9)(a) **Locking devices**~~

~~(i) General. Locking devices, used to secure facility egress doors and egress access doors, shall be in compliance with one of the following:~~

~~(A) NFPA Life Safety Code (2003) Section 7.2.1.6.1, Delayed Egress Locks.~~

~~(B) NFPA Life Safety Code (2003) Section 7.2.1.6.2, Access Controlled Egress Doors.~~

~~(C) In buildings protected throughout by either an approved supervised automatic fire detection system in accordance with NFPA Life Safety Code (2003) Section 9.6 or an approved supervised automatic sprinkler system in accordance with NFPA Life Safety Code (2003) Section 9.7, the doors may be arranged as follows:~~

~~(I) the doors unlock upon actuation of the building fire protective signaling system. The fire protective signaling system shall be activated by each of the following systems if installed: the approved supervised automatic sprinkler system, the approved supervised fire detection system or an approved manual fire alarm system. The doors shall remain unlocked until the fire protective signaling system has been manually reset; and~~

~~(II) the doors unlock upon loss of power controlling the locking mechanism; and~~

~~(III) there shall be an override device, such as a digital keypad, pushbutton release or key locks. If key locks are used, all staff must carry keys on their person at all times. The override device shall be readily accessible and located within five (5) feet of the locked door.~~

~~(ii) Prior approvals. Special locking arrangements approved by the Department prior to June 1, 2004 may remain in use.~~

108(9)(b) *Egress Alert Systems and Devices.* Egress alert systems and devices (such as Wanderguard), shall be arranged to sound a proximity alarm only, and shall not lock any door within a means of egress, unless the alarm is in accordance with ~~Section 1.108 (9)(a)(i)(C).~~

108(9)(c) *Secure Outdoor Area*

(i) In addition to the interior common areas required by this regulation, the facility shall provide a safe and secure outdoor area for the use of residents year round.

(ii) Fencing or other enclosures

(A) Fencing or other enclosures that prevent elopement and protect the safety and security of the residents shall be installed around secure outdoor areas.

(B) Where a locked outdoor fence gate restricts access to the public way, all staff must carry gate lock keys on their person at all times while on duty.

(iii) In facilities establishing a secured environment on or after June 1, 2004, residents shall be able to access the secure outdoor area independently.

.....

## **1.111 INTERIOR AND EXTERIOR ENVIRONMENT.**

The facility shall provide a clean, sanitary environment, free of hazards to health and safety.

1.111(1) ***Interior Environment*** All interior areas including attics, basements, and garages shall be safely maintained.

1 111(1)(a) *Potential Fire Hazards*

2 (i) Cooking. Cooking shall not be allowed in bedrooms. Residents may have access to an  
3 alternative area where minimal food preparation such as heating or reheating food or  
4 making hot beverages is allowed. In those facilities which make housing available to  
5 residents through apartments rather than resident bedrooms, cooking may be allowed  
6 in accordance with house rules. Only residents who are capable of cooking safely  
7 shall be allowed to do so. The facility shall document such assessment.

8 (ii) Electrical equipment

9 (A) Extension cords. Extension cords and multiple use electrical sockets, shall be  
10 prohibited in resident bedrooms.

11 (B) Power strips. Power strips are permitted throughout the facility with the following  
12 limitations:

13 (I) The power strip must be provided with overcurrent protection in the form of  
14 a circuit breaker or fuse.

15 (II) The power strip must have a UL (underwriters laboratories) label.

16 (III) The power strips cannot be linked together when used.

17 (IV) Extension cords cannot be plugged into the power strip.

18 (V) Power strips can have no more than six receptacles.

19 (VI) The use will be restricted to one power strip per resident per bedroom.

20 (C) Personal appliances. Personal appliances shall be allowed in resident bedrooms  
21 only under the following circumstances:

22 (I) such appliances are not used for cooking;

23 (II) such appliances do not require use of an extension cord or multiple use  
24 electrical sockets;

25 (III) such appliance is in good repair as evaluated by the administrator; and

26 (IV) such appliance is used by a resident who the administrator believes to  
27 be capable of appropriate and safe use. The facility shall document  
28 such assessment.

29 (D) Electric blanket/Heating pad. In no event shall a heating pad or electric blanket  
30 be used in a resident room without either staff supervision or documentation  
31 that the administrator believes the resident to be capable of appropriate and  
32 safe use.

33 (iii) Accumulation of refuse. All interior areas including attics, basements, and garages shall  
34 be free from accumulations of extraneous materials such as refuse, discarded furniture,  
35 and old newspapers.

36 (iv) Combustibles. Combustibles such as cleaning rags and compounds shall be kept in  
37 closed metal containers.

(v) Portable Heaters. Kerosene (fuel fired) heaters shall not be permitted within the facility. Electric or space heaters shall not be permitted within resident bedrooms and may only be used in common areas of the facility if owned, provided, and maintained by the facility.

(vi) Fire resistant wastebaskets. Enclosed areas on the premises where smoking is allowed shall be equipped with fire resistant wastebaskets. In addition, bedrooms occupied by smokers, even when house rules prohibit smoking in bedrooms, shall have fire resistant wastebaskets.

1.111(2) **Exterior Environment**

111(2)(a) *Potential Hazards*

(i) Maintenance of the grounds. Exterior premises shall be kept free of high weeds and grass, garbage and rubbish. Grounds shall be maintained to prevent hazardous slopes, holes, or other potential hazards.

(ii) Staircases. Exterior staircases of three (3) or more steps and porches shall have handrails. Staircases and porches shall be kept in good repair.

**1.112 PHYSICAL PLANT, FURNISHINGS, EQUIPMENT AND SUPPLIES**

1.112(1) **Compliance with State and Local Laws/Codes.** Facilities shall be in compliance with all applicable:

112(1)(a) Local zoning, housing, fire and sanitary codes and ordinances of the city, city and county, or county where the facility is situated to the extent that such codes are consistent with the federal "Fair Housing Amendment Act of 1988", as amended, 42 U.S.C., sec. 3601, et seq.

112(1)(b) State and local plumbing laws and regulations. Plumbing shall be maintained in good repair, free of the possibility of backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, in accordance with state and local codes.

112(1)(c) Sewage disposal requirements. Sewage shall be discharged into a public sewer system or disposed of in a manner approved by the local health department, or local laws if no local health department exists, and the Colorado Water Quality Control Commission.

1.112(2) **Common Areas**

112(2)(a) Common areas sufficient to reasonably accommodate all residents shall be provided.

112(2)(b) All common areas and dining areas shall be accessible to residents utilizing an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a regular chair for use in dining area. All doors to those rooms requiring access be at least 32 inches wide.

112(2)(c) A minimum of two entryways shall be provided for access and egress from the building by residents utilizing a wheelchair if the facility is occupied by one or more residents utilizing a wheelchair.

1.112(3) **Bedrooms and Occupancy Ratios**

1 112(3)(a) *Bedroom Assignment.* No resident shall be assigned to any room other than a regularly  
2 designated bedroom.

3 112(3)(b) *Occupancy Ratios.* No more than two (2) residents shall occupy a bedroom. However,  
4 facilities licensed prior to July 1, 1986 may have up to four (4) residents per room until either a  
5 substantial remodeling or a change of ownership occurs.

6 112(3)(c) *Square Footage Requirements*

7 (i) On or after June 1, 2004, facilities applying for initial licensure, when such initial license is  
8 not a change of ownership, shall have at least 100 square feet for single occupancy  
9 bedrooms and 60 square feet per person for double occupancy bedrooms. Bathroom  
10 areas and closets shall not be included in the determination of square footage.

11 (ii) Single occupancy bedrooms shall have at least 100 square feet; double occupancy  
12 bedrooms shall have at least 60 square feet per person. However, any facility licensed  
13 prior to January 1, 1992 may have bedrooms of not less than 80 square feet for one  
14 occupant until either substantial remodeling or a change of ownership occurs.  
15 Bathroom areas shall not be included in the determination of square footage.

16 112(3)(d) *Storage Space.* Each resident shall have storage facilities adequate for clothing and  
17 personal articles such as a closet.

18 112(3)(e) *Windows.* Each bedroom shall have at least one window of eight (8) square feet which shall  
19 have opening capability. Any facility licensed prior to January 1, 1992 may have a window of  
20 smaller dimensions until either a substantial remodeling or a change of ownership occurs.

21 112(3)(f) *Furnishings and Supplies*

22 (i) In facilities which provide furnishings for resident bedrooms pursuant to a resident  
23 agreement, each resident bedroom shall be equipped as follows for each resident:

24 (A) a comfortable, standard-sized bed equipped with a comfortable, clean mattress,  
25 mattress protector and pad, and pillow. Rollaway type beds, cots, folding beds  
26 or bunk beds shall not be permitted.

27 (B) a standard-sized chair in good condition.

28 (C) a towel rack.

29 1.112(4) ***Bathrooms***

30 112(4)(a) *Number of Bathrooms Per Resident.* There shall be at least one full bathroom for every six  
31 (6) residents. A full bathroom shall consist of at least the following fixtures: toilet, handwashing  
32 sink, toilet paper dispenser, mirror, tub or shower, and towel rack. However, any facility licensed  
33 to provide services specifically for the mentally ill prior to January 1, 1992 may have one  
34 bathroom for every eight (8) residents until either a substantial remodeling or a change of  
35 ownership occurs.

36 112(4)(b) *Bathroom Accessibility*

37 (i) General. There shall be a bathroom on each floor having resident bedrooms which is  
38 accessible without requiring access through an adjacent bedroom.

- (ii) Residents using auxiliary aids. In any facility which is occupied by one or more residents utilizing an auxiliary aid, the facility shall provide at least one full bathroom as defined herein with fixtures positioned so as to be fully accessible to any resident utilizing an auxiliary aid.

112(4)(c) *Fixtures*

- (i) Non-skid surfaces. Bathtubs and shower floors shall have non-skid surfaces.
- (ii) Grab bars. Grab bars shall be properly installed at each tub and shower, and adjacent to each toilet in any facility which is occupied by one or more residents utilizing an auxiliary aid or as otherwise indicated by the needs of the resident population.
- (iii) Toilet seats. Toilet seats shall be constructed of non-absorbent material and free of cracks.

112(4)(d) *Supplies*

- (i) Individualized supplies. The use of common personal care articles, including soap and towels, is prohibited.
- (ii) Toilet paper. Toilet paper in a dispenser shall be available at all times in each bathroom of the facility.
- (iii) Liquid soap and paper towels. Liquid soap and paper towels shall be available at all times in the common bathrooms of the facility.

**1.113 FIRE SAFETY EMERGENCY EQUIPMENT**

~~These regulations incorporate by reference National Fire Protection Association (NFPA) Life Safety Code 2003 and Guide on Alternative Approaches to Life Safety 2004. Such incorporation does not include later amendments to or editions of the referenced material. The Department of Public Health and Environment maintains copies of the complete text of the incorporated materials for public inspection during regular business hours, and shall provide certified copies of the incorporated material at cost upon request. Information regarding how the incorporated material may be obtained or examined is available from:~~

~~Division Director~~

~~Health Facilities and Emergency Medical Services Division~~

~~Colorado Department of Public Health and Environment~~

~~4300 Cherry Creek Drive South~~

~~Denver, CO 80246~~

~~Phone: 303-692-2800~~

~~Copies of the incorporated materials have been provided to the State Publications Depository and Distribution Center, and are available for interlibrary loan. Any incorporated material may be examined at any state publications depository library.~~

~~1.113(1) **General**~~

1 113(1)(a) ~~Multiple Buildings Under One License.~~ Any facility operating under one license but  
2 comprised of multiple buildings shall have the Life Safety Code requirements determined for  
3 each building on an individual basis.

4 113(1)(b) ~~Chair Glides.~~ Chair glides (powered resident movement equipment) cannot be installed  
5 within any required means of egress or required access to a means of egress if the installation  
6 reduces the egress width below the required minimum. Chair glides that reduce the required  
7 minimum width of a means of egress, or access thereto, will result in the egress route not being  
8 credited. Under no circumstance can a chair glide be installed on a stairway that is the primary  
9 means of escape from any level or story used by residents.

10 113(1)(c) ~~Resident Evacuation Capability.~~ In any facility where the evacuation capability of the  
11 resident population is required to be rated, the "Procedure for Determining Evacuation  
12 Capability" published by NFPA is to be used by the facility whether the facility is evaluated  
13 utilizing the NFPA 101A, Guide on Alternative Approaches to Life Safety (2004), or NFPA  
14 Standard 101, Life Safety Code (2003). The Level of Evacuation Difficulty for each facility will be  
15 determined by the scores developed in the Worksheet for Rating Residents completed by  
16 responsible staff for each resident and the level of staffing maintained at the facility. It is the  
17 responsibility of the owner or administrator to insure that the abilities of the residents are  
18 accurately rated in accordance with the published instructions. Each new resident shall be rated  
19 utilizing the Worksheet for Rating Residents within two (2) weeks of their admission to the  
20 facility. All resident rating scores shall be reviewed at least annually, or when there are  
21 significant changes in a resident's physical or cognitive abilities.

22 **1.113(2) Compliance with National Fire Protection Association (NFPA) Life Safety Code Requirements**  
23 *[Eff. 11/01/2008]*

24 113(2)(a) ~~Chapter 32, NFPA 101 (2003).~~ The following facilities shall meet the requirements of  
25 Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2003):

26 (i) ~~Facilities which apply for licensure on or after June 1, 2004.~~

27 (ii) ~~Facilities required to submit building plans for plan review, pursuant to Section 1.103 of this~~  
28 ~~chapter, for additions or remodeling of more than 25 percent of the habitable floor~~  
29 ~~space on or after June 1, 2004.~~

30 (iii) ~~Facilities licensed on or after June 1, 2004, that met the automatic sprinkler exception~~  
31 ~~requirements of Life Safety Code Section 32.2.3.5.2 that subsequently apply for a~~  
32 ~~change of ownership shall meet the requirements of 32.2.3.5.1 upon change of~~  
33 ~~ownership.~~

34 113(2)(b) ~~Chapter 33, NFPA 101 (2003).~~ The following facilities shall meet the requirements of  
35 Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2003):

36 (i) ~~Facilities that were constructed and that obtained a building permit for such construction on~~  
37 ~~or between January 1, 1993 and May 31, 2004. Existing life safety features that met the~~  
38 ~~requirements for new buildings at the time of licensure shall be maintained and not~~  
39 ~~diminished.~~

40 (ii) ~~Facilities that underwent addition, remodeling or renovation to 50 percent or more of its~~  
41 ~~floor area, and obtained a permit for such remodeling on or between January 1, 1993~~  
42 ~~and May 31, 2004. Such remodeling or renovation may have been completed as part of~~  
43 ~~a single project or through a series of projects over a period of time. Existing life safety~~  
44 ~~features that met the requirements for new buildings at the time of licensure shall be~~  
45 ~~maintained and not diminished.~~



~~(iii) — However, facilities with less than 17 beds that were approved by the Department for prompt and slow evacuation levels prior to June 1, 2004 based on the installation of the automatic NFPA Standard 13D or 13R, for automatic fire suppression systems may remain in compliance with this standard, without necessitating the extension of sprinkler coverage in small closets of 24 square feet or less.~~

~~113(2)(c) — Chapter 33, NFPA 101 (2003) or NFPA 101-A Guide on Alternative Approaches to Life Safety (2004). The following facilities shall meet the requirements of either Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2003) or NFPA 101-A Guide on Alternative Approaches to Life Safety (2004) —<sup>7</sup> unless otherwise specified. — [Eff. 12/30/2008]~~

~~<sup>7</sup> For those facilities complying with NFPA 101-A, Guide on Alternative Approaches to Life Safety (2004), the requirements for existing facilities shall apply. — [Eff. 12/30/2008]~~

~~(i) — Facilities with eight or less licensed beds that apply for a change of ownership, on or after June 1, 2004. These facilities, licensed on or before June 1, 2004, are allowed one change of ownership prior to having to meet the sprinkler requirements set forth in Life Safety Code section 32.2.3.5.~~

~~(ii) — Facilities with nine or more licensed beds that apply for a change of ownership, on or after June 1, 2004. The new owner in a change of ownership transaction shall have three years from the date that the initial license was issued to comply with the automatic sprinkler requirements of Life Safety Code sections 32.2.3.5 or 32.3.3.5, as applicable. Facilities with existing sprinkler systems meeting the requirements of NFPA standard 13R will continue to be acceptable.~~

~~(iii) — any currently licensed facility not described under subsections (a) or (b) above.~~

#### ~~1.113(3) — **Fire Drills**~~

~~113(3)(a) — Drills shall be designed to provide residents with experience in exiting through all exits required by the Life Safety Code, although exiting through egress windows shall not be required. Exits not used in any fire drill shall not be credited in meeting the requirements of the Life Safety Code.~~

~~113(3)(b) — Drills may be announced in advance to the residents. However, such advance notice shall not be construed to be prompting of residents immediately prior to sounding the building's fire alarm.~~

~~113(3)(c) — For those facilities for which the evacuation of residents is part of the emergency plan, the drills shall involve the actual evacuation of all residents to a predetermined assembly point outside the building or the relocation to a point of safety, as defined by the Life Safety Code. If the facility fire emergency plan, developed in conjunction with the local fire authority, outlines a "defend in place" strategy (which typically requires residents to remain in their rooms), an impractical level of evacuation capability shall apply. Existing large facilities that are determined to be impractical level of evacuation capability will be allowed to meet the equivalency requirements through application of the NFPA Standard 101A, Guide on Alternative Approaches to Life Safety (2004) Chapter 4, Fire Safety Evaluation System for Health Care Facilities, Worksheet 4.7.8A for an Existing Facility.~~

~~113(3)(d) — During the first year of operation, fire drills shall be conducted monthly. After the first year of operation, fire drills shall be conducted every other month. There shall be at least two (2) fire drills annually conducted during the overnight hours when residents are sleeping.~~

#### ~~1.113(41) **Equipment**~~

1 113(41)(a) *First Aid*. First aid equipment shall be maintained on the premises in a readily available  
2 location and staff shall be instructed in its use.

3 113(41)(b) *Telephone*. There shall be at least one telephone, not powered by household electrical  
4 current, in the facility which may be used by staff, residents, and visitors at all times for use in  
5 emergencies. The telephone numbers of police, fire, ambulance [9-1-1, if applicable] and poison  
6 control center telephone numbers shall be readily accessible to staff.

7 ~~113(4)(c) *Fire Suppression or Detection Equipment*. Any fire suppression or detection equipment~~  
8 ~~shall be fully operational and functional. All inspections for fire alarm and smoke detection~~  
9 ~~systems, automatic fire sprinkler systems and fixed kitchen systems must fully documented with~~  
10 ~~written records maintained on premises for review.~~

11 ~~(i) *Fire alarm and smoke detection systems*. Any fire alarm or supervised smoke detection~~  
12 ~~system, installed for life safety purposes, must be inspected by trained and qualified~~  
13 ~~personnel at least annually. Inspection and personnel requirements are defined in~~  
14 ~~NFPA Standard 72, National Fire Alarm Code.~~

15 ~~(ii) *Automatic fire sprinkler systems*. Automatic fire sprinkler systems must be inspected~~  
16 ~~annually by a sprinkler contractor that is currently registered to perform inspection and~~  
17 ~~maintenance services with the State of Colorado – Division of Fire Safety.~~

18 ~~(iii) *Fixed kitchen extinguishing systems*. Fixed kitchen extinguishing systems must be~~  
19 ~~inspected by trained and qualified personnel on a semi-annual basis in accordance with~~  
20 ~~NFPA Standard 96, Ventilation Control and Fire Protection of Commercial Cooking~~  
21 ~~Operations.~~

22 ~~(iv) *Portable fire extinguisher*. The facility shall have a portable fire extinguisher of the ABC~~  
23 ~~type of at least 3 pound capacity located in the kitchen area, common area, and at least~~  
24 ~~one on each floor of the facility. Fire extinguishers shall be checked monthly, by staff, to~~  
25 ~~ensure that they are mounted in a location that is easily accessible and that the~~  
26 ~~pressure gauge is within the safe zone. Portable fire extinguishers shall be inspected~~  
27 ~~annually and tagged by a qualified fire extinguisher maintenance contractor.~~

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29 .....  
30

1     **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2     **Health Facilities Regulation Division**

3     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER VIII - FACILITIES FOR PERSONS**  
4     **WITH DEVELOPMENTAL DISABILITIES**

5     **6 CCR 1011-1 Chap 08**

6

7     **Section 1 – Statutory Authority and Applicability**

8     1.1 The statutory authority for the promulgation of these rules is set forth in section 25-1.5-103 and 25-3-101,  
9         *et seq.* , C.R.S.

10    1.2 A facility for the developmentally disabled, as defined herein, shall comply with all applicable federal and  
11         state statutes and regulations, including, but not limited to, the following:

12         (A) This Chapter VIII as it applies to the type of facility licensed.

13         (B) 6 CCR, 1011-1, Chapter II, General Licensure Standards, unless otherwise modified herein.

14    1.3 These regulations incorporate by reference (as indicated within) materials originally published elsewhere.  
15         Such incorporation does not include later amendments to or editions of the referenced material. The  
16         Department of Public Health and Environment maintains copies of the complete text of the incorporated  
17         materials for public inspection during regular business hours, and shall provide certified copies of the  
18         incorporated material at cost upon request. Information regarding how the incorporated material may be  
19         obtained or examined is available from:

20                 Division Director

21                 Health Facilities and Emergency Medical Services Division

22                 Colorado Department of Public Health and Environment

23                 4300 Cherry Creek Drive South

24                 Denver, CO 80246

25                 Phone: 303-692-2800

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27                 Distribution Center, and are available for interlibrary loan. Any incorporated material may be examined  
28                 at any state publications depository library.

29     **Section 2 – Definitions**

30     .....

31     ~~2.8 Plan Review – review by the Department, or its designee, of new construction or remodeling plans to ensure~~  
32         ~~that the facility will maintain compliance with the applicable National Fire Protection Association (NFPA)~~  
33         ~~Life Safety Code and this Chapter VIII. Plan review consists of the analysis of construction plans and~~

onsite inspections, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.

2.98 Resident – an individual admitted to and receiving services from a facility for persons with developmental disabilities.

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## **Section 20 – Fire Safety-RESERVED**

~~20.1 Each facility for persons with developmental disabilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is incorporated by reference.~~

~~20.2 Intermediate Care Facilities for Persons with Developmental Disabilities shall meet the following Life Safety Code requirements:~~

~~(A) A facility initially licensed before March 11, 2003, shall meet Chapter 19, Existing Health Care Occupancies or Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2000). The applicability of Chapter 19 or Chapter 33 shall be based upon the self-preservation capability of as few as one resident.~~

~~(B) A facility initially licensed on or after March 11, 2003, shall meet Chapter 18, New Health Care Occupancies or Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2000). The applicability of Chapter 18 or Chapter 32 shall be based upon the self-preservation capability of as few as one resident.~~

~~(C) For any facility that undergoes remodeling on or after October 1, 2003, the following shall apply:~~

~~(1) If the facility is deemed a health care occupancy and the remodel involves a modification of more than 50 percent of the smoke compartment or more than 4,500 square feet, the entire smoke compartment shall be renovated to meet Chapter 18, NFPA 101 (2000).~~

~~(2) If the facility is deemed a board and care occupancy, additions or remodeling involving more than 25 percent of the habitable floor space shall meet Chapter 32, NFPA 101 (2000).~~

~~20.3 Community Residential Facilities for Persons with Developmental Disabilities shall meet the following Life Safety Code requirements:~~

~~(A) A facility initially licensed before July 1, 2009, shall meet Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2000).~~

~~(B) A facility initially licensed on or after July 1, 2009, shall meet Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2000).~~

~~(C) A facility initially licensed on or after May 1, 2011 shall comply with paragraph (B) above and meet the following additional requirements:~~

~~(1) Notwithstanding Chapter 32 provisions to the contrary, provide an accessible means of egress to the public right of way that is compliant with Chapter 7, Means of Egress, NFPA 101 (2000), and~~

~~(2) Install and maintain in good repair a carbon monoxide detector and alarm within 15 feet of the entrance to each sleeping room.~~

(D) ~~Additions or remodeling involving more than 25 percent of the habitable floor space shall meet Chapter 32, NFPA 101 (2000).~~

~~20.4 Notwithstanding NFPA 101, Life Safety Code provisions to the contrary:~~

(A) ~~When differing fire safety standards are imposed by federal, state, or local jurisdictions, the facility shall comply with the standards that are the most stringent.~~

(B) ~~Any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.~~

(C) ~~Licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than two hours.~~

## **Section 21 – Plan Review and Applicable Fees COMPLIANCE WITH FGI GUIDELINES**

~~21.1 Each facility subject to a construction plan review, as specified below, shall comply with 6 CCR 1011-1, Chapter II, Part 1 concerning the submission of construction plans/documents and completion of the plan review process.~~

~~21.2 Plan review and fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of residents on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.~~

~~21.3 Plan review for Initial Licensure, Additions and Relocations~~

~~Plan review includes new facility construction and new occupancy of existing structures and shall apply to the following:~~

(A) ~~Applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.~~

(B) ~~Additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.~~

(C) ~~Relocation of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009. Such relocations shall meet either Chapter 18 or Chapter 32, NFPA 101 (2000).~~

~~21.4 Plan Review Fees for Initial Licensure, Addition, or Relocation~~

(A) ~~For facilities that are deemed health care occupancies: A base fee of \$2,500, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-25,000 sq. ft.	\$0.10	This is the cost for the first 25,000 sq. ft. of any plan submitted.
25,001+ sq. ft.	\$0.01	This cost is applicable to the additional square footage over 25,000 sq. ft.

(B) For facilities that are deemed board and care occupancies: A base fee of \$2,300, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq. ft.	\$0.10	This is the cost for the first 25,000 sq. ft. of any plan submitted.
25,001+ sq. ft.	\$0.01	This cost is applicable to the additional square footage over 25,000 sq. ft.

#### 21.5 Plan Review for Remodeling

(A) Plan review for remodeling shall be submitted when the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:

- (1) Alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.
- (2) Relocation, removal or installation of walls that result in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.
- (3) Conversion of existing space to resident sleeping areas.
- (4) Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.
- (5) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.
- (6) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.
- (7) Installation, removal or renovation of any kitchen hood suppression system.
- (8) Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.
- (9) Alteration of an existing area of the facility into a resident services area that restricts resident egress through the use of locking devices. In addition to construction plans, the following information shall also be submitted:
  - (a) Cut sheets and sequence operations for locking devices for egress and egress access doors.

(b) ~~Location of locked egress and egress access doors.~~

(c) ~~If applicable, how the fencing or other enclosure around the secured outdoor area designed to prevent elopement will be installed such that it protects the safety and security of the residents.~~

#### 21.6 ~~Plan Review Fees for Remodeling~~

(A) ~~For facilities that are health care occupancies: A base fee of \$2,000, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-20,000 sq. ft.	\$0.08	This is the cost for the first 20,000 sq. ft. of any plan submitted.
20,001+ sq. ft.	\$0.01	This cost is applicable to the additional square footage over 20,000 sq. ft.

(B) ~~For facilities that are board and care occupancies: A base fee of \$1,800, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-20,000 sq. ft.	\$0.08	This is the cost for the first 20,000 sq. ft. of any plan submitted.
20,001+ sq. ft.	\$0.01	This cost is applicable to the additional square footage over 20,000 sq. ft.

21.71 ~~The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA) may be used by the Department in resolving health, building and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference. THE DEPARTMENT SHALL RELY ON THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.~~

## Section 22 – Physical Environment

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22.3 All exterior areas shall be safely maintained to protect against environmental hazards including, but not limited to, the following:

(A) Exterior premises shall be kept free of high weeds and grass, garbage and rubbish.

(B) Grounds shall be maintained to prevent hazardous slopes, holes, snow, ice or other potential hazards.

~~(C) Porches and exterior staircases of three (3) or more steps shall have handrails. Staircases and porches shall be kept in good repair.~~

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## 22.5 Electrical equipment/devices

~~(A) RESERVED Extension cords and multiple use electrical sockets shall not be used in resident bedrooms.~~

~~(B) RESERVED Power strips are permitted throughout the facility with the following limitations:~~

~~(1) The power strip shall be equipped with factory installed over current protection in the form of a circuit breaker or fuse.~~

~~(2) The power strip shall have a UL (Underwriters Laboratories) label.~~

~~(3) The power strips cannot be linked together when used.~~

~~(4) Extension cords cannot be utilized in conjunction with a power strip.~~

~~(5) Power strips must be equipped with six or less simplex receptacles.~~

~~(6) Use shall be restricted to one power strip per resident per bedroom.~~

(C) A heating pad or electric blanket shall not be used in a resident room without both staff supervision and documentation that the administrator believes the resident to be capable of appropriate and safe use.

(D) Electric or space heaters shall not be permitted within resident bedrooms and may only be used in common areas of the facility if owned, provided, and maintained by the facility.

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1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER IX - COMMUNITY CLINICS AND COMMUNITY CLINICS AND EMERGENCY CENTERS**

3     **6 CCR 1011-1 Chap 09**

4     **SUBCHAPTER IX.A - GENERAL REQUIREMENTS**

5     **SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR CLINICS WITH INPATIENT BEDS AND**  
6     **COMMUNITY EMERGENCY CENTERS**

7     **SUBCHAPTER IX.A - GENERAL REQUIREMENTS**

8     .....

9     **Part 2. DEFINITIONS**

10    2.101

11           (1) "Anesthetizing services" means conscious sedation, deep sedation, regional anesthesia, and  
12               general anesthesia used during the course of providing treatment.

13           (2) "Clinic serving the uninsured or underinsured" means a nonprofit facility whose sole mission is the  
14               delivery of primary care to low-income and publicly insured patients regardless of ability to pay.  
15               Any charges assessed, whether a flat fee or on a sliding fee scale, shall be based on the  
16               patient's income and ability to pay.

17           (3) "Community clinic" means:

18               (a) a health care facility that provides health care services on an ambulatory basis, is neither  
19               licensed as an on-campus department or service of a hospital nor listed as an off-  
20               campus location under a hospital's license, and meets at least one of the following  
21               criteria:

22                   (i) operates inpatient beds at the facility for the provision of extended observation and  
23                   other related services for not more than seventy-two hours.

24                   (ii) provides emergency services at the facility.

25                   (iii) is operated or contracted by the Department of Corrections.

26                   (iv) provides primary care services, is not otherwise subject to health facility licensure  
27                   under Section 25-3-101, C.R.S. or Section 2-1.5-103, C.R.S., but opts to obtain  
28                   licensure in order to receive private donations, grants, government funds, or  
29                   other public or private reimbursement for services rendered.

30           (b) The term "community clinic" does not mean:

31               (i) a federally qualified health center.

32               (ii) a rural health clinic.

33               (iii) a facility that functions only as an office for the practice of medicine or the delivery  
34               of primary care services by other licensed or certified practitioners. A health

care facility is not required to be licensed as a community clinic solely due to the facility's ownership status, corporate structure, or engagement of outside vendors to perform nonclinical management services. This section permits regulation of a physician's office only to the extent the office is a community clinic as defined in this Section 2.101 (3)(a).

(4) "Community emergency center" means a community clinic that delivers emergency services. The care shall be provided 24 hours per day, 7 days per week every day of the year, unless otherwise authorized herein. A community emergency center may provide primary care services and operate inpatient beds.

(5) "Emergency services" means the treatment of patients arriving by any means who have medical conditions, including acute illness or trauma, that if not treated immediately could result in loss of life, loss of limb, or permanent disability.

(6) "Inpatient beds" means the use of beds for the care of medically stable patients who present for primary care services but would benefit from monitoring by nurses and physicians for a period between 12 and 72 hours, except that the 72-hour limit shall not apply to prison clinics. Such inpatient beds are not meant to be used for routine preparation or recovery prior to or following diagnostic or surgical services; or to accommodate inpatient overflow from another facility.

(7) "Federally qualified health center (FQHC)" means a facility that meets the definition under Section 1861 (aa)(4) of the federal "Social Security Act", 42 U.S.C. Section 1395x (aa)(4) which provides for the delivery of comprehensive primary and after hours care in underserved areas.

(8) "Governing body" means the board of trustees, directors, or other governing entity in whom the ultimate authority and responsibility for the conduct of the clinic is vested.

~~(9) "Plan review" means the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter IX. Plan review consists of the analysis of construction plans/documents and onsite inspections, where warranted. For the purposes of the NFPA requirements, the Department is the authority having jurisdiction for state licensure.~~

~~(409)~~ "Preventive health services" means services provided to patients to prevent disease and interventions in patient behaviors designed to avert or ameliorate negative health consequences. Preventive health services may include, but are not limited to, nutritional assessment and referral, preventive health education, pre-natal care, well child services (including periodic screening), and immunizations.

~~(4410)~~ "Primary care services" means outpatient health care provided for the entire body rather than a specific organ system that includes: comprehensive assessment at first contact; preventive health services; evaluation and treatment of health care concerns; referrals to specialists as appropriate; and planned continuing routine care including coordination with specialists.

~~(4211)~~ "Rural health clinic" means a facility that meets the definition under Section 1861 (aa)(2) of the federal "Social Security Act", 42 U.S.C. Section 1395x (aa)(2) which provides for the delivery of basic outpatient primary care in underserved, non-urban areas.

~~(13) "Structural element" for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations.~~

1 .....

2 **Part 4. FIRE SAFETY AND PHYSICAL PLANT STANDARDS**

3 ~~4.101 PLAN REVIEW AND PLAN REVIEW FEES. This Section 4.101 applies to community clinics with the~~  
4 ~~exception of clinics operated in prisons and school-based clinics subject to construction plan review by~~  
5 ~~the Division of Fire Safety, pursuant to C.R.S. 24-33.5-1203 (1)(p) (2012). In addition, plan review is~~  
6 ~~optional for clinics that opt to obtain licensure unless the services provided by the facility lead to a~~  
7 ~~determination by the Department that the facility shall meet ambulatory health care occupancy or health~~  
8 ~~care occupancy.~~

9 ~~Plan review and plan review fees are required as listed below. If the facility has been approved by the~~  
10 ~~Department to use more than one building for the direct care of patients on its campus, each building is~~  
11 ~~subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be~~  
12 ~~submitted prior to the Department initiating a plan review for a facility.~~

13 ~~(1) Initial Licensure, Additions, Relocations~~

14 ~~(a) Plan review is applicable to the following, and includes new facility construction and new~~  
15 ~~occupancy of existing structures:~~

16 ~~(i) Applications for an initial license, when such initial license is not a change of~~  
17 ~~ownership and the application is submitted on or after July 1, 2009.~~

18 ~~(ii) Additions of previously uninspected or unlicensed square footage to an existing~~  
19 ~~occupancy and the building permit for such addition is issued on or after July 1,~~  
20 ~~2009 or if no permit is required by the local jurisdiction, construction began on~~  
21 ~~or after July 1, 2009.~~

22 ~~(iii) Relocations of a currently licensed facility in whole or in part to another physical~~  
23 ~~plant, where the occupancy date occurs on or after July 1, 2009.~~

24 ~~(b) Initial licensure, addition, and relocation plan review fees:~~

25 ~~(i) Base fee of \$2,250, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Note</b>
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 25,000 sq ft.

26

27 ~~(2) Remodeling~~

28 ~~(a) Plan review is applicable to remodeling for which the application for the building permit from~~  
29 ~~the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is~~  
30 ~~required by the local jurisdiction, construction began on or after July 1, 2009.~~  
31 ~~Remodeling includes, but is not limited to:~~

32 ~~(i) Alteration, in patient sleeping areas, of a structural element subject to Life Safety~~  
33 ~~Code standards, such as egress door widths and smoke or fire resisting walls.~~

- (ii) ~~Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.~~
- (iii) ~~Conversion of existing space into rooms with inpatient beds.~~
- (iv) ~~Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.~~
- (v) ~~Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.~~
- (vi) ~~Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.~~
- (vii) ~~Installation, removal or renovation of any kitchen hood suppression system.~~
- (viii) ~~Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.~~

(b) ~~Remodeling plan review fees:~~

- (i) ~~Base fee of \$1,750, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Note</b>
0-20,000 sq ft	\$0.07	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 20,000 sq ft.

**4.102 COMPLIANCE WITH THE FIRE SAFETY REQUIREMENTS**

- (1) ~~With the exception of school-based clinics subject to construction plan review by the Division of Fire Safety pursuant to C.R.S. 24-33.5-1203 (1)(p) (2010), community clinics shall be compliant with the applicable occupancy chapter of the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference in accordance with the provisions regarding incorporation by reference at the beginning of this chapter.~~

- (a) ~~Facilities licensed on or before April 30, 2012 shall meet the applicable "existing occupancy" requirements. Facilities licensed on or after May 1, 2012, or portions of facilities that undergo remodeling on or after May 1, 2012, shall meet the applicable "new occupancy" requirements. In addition, if the remodel represents a modification of more than 50 percent of the total interior licensed space, the entire licensed space shall be renovated to meet "new occupancy" requirements.~~

(b) ~~Notwithstanding subsection (1)(a) above, primary care clinics that are in operation before May 1, 2012 and submit a license application before July 1, 2012 shall meet "existing occupancy" requirements.~~

(2) ~~Notwithstanding NFPA 101 Life Safety Code (2000) provisions to the contrary:-~~

(a) ~~When differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent shall apply.~~

(b) ~~Any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.~~

(c) ~~The occupancy requirement is based on the level of services provided to one or more persons in such occupancy.~~

(3) ~~Exceptions to 2-Hour Firewall Requirements. Facilities that are not classified as either an ambulatory health care occupancy or a health care occupancy shall be exempt from the provisions set forth in 6 CCR 1011-1, Chapter II, Section 2.3.5 (A).~~

#### 4.1031 COMPLIANCE WITH FGI AIA STANDARDS

(1) ~~The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference in accordance with the provisions regarding incorporation by reference at the beginning of this chapter. THE DEPARTMENT SHALL RELY ON THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, ( 2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.~~

### SUBCHAPTER IX.B - ADDITIONAL REQUIREMENTS FOR CLINICS WITH INPATIENT BEDS AND COMMUNITY EMERGENCY CENTERS

#### Part 6. GOVERNANCE AND LEADERSHIP

6.102 PROGRAMMATIC FUNCTIONS. The governing body shall:

(b) Community Emergency Center. The community emergency center shall maintain operations on a 24-hour basis, every day of the year, except as authorized below.

(ii) Seasonal Closures. a community emergency center in a non-metropolitan area that experiences seasonal population influx may choose to only operate each year during specified times. A facility that conducts

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seasonal closures shall develop and implement a written plan that addresses:

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~~-(E) fire drills, procedures in case of fire, evacuation and relocation procedures. Fire drills shall be conducted at least once per shift every three months that the facility is open in accordance with the Life Safety Code. In addition, prior to accepting patients or within 24 hours of resumption of services: all staff and all shifts shall participate in a fire drill; and all staff shall be oriented to the procedures in case of fire as well as their responsibilities during an evacuation and relocation emergency.~~

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1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER X - REHABILITATION CENTERS**

3     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4     **CHAPTER X - REHABILITATION CENTERS**

5     **6 CCR 1011-1 Chap 10**

6     .....

7     **Part 2. DEFINITIONS**

8     **2.100**

9     **2.101 GENERAL DEFINITIONS**

- 10    (1) "Department" means the Department of Public Health and Environment, unless the context dictates  
11       otherwise.
- 12    (2) "Division" means the Health Facilities and Emergency Medical Services Division, unless the context dictates  
13       otherwise.
- 14    (3) "Governing board" means the board of trustees, directors, or other governing body in whom the ultimate  
15       authority and responsibility for the conduct of the hospital is vested.
- 16    (4) "General Hospital" means a hospital licensed pursuant to 6 CCR 1011-1, Chapter IV, General Hospitals.
- 17    (5) "Occupational therapy" means a rehabilitation procedure guided by a qualified therapist who, under medical  
18       supervision, uses any purposeful activity to gain from the patient the desired physical function and/or  
19       mental response.
- 20    (6) "Patient care unit" means a designated area of the hospital that provides a bedroom or a grouping of  
21       bedrooms with respective supporting facilities and services to provide adequate nursing care and  
22       clinical management of inpatients; and that is thereby planned, organized, operated, and maintained to  
23       function as a separate and distinct unit.
- 24    ~~(7) "Plan review" means the review by the Department, or its designee, of new construction or remodeling plans~~  
25       ~~to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety~~  
26       ~~Code and with this Chapter X. Plan review consists of the examination of new construction or~~  
27       ~~remodeling plans and onsite inspections, where warranted. In reference to the National Fire Protection~~  
28       ~~Association requirements, the Department is the authority having jurisdiction for state licensure.~~
- 29    (8) "Rehabilitation hospital" means a facility that is intended to provide a community with a type of facility,  
30       licensed as a hospital, capable of rendering quality service to those patients not acutely ill and not  
31       requiring surgical, intensive, maternity, or extensive radiological or clinical laboratory services, on a  
32       direct admission thereto or as a secondary referral admission subject to the clinical judgment of  
33       attending physicians, and who may, therefore, receive a relatively high level of special medical and  
34       nursing care directed primarily to a rehabilitative or restorative process commensurate with the  
35       individual clinical diagnosis. In general, but subject to specific conditions governing a particular facility  
36       within a given community, it is intended that a rehabilitation hospital offer its services on the basis of a  
37       full spectrum of community need without singular identification with any specific age groups or economic  
38       status of patients served.

(98) "Respiratory care" is that service which is organized to provide facilities, equipment, and personnel who are qualified by training, experience and ability to treat conditions caused by deficiencies or abnormalities associated with respiration.

**Part 4. FIRE SAFETY AND PHYSICAL PLANT STANDARDS RESERVED**

**4.101 PLAN REVIEW AND PLAN REVIEW FEES**

Plan review and plan review fees are required as listed below in Sections (1) through (5), below. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.

(1) Initial Licensure . Applicable to applications for an initial license, when such initial license is not a change of ownership. This includes new facility construction and existing structures. The requirement for plan review and the fee applies to initial license applications submitted on or after May 15, 2008. Fee : see table below.

Square Footage	Cost per square foot	Explanatory Note
0-35,000	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

(2) New Construction . Applicable to new construction including replacement facilities, structural additions of any size and prefabricated structures. The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after May 15, 2008. However, facilities for which the application for the building permit from the local authority having jurisdiction is dated prior to May 15, 2008 may request a partial plan review. The partial plan review is subject to a ten (10) to twenty-five (25) percent reduction of the fee, as determined by the Department, dependent on the phase of facility construction; except that the fee shall not be below the minimum fee established by this Section 4.101 (2). Fee : see table below. Minimum fee: \$2,000.

Square Footage	Cost per square foot	Explanatory Note
0-35,000	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to



		the additional square footage over 200,000 sq ft.
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~~(3) Remodeling — General . Applicable to relocation, removal or installation of walls resulting in 50% or more of a smoke compartment being reconfigured. The cost per square footage listed in the table below is to be assessed for the entire smoke compartment(s) being reconfigured. The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after May 15, 2008. Fee : see table below. Minimum fee: \$2,000.~~

<b>Square Footage</b>	<b>Cost per square foot</b>	<b>Explanatory note</b>
0-35,000	\$0.25	This is cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

~~(4) Remodeling — Egress Components . Applicable to the relocation, removal, or addition of any egress component, including but not limited to corridors, stairwells, exit enclosures, or points of refuge. (Widening of an egress component is not relocation.) The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after May 15, 2008. Fee : \$2,000. However, if these renovations are part of the smoke compartment reconfiguration subject to the fee listed in Section 4.101 (3), the fee in this Section 4.101 (4) shall not apply.~~

~~(5) Remodeling — Specific Systems . Applicable to significant modifications to the following systems: fire sprinkler, fire alarm, medical gas, kitchen exhaust/suppression system, and essential electrical system. The requirement for plan review and the fee applies to significant modifications where construction is initiated on or after July 1, 2008. For the purposes of this Section 4.101 (5), construction of significant modifications is deemed initiated when there is an alteration associated with the remodeling to an existing structure that results in a physical change. Fee : \$2,000 for up to four smoke compartments, plus \$500 for each additional compartment. However, if these renovations are part of the smoke compartment reconfiguration subject to the fee listed in Section 4.101 (3), the fee in this Section 4.101 (5) shall not apply. Significant modifications include:~~

~~(a) Fire sprinkler: 100 or more sprinklers. Notwithstanding the other provisions in this Section 4.101 (5), the extension of a sprinkler system involving the installation of 25 to 99 sprinkler heads for an area previously unsprinklered is subject to a partial plan review consisting of the review of the remodeling plans and a fee of \$500.~~

~~(b) Fire alarm: any modification to the fire alarm system that involves the replacement of the main fire alarm control unit (panel).~~

~~(c) Medical gas: modifications that affect 50% or more of a smoke compartment.~~

1           ~~(d) Kitchen exhaust/suppression system: replacement of the suppression or hood exhaust/duct system.~~

2           ~~(e) Essential electrical system: replacement or addition of a generator or transfer switch.~~

3    **~~4.102 COMPLIANCE WITH THE LIFE SAFETY CODE~~**

4    ~~(1) The facility shall be in conformance with the standards established in Chapter IV, Section 4.102 (1). This~~  
5       ~~Section 4.102 (1) incorporates by reference, the National Fire Protection Association (NFPA) 101, Life~~  
6       ~~Safety Code (2000). Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II,~~  
7       ~~excludes later amendments to or editions of the referenced material. In addition, the architectural design~~  
8       ~~must provide for easy, independent access to all areas of the facility by handicapped persons.~~  
9       ~~Appropriate ramps, rails, and elevators must be provided.~~

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1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER XI - CONVALESCENT CENTERS**

3     **6 CCR 1011-1 Chap 11**

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5     These chapters of regulation incorporate by reference (as indicated within) material originally published  
6     elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material.  
7     Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health  
8     And Environment maintains copies of the incorporated texts in their entirety which shall be available for public  
9     inspection during regular business hours at:

10           Division Director  
11           Colorado Department of Public Health and Environment  
12           Health Facilities Division  
13           4300 Cherry Creek Drive South  
14           Denver, Colorado 80222-1530  
15           Main switchboard: (303) 692-2800

16     Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material  
17     that has been incorporated by reference after July 1, 1994 may be examined in any state publications  
18     depository library. Copies of the incorporated materials have been sent to the state publications depository and  
19     distribution center, and are available for interlibrary loan.

20     **DEFINITIONS**

21     **Convalescent Center** – Convalescent center means a health facility planned, organized, operated, and  
22     maintained to offer facilities and services to inpatients requiring restorative care and treatment, and that is either  
23     an integral patient care unit of a general hospital or a facility physically separated from, but maintaining an  
24     affiliation with, all services in a general hospital.

25     Convalescence is considered to be period of recovery after injury or illness, either mental or physical, and/or  
26     following excessive strain on psychological process which produce exhaustion or fatigue. It is a gradual process  
27     which may be interrupted by relapses or for necessary therapy. In some cases the recovery may be only partial,  
28     but in any event, important mental and physical improvements in the patient, regardless of the injury or disease,  
29     is required criterion of convalescence. Thus a license for a Convalescence Center will be used only when a  
30     facility demonstrates that their services and condition of patients are such that there is some promise of full or  
31     partial recovery to a former state of well-being and that the facility has arrangements and programs to promote  
32     this return.

33     ~~**Plan Review** — the review by the Department, or its designee, of new construction, previously unlicensed~~  
34     ~~space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA)~~  
35     ~~Life Safety Code and with this Chapter XI. Plan review consists of the analysis of construction plans/documents~~  
36     ~~and onsite inspections, where warranted. For the purposes of the National Fire Protection Association~~  
37     ~~requirements, the Department is the authority having jurisdiction for state licensure. — [Eff. 04/30/2009]~~

**Structural Element** — for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations. — [Eff. 04/30/2009]

**1.6 COMPLIANCE WITH FGI GUIDELINES GENERAL BUILDING AND LIFE SAFETY CODE REQUIREMENTS — [Eff. 04/30/2009]**

1.6.1 THE DEPARTMENT SHALL RELY ON THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, ( 2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.

~~COMPLIANCE WITH THE LIFE SAFETY CODE. Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.~~

~~(1) Facilities licensed before July 1, 2009 shall meet Chapter 19, Existing Health Care Occupancies, NFPA 101 (2000).~~

~~(2) Facilities licensed on or after July 1, 2009 or portions of facilities that undergo remodeling on or after July 1, 2009 shall meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000). In addition, if the remodel represents a modification of more than 50 percent, or more than 4,500 square feet of the smoke compartment, the entire smoke compartment shall be renovated to meet Chapter 18, NFPA 101 (2000).~~

~~(3) Notwithstanding NFPA 101 Life Safety Code provisions to the contrary:~~

~~(a) when differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent standard shall apply.~~

~~(b) any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.~~

~~(c) licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than 2 hours.~~

~~1.6.2 PLAN REVIEW AND PLAN REVIEW FEES. Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of patients on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.~~

~~(1) Initial Licensure, Additions, Relocations~~

~~(a) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:~~

(i) ~~applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.~~

(ii) ~~additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.~~

(iii) ~~relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.~~

(b) ~~Initial licensure, addition, and relocation plan review fees: base fee of \$2,500, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

## (2) ~~Remodeling~~

(a) ~~Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:~~

(i) ~~alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.~~

(ii) ~~relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.~~

(iii) ~~conversion of existing space not previously used for providing patient services, including storage space, to resident sleeping areas.~~

(iv) ~~changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.~~

(v) ~~installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.~~

(vi) ~~installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.~~

(vii) ~~installation, removal or renovation of any kitchen hood suppression system.~~

(viii) ~~essential electrical system: replacement or addition of a generator or transfer switch.~~

(b) ~~Remodeling plan review fees: base fee of \$2,000, plus square footage costs as shown in the table below:~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

~~1.6.3 The "Guidelines of Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.~~

1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER XV - DIALYSIS TREATMENT CLINICS**

3     **6 CCR 1011-1 Chap 15**

4     .....

5     **Section 2. DEFINITIONS**

6     2.1 Department – The Colorado Department of Public Health and Environment, unless the context dictates  
7         otherwise.

8     2.2 Dialyzer Regeneration – The preparation for reuse of a single-use dialyzer in accordance with Section 6.5  
9         of this Chapter.

10    2.3 Dialysis Treatment Clinic – A health facility or a department or unit of a licensed hospital that is planned,  
11         organized, operated and maintained to provide outpatient treatment to, or hemodialysis training for  
12         home use of hemodialysis equipment by, end-stage renal disease patients.

13    2.4 End-Stage Renal Disease – The stage of renal impairment that appears irreversible and permanent and  
14         that requires a regular course of dialysis or a kidney transplant to maintain life.

15    2.5 General Hospital – A facility licensed pursuant to 6 CCR 1011-1, Chapter IV, General Hospitals, that  
16         provides 24-hours per day, seven days per week inpatient services, emergency medical and surgical  
17         care, continuous nursing services, and necessary ancillary services to individuals for the diagnosis or  
18         treatment of injury, illness, pregnancy, or disability.

19    2.6 Governing Board – The board of trustees, directors, or other governing body in whom the ultimate authority  
20         and responsibility for the conduct of the dialysis treatment clinic is vested.

21    2.7 Hemodialysis Technician – A person who is not a physician or a registered nurse and who provides dialysis  
22         care.

23    2.8 National Credentialing Program – Any national program for credentialing or determining the competency of  
24         hemodialysis technicians that is recognized by the National Association of Nephrology  
25         Technicians/Technologists (NANT), or a successor association.

26    ~~2.9 Plan Review – The review by the Department, or its designee, of new construction, previously unlicensed~~  
27         ~~space, or remodeling to ensure compliance by the facility with the National Fire Protection Association~~  
28         ~~(NFPA) Life Safety Code and with this Chapter XV. Plan review consists of the analysis of construction~~  
29         ~~plans/documents and onsite inspections, where warranted. For the purposes of the National Fire~~  
30         ~~Protection Association requirements, the Department is the authority having jurisdiction for state~~  
31         ~~licensure.~~

32    ~~2.10 Structural Element – For the purposes of plan review, means an element relating to load bearing or to the~~  
33         ~~scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of~~  
34         ~~a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns~~  
35         ~~and foundations.~~

36     **Section 3. FEES**

37     .....



3.2 ~~Plan Review and Plan Review Fees.~~ Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of patients on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.

~~(A) Initial Licensure, Additions, Relocations~~

~~(1) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:~~

~~(I) Applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.~~

~~(II) Additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.~~

~~(III) Relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.~~

~~(2) Initial licensure, addition, and relocation plan review fees: base fee of \$2,250, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 25,000 sq ft.

~~(B) Remodeling~~

~~(1) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:~~

~~(i) alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.~~

~~(ii) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.~~

~~(iii) Conversion of existing space into treatment stations.~~

~~(iv) Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.~~

(v) ~~Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.~~

(vi) ~~Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.~~

(vii) ~~Installation, removal or renovation of any kitchen hood suppression system.~~

(viii) ~~Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.~~

(2) ~~Remodeling plan review fees: base fee of \$1,750, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-20,000 sq ft	\$0.07	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 20,000 sq ft.

## **Section 8. PHYSICAL PLANT AND EQUIPMENT**

### **8.1 Life Safety Code- RESERVED**

8.1.1 ~~All dialysis treatment clinics shall comply with the National Fire Protection Association (NFPA) 101 Life Safety Code (2000) which is incorporated by reference herein. Such incorporation does not include later amendments to or editions of the referenced material. The Health Facilities and Emergency Medical Services Division of the Department of Public Health and Environment maintains copies of the complete text of the incorporated materials for public inspection during regular business hours, and shall provide certified copies of any non-copyrighted material to the public at cost upon request. These materials have also been submitted to the state publications depository and distribution center and are available for interlibrary loans. The incorporated material may be examined at any state publications depository library.~~

8.1.2 ~~Facilities originally licensed before January 1, 2008 shall meet Chapter 21, Existing Ambulatory Health Care Occupancies, NFPA 101 (2000).~~

8.1.3 ~~Facilities licensed on or after January 1, 2008 or portions of facilities that undergo remodeling after January 1, 2008 shall meet Chapter 20, New Ambulatory Health Care Occupancies, NFPA 101 (2000). In addition, if the remodel represents a modification of more than 50 percent, or more than 4,500 square feet of the smoke compartment, the entire smoke compartment shall be renovated to meet Chapter 20, New Ambulatory Health Care Occupancies, NFPA 101 (2000).~~

8.1.4 ~~Notwithstanding NFPA 101 Life Safety Code (2000) provisions to the contrary: [Eff. 06/30/2009]~~

(A) ~~When differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent standard shall apply. [Eff. 06/30/2009]~~

(B) ~~Any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story. [Eff. 06/30/2009]~~

(C) ~~licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than 2 hours. [Eff. 06/30/2009]~~

8.4 ~~Building Construction~~ [Eff. 06/30/2009] COMPLIANCE WITH FGI GUIDELINES

8.4.1 ~~The “Guidelines for Design and Construction of Health Care Facilities” (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material. [Eff. 06/30/2009]~~ THE DEPARTMENT SHALL RELY ON THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, ( 2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.

1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER XVIII - PSYCHIATRIC HOSPITALS**

3     **6 CCR 1011-1 Chap 18**

4     .....

5     **Part 4. FIRE SAFETY AND PHYSICAL PLANT STANDARDS**

6     .....

7     **4.101 ~~PLAN REVIEW AND PLAN REVIEW FEES.~~**

8     Plan review and plan review fees are required as listed in Sections (1) through (5), below. Fees are  
9     nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.

10    ~~(1) Initial Licensure. Applicable to applications for an initial license, when such initial license is not a change of~~  
11       ~~ownership. This includes new facility construction and existing structures. The requirement for plan~~  
12       ~~review and the fee applies to initial license applications submitted on or after May 15, 2008. Fee : see~~  
13       ~~table below.~~

<b>Square Footage</b>	<b>Cost per square foot</b>	<b>Explanatory Note</b>
0-35,000	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

14

15    ~~(2) New Construction. Applicable to new construction including replacement facilities, structural additions of~~  
16       ~~any size and prefabricated structures. The requirement for plan review and the fee applies to~~  
17       ~~construction for which the application for the building permit from the local authority having jurisdiction is~~  
18       ~~dated on or after May 15, 2008. However, facilities for which the application for the building permit from~~  
19       ~~the local authority having jurisdiction is dated prior to May 15, 2008 may request a partial plan review.~~  
20       ~~The partial plan review is subject to a ten (10) to twenty-five (25) percent reduction of the fee, as~~  
21       ~~determined by the Department, dependent on the phase of facility construction; except that the fee shall~~  
22       ~~not be below the minimum fee established by this subsection. Fee : see table below. Minimum fee:~~  
23       ~~\$2,000.~~

<b>Square Footage</b>	<b>Cost per square foot</b>	<b>Explanatory Note</b>
0-35,000	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to

		the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

1

2 (3) ~~Remodeling—General.~~ Applicable to relocation, removal or installation of walls resulting in 50% or more of  
3 a smoke compartment being reconfigured. The cost per square footage listed in the table below is to be  
4 assessed for the entire smoke compartment(s) being reconfigured. The requirement for plan review and  
5 the fee applies to construction for which the application for the building permit from the local authority  
6 having jurisdiction is dated on or after May 15, 2008. ~~Fee : see table below. Minimum fee: \$2,000.~~

Square Footage	Cost per square foot	Explanatory note
0-35,000	\$0.25	This is cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

7

8 (4) ~~Remodeling—Egress Components.~~ Applicable to the relocation, removal, or addition of any egress  
9 component, including but not limited to corridors, stairwells, exit enclosures, or points of refuge.  
10 (Widening of an egress component is not relocation.) The requirement for plan review and the fee  
11 applies to construction for which the application for the building permit from the local authority having  
12 jurisdiction is dated on or after May 15, 2008. ~~Fee : \$2,000.~~ However, if these renovations are part of  
13 the smoke compartment reconfiguration subject to the fee listed in Section 4.101 (3), the fee in this  
14 Section 4.101 (4) shall not apply.

15 (5) ~~Remodeling—Specific Systems.~~ Applicable to significant modifications to the following systems: fire  
16 sprinkler, fire alarm, medical gas, kitchen exhaust/suppression system, and essential electrical system.  
17 The requirement for plan review and the fee applies to significant modifications where construction is  
18 initiated on or after July 1, 2008. For the purposes of this Section 4.101 (5), construction of significant  
19 modifications is deemed initiated when there is an alteration associated with the remodeling to an  
20 existing structure that results in a physical change. ~~Fee : \$2,000 for up to four smoke compartments,~~  
21 ~~plus \$500 for each additional compartment. However, if these renovations are part of the smoke~~  
22 ~~compartment reconfiguration subject to the fee listed in Section 4.101(3), the fee in this Section 4.101~~  
23 ~~(5) shall not apply. Significant modifications include:~~

24 (a) ~~Fire sprinkler: 100 or more sprinklers. Notwithstanding the other provisions in this Section 4.101 (5),~~  
25 ~~the extension of a sprinkler system involving the installation of 25 to 99 sprinkler heads for an~~  
26 ~~area previously unsprinklered is subject to a partial plan review consisting of the review of the~~  
27 ~~remodeling plans and a fee of \$500.~~

- (b) ~~Fire alarm: any modification to the fire alarm system that involves the replacement of the main fire alarm control unit (panel).~~
- (c) ~~Medical gas: modifications that affect 50% or more of a smoke compartment.~~
- (d) ~~Kitchen exhaust/suppression system: replacement of the suppression or hood exhaust/duct system.~~
- (e) ~~Essential electrical system: replacement or addition of a generator or transfer switch.~~

#### **4.102 COMPLIANCE WITH THE LIFE SAFETY CODE**

- (1) ~~Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000). Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of the referenced material.~~

(a) ~~Facilities licensed on or before September 30, 2003 shall meet Chapter 19, Existing Health Care Occupancies, NFPA 101 (2000).~~

(b) ~~Facilities licensed on or after October 1, 2003 or portions of facilities that undergo remodeling on or after October 1, 2003 shall meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000). In addition, if the remodel represents a modification of more than 50 percent, or more than 4,500 square feet of the smoke compartment, the entire smoke compartment shall be renovated to meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000).~~

#### **4.103 COMPLIANCE WITH AIA- FGI GUIDELINES**

- (1) ~~The publication "Guidelines for Design and Construction for Health Care Facilities," (2006 Edition), American Institute of Architects (AIA) may be used by the Department in resolving building, health and safety issues for construction initiated or systems installed on or after May 30, 2011. The AIA guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.~~<sup>4</sup>

<sup>4</sup> ~~The Guidelines for Design and Construction for Health Care Facilities (2006 Edition) is available for public inspection during regular business hours at Colorado Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 4300 Cherry Creek Drive South, Denver CO 80246-1530. A read-only copy is available for inspection free of charge on the web at: <http://openpub.realread.com/trserver/viewer.js?sessionid=79ABD328C68FEA35379EBA3BD8355833?title=/FGI/2006guidelines&action=close>. Copies are also available from The Facility Guidelines Institute | 1919 McKinney Avenue | Dallas, TX 75201, <http://www.fgiguideines.org/guidelines.html>.~~

~~THE DEPARTMENT SHALL RELY ON THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, ( 2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.~~

### **Part 11. GENERAL PATIENT CARE SERVICES.**

#### **11.104 FACILITIES**

- (2) Patient Bedrooms

- 1 .....  
2  
3 (d) Each patient bedroom shall have a minimum window. ~~area equal to one-eighth of the floor area.~~  
4 ~~The sills of such windows shall not be located below the finished ground level and shall not be~~  
5 ~~more than 36 inches above the floor level. The exterior ground level shall be maintained at or~~  
6 ~~below the window sill for a distance of at least eight feet, measured direct to the window. A~~  
7 ~~portion of the required window shall be openable sufficient to provide adequate ventilation,~~  
8 ~~unless a mechanical ventilation system is provided. A means of privacy and control of light shall~~  
9 ~~be provided at each window.~~  
10  
11 (e) ~~Each patient bedroom shall have access to exit routes sufficient to meet the fire safety requirements~~  
12 ~~of the Life Safety Code. The door openings shall be at least 32 inches in clear width. Doors~~  
13 ~~shall not swing into the exit route unless emergency release hardware is provided.~~  
14  
15 (fe) Artificial light shall be provided in each patient bedroom including: 1) general illumination; 2) other  
16 sources of sufficient illumination for reading and observations; and 3) silent operating switches.  
17  
18 (gf) Each patient bedroom shall be provided with a separate closet space or locker adequate in size for  
19 the number of patients assigned to the room. In the case of new psychiatric hospital  
20 construction or modification of an existing psychiatric hospital facility, the closet space or locker  
21 must open into the patient room.  
22  
23 (3) Toilet Facilities. Toilet facilities shall be provided in one of two ways:  
24  
25 (a) Located immediately adjacent to private or multiple-bed bedrooms in the ratio of one facility for not  
26 more than four patient beds which include: 1) toilet; 2) incombustible waste paper receptacle,  
either seamless or with removable impervious liner, and 3) grab bars in some facilities and of a  
sufficient number to accommodate disabled patients. ~~In new construction, the door to the toilet~~  
~~shall be at least thirty-two inches in clear width and shall not swing into the toilet room unless~~  
~~provided with rescue hardware or tool-released privacy bath sets.~~

1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER XIX - HOSPITAL UNITS**

3     **6 CCR 1011-1 Chap 19**

4     .....

5     **Part 4. RESERVED FIRE SAFETY AND PHYSICAL PLANT STANDARDS**

6     **4.101 ~~PLAN REVIEW AND PLAN REVIEW FEES~~**

7     ~~(1) Initial Licensure . Applications for an initial license, when such initial license is not a change of ownership.~~  
8         ~~This includes new facility construction and existing structures. The requirement for plan review and the~~  
9         ~~fee applies to initial license applications submitted on or after January 1, 2008. Fee : see table below.~~

<b>Square Footage</b>	<b>Cost per square foot</b>	<b>Explanatory Note</b>
0-35,000	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square footage over 200,000 sq ft.

10

11     ~~(2) New Construction . New construction including replacement facilities, structural additions of any size and~~  
12         ~~prefabricated structures that are licensed under this Chapter XIX. The requirement for plan review and~~  
13         ~~the fee applies to construction for which the application for the building permit from the local authority~~  
14         ~~having jurisdiction is dated on or after January 1, 2008. However, facilities for which the application for~~  
15         ~~the building permit from the local authority having jurisdiction is dated prior to January 1, 2008 may~~  
16         ~~request a partial plan review. The partial plan review is subject to a ten (10) to twenty-five (25) percent~~  
17         ~~reduction of the fee, as determined by the Department, dependent on the phase of facility construction;~~  
18         ~~except that the fee shall not be below the minimum fee established by this subsection. Fee : see table~~  
19         ~~below. Minimum fee: \$2,000.~~

<b>Square Footage</b>	<b>Cost per square foot</b>	<b>Explanatory Note</b>
0-35,000	\$0.37	This is the cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This cost is applicable to the additional square



		footage over 200,000-sq ft.
--	--	--------------------------------

(3) ~~Remodeling — General~~ . Relocation, removal or installation of walls resulting in 50% or more of a smoke compartment being reconfigured. ~~Fee~~ : See table below. The cost per square footage listed in the table below is to be assessed for the entire smoke compartment(s) being reconfigured. The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after January 1, 2008. Minimum fee: \$2,000.

<b>Square Footage</b>	<b>Cost per square foot</b>	<b>Explanatory note</b>
0-35,000	\$0.25	This is the cost for the first 35,000 sq ft of any plan submitted.
35,001-200,000	\$0.03	This cost is applicable to the additional square footage over 35,000 and up to 200,000 sq ft.
200,001+	\$0.01	This is the cost applicable to the additional square footage over 200,000 sq ft.

(4) ~~Remodeling — Egress Components~~ . The relocation, removal, or addition of any egress component, including but not limited to corridors, stairwells, exit enclosures, or points of refuge. (Widening of an egress component is not relocation.) The requirement for plan review and the fee applies to construction for which the application for the building permit from the local authority having jurisdiction is dated on or after January 1, 2008. ~~Fee~~ : \$2,000. However, if these renovations are part of the smoke compartment reconfiguration subject to the fee listed in Section 4.101 (3), the fee in this Section 4.101 (4) shall not apply.

(5) ~~Remodeling — Specific Systems~~ . Significant modifications to the following systems: fire sprinkler, fire alarm, medical gas, kitchen exhaust/suppression system, and essential electrical system. The requirement for plan review and the fee applies to significant modifications where construction is initiated on or after July 1, 2008. For the purposes of this Section 4.101 (5), construction of significant modifications is deemed initiated when there is an alteration associated with the remodeling to an existing structure that results in a physical change. ~~Fee~~ : \$2,000 for up to four smoke compartments, plus \$500 for each additional compartment. However, if these renovations are part of the smoke compartment reconfiguration subject to the fee listed in 4.101 (3), the fee in this Section 4.101 (5) shall not apply. Significant modifications include:

(a) Fire sprinkler: 100 or more sprinklers. Notwithstanding the other provisions in this Section 4.101 (5), the extension of a sprinkler system involving the installation of 25 to 99 sprinkler heads for an area previously unsprinklered is subject to a partial plan review consisting of the review of the remodeling plans and a fee of \$500.

(b) Fire alarm: Any modification to the fire alarm system that involves the replacement of the main fire alarm control unit (panel).

(c) Medical gas: modifications that affect 50% or more of a smoke compartment.

1           ~~(d) Kitchen exhaust suppression system: replacement of the suppression or hood exhaust/duct system.~~

2           ~~(e) Essential electrical system: replacement or addition of a generator or transfer switch.~~

3    **~~4.102 COMPLIANCE WITH THE LIFE SAFETY CODE~~**

4    ~~(1) The facility shall be in conformance with the standards established in Chapter IV, Section 4.102 (1). This~~  
5       ~~Section 4.102 (1) incorporates by reference, the National Fire Protection Association (NFPA) 101, Life~~  
6       ~~Safety Code (2000). Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II,~~  
7       ~~excludes later amendments to or editions of referenced material.~~

8    .....

9    **Part 7. RESERVED MATERNITY HOSPITAL SERVICES**

10 ~~7.101 If the hospital unit is providing Maternity Hospital services, the hospital unit shall comply with the~~  
11 ~~following parts of Chapter XIV, Maternity Hospitals:~~

12       ~~(1) Reserved.~~

13       ~~(2) Part 2. DEFINITIONS~~

14       ~~(3) Parts 5 through 27. [this section is being deleted to conform with the repeal of Chapter XIV,~~  
15           ~~Maternity Hospitals]~~

16    .....  
17

1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER XX - AMBULATORY SURGICAL CENTER**

3     **6 CCR 1011-1 Chap 20**

4     **SECTION 1 - STATUTORY AUTHORITY AND APPLICABILITY**

5     A. The statutory authority for the promulgation of these rules is set forth in section 25-1.5-103 and 25-3-101, *et*  
6         *seq.* , C.R.S.

7     B. An ambulatory surgical center, as defined herein, shall comply with all applicable federal and state statutes  
8         and regulations, including, but not limited to, the following:

9         1. This Chapter XX.

10        2. 6 CCR, 1011-1, Chapter II, General Licensure Standards, unless otherwise modified herein.

11     C. These regulations incorporate by reference (as indicated within) materials originally published elsewhere.  
12         Such incorporation does not include later amendments to or editions of the referenced material. The  
13         Department of Public Health and Environment maintains copies of the complete text of the incorporated  
14         materials for public inspection during regular business hours, and shall provide certified copies of the  
15         incorporated material at cost upon request. Information regarding how the incorporated material may be  
16         obtained or examined is available from:

17                     Division Director

18                     Health Facilities and Emergency Medical Services Division

19                     Colorado Department of Public Health and Environment

20                     4300 Cherry Creek Drive South

21                     Denver, CO 80246

22                     Phone: 303-692-2800

23             Copies of the incorporated materials have been provided to the State Publications Depository and  
24             Distribution Center, and are available for interlibrary loan. Any incorporated material may be examined  
25             at any state publications depository library.

26     **SECTION 2 – DEFINITIONS**

27     .....

28     D. ~~"Plan Review" means the review by the Department, or its designee, of new construction or remodeling~~  
29         ~~plans to ensure compliance by the facility with the applicable version of the National Fire Protection~~  
30         ~~Association (NFPA) Life Safety Code indicated in Section 24 of this Chapter and with this Chapter XX~~  
31         ~~generally. The versions of the NFPA Life Safety Code referred to in this Chapter are incorporated by~~  
32         ~~reference in accordance with Section 1.C of this rule. Plan review consists of the examination of new~~  
33         ~~construction or remodeling plans and onsite inspections, where warranted. In reference to the National~~  
34         ~~Fire Protection Association requirements, the Department is the authority having jurisdiction for state~~  
35         ~~licensure.~~

36     .....

1 **SECTION 14 - SURGICAL SERVICES**

2 .....  
3 D. Doorways and Corridors : The-minimum width of doors for patients and equipment shall be 3 feet. Doors to  
4 accommodate stretchers shall be at least 3 feet, 8 inches wide. The minimum width of corridors serving  
5 surgery suites and recovery and patient preparation areas must be at least 8 feet.

6 G. ~~RESERVED Medical Gases and Medical Gas Systems : A supply of oxygen shall be available and stored~~  
7 ~~in accordance with the NFPA 99 Standard for Health Care Facilities (1999), Chapter 4, Gas and~~  
8 ~~Vacuum Systems. Piped medical gas systems shall meet the requirements of the NFPA 99 Standard for~~  
9 ~~Health Care Facilities (1999), Chapter 4, Gas and Vacuum Systems. The requirements of the NFPA are~~  
10 ~~incorporated by reference in accordance with Section 1.C of this rule.~~

11 .....  
12 P. ~~RESERVED Anesthetizing Locations : Anesthetizing locations shall meet the requirements of the NFPA 99~~  
13 ~~Standard for Health Care Facilities (1999), Chapter 3, Electrical Systems.~~

14 .....  
15 **SECTION 24 - ~~BUILDING AND FIRE SAFETY COMPLIANCE WITH FGI GUIDELINES~~**

16 A. ~~Facilities shall be compliant with the following National Fire Protection Association (NFPA) 101 Life Safety~~  
17 ~~Code requirements:~~

18 1. ~~Facilities licensed on or after October 1, 2003 or portions of facilities that undergo remodeling shall~~  
19 ~~meet NFPA 101, Life Safety Code (2000), Chapter 20, New Ambulatory Health Care~~  
20 ~~Occupancies.~~

21 2. ~~Facilities licensed on or before September 30, 2003 shall meet NFPA 101, Life Safety Code (2000),~~  
22 ~~Chapter 21, Existing Ambulatory Health Care Occupancies.~~

23 3. ~~Facilities licensed on or before April 29, 1994 shall meet either Section 24 A.2 above or NFPA 101~~  
24 ~~Life Safety Code (1981), Section 12-6 "New Ambulatory Health Care Centers." The facility may~~  
25 ~~meet the NFPA 101 Life Safety Code (1981) if such facilities were lawfully constructed and in~~  
26 ~~compliance with the regulations at the time of initial licensure and found to be in continuing~~  
27 ~~compliance during any subsequent inspections, they may continue to utilize existing, approved~~  
28 ~~life safety systems provided that they present no hazard to life, health, or property and that~~  
29 ~~there are no changes in the scope of services and utilization patterns in the ambulatory surgical~~  
30 ~~center. The ambulatory surgical center shall, in the event of any renovation to the facility of 25~~  
31 ~~percent or greater of the total interior of the physical plant on or after April 30, 1994 comply with~~  
32 ~~the requirements established in Section 24, A.1 above.~~

33 B. ~~Facilities licensed on or after April 30, 1994 shall also be compliant with NFPA 99 Standard for Health Care~~  
34 ~~Facilities (1999), Chapter 13, "Other" Health Care Occupancies.~~

35 C. ~~Ambulatory surgical centers shall also demonstrate compliance with all other building and fire safety~~  
36 ~~requirements of local governments and other state agencies, including but not limited to structural,~~  
37 ~~mechanical, plumbing, and electrical requirements.~~

38 D. ~~The publication "Guidelines for Construction and Equipment of Hospitals and Medical Facilities, 1992-1993"~~  
39 ~~from the American Institute of Architects and the U.S. Department of Health and Human Services may~~  
40 ~~be used by the Department in resolving building and fire safety issues that relate to the services~~  
41 ~~provided or systems installed on or before February 29, 2008 and are necessary to protect patient~~

health, safety, and welfare. On or after March 1, 2008, the American Institute of Architects "Guidelines for Design and Construction for Health Care Facilities," (2006 Edition) may be used by the Department in resolving building and fire safety issues that relate to the services provided or systems installed on or after March 1, 2008, and are necessary to protect patient health, safety, and welfare. THE DEPARTMENT SHALL RELY ON THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES*, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.

## SECTION 25 - DEPARTMENT OVERSIGHT

~~B. PLAN REVIEW AND PLAN REVIEW FEE. Fees shall be submitted to the Department as specified below. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.~~

~~1. Initial license (when such initial licensure is not a change of ownership). A license applicant shall submit with construction plans a nonrefundable fee of: \$2,500 for facilities with two or less operating and/or procedure rooms and \$5,000 for facilities with three or more operating and/or procedure rooms.~~

~~2. Remodeling. Plan review for remodeling is applicable to significant modifications where construction is initiated on or after July 1, 2008 or if a permit is required where the permit from the local authority having jurisdiction is dated on or after July 1, 2008. Significant modifications include: new construction; relocation of walls of any operating or procedure room; addition of one or more operating or procedure rooms; changes to the fire alarm system that involve the replacement of the main fire alarm control unit (panel); and modifications to the medical gas system that affects 50% or more of the facility. A facility shall submit the following nonrefundable fees upon submission of plans:~~

~~A. Desk review only: \$500~~

~~B. Desk and onsite review: \$1,500 for review of up to two procedure or operating rooms. Significant modifications that impact more than two procedure or operating rooms are subject to an additional fee of \$250 per additional procedure or operating room.~~

~~3. Replacement Building or New Location. A facility shall submit a nonrefundable fee of \$3,100 for facilities with two or less operating or procedure rooms and \$5,600 for facilities with three or more operating or procedure rooms.~~

1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER XXI - HOSPICES**

3     **6 CCR 1011-1 Chap 21**

4     .....

5     **SECTION 1 STATUTORY AUTHORITY AND APPLICABILITY**

6     .....

7     1.3 These regulations incorporate by reference (as indicated within) materials originally published elsewhere.  
8         Such incorporation does not include later amendments to or editions of the referenced material. The  
9         Department of Public Health and Environment maintains copies of the complete text of the incorporated  
10        materials for public inspection during regular business hours, and shall provide certified copies of the  
11        incorporated material at cost upon request. Information regarding how the incorporated material may be  
12        obtained or examined is available from:

13                               Division Director  
14                               Health Facilities and Emergency Medical Services Division  
15                               Colorado Department of Public Health and Environment  
16                               4300 Cherry Creek Drive South  
17                               Denver, CO 80246  
18                               Phone: 303-692-2800

19               Copies of the incorporated materials have been provided to the State Publications Depository and  
20               Distribution Center, and are available for interlibrary loan. Any incorporated material may be examined  
21               at any state publications depository library.

22     **SECTION 13 COMPLIANCE WITH FGI GUIDELINES**

23     THE DEPARTMENT SHALL RELY ON THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR*  
24     *HEALTH CARE FACILITIES*, ( 2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IN RESOLVING  
25     PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS  
26     INSTALLED ON OR AFTER JULY 1, 2013. THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR*  
27     *HEALTH CARE FACILITIES*, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IS HEREBY  
28     INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR  
29     EDITIONS OF THE GUIDELINES.

30     ~~**GENERAL BUILDING AND LIFE SAFETY CODE REQUIREMENTS**~~

31     ~~13.1 COMPLIANCE WITH THE LIFE SAFETY CODE. Facilities with one or more inpatient beds shall be~~  
32     ~~compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is~~  
33     ~~hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1,~~  
34     ~~Chapter II, excludes later amendments to or editions of referenced material.~~

35               ~~(A) Facilities licensed on or before March 11, 2003 shall meet Chapter 19, Existing Health Care~~  
36               ~~Occupancies, NFPA 101 (2000).~~

(B) ~~Facilities licensed on or after March 11, 2003 or portions of facilities that undergo remodeling on or after October 1, 2003 shall meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000). In addition, if the remodel represents a modification of more than 50 percent, or more than 4,500 square feet of the smoke compartment, the entire smoke compartment shall be renovated to meet Chapter 18, NFPA 101 (2000).~~

(C) ~~Notwithstanding NFPA 101 Life Safety Code provisions to the contrary:~~

(1) ~~When differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent standard shall apply.~~

(2) ~~Any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.~~

(3) ~~Licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than 2 hours.~~

(4) ~~A health care occupancy shall be defined as the operation in such occupancy of one or more inpatient beds.~~

~~13.2 PLAN REVIEW AND PLAN REVIEW FEES. Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of patients on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.~~

(A) ~~Initial Licensure, Additions, Relocations~~

(1) ~~Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:~~

(a) ~~Applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.~~

(b) ~~Additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.~~

(c) ~~Relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.~~

(2) ~~Initial licensure, addition, and relocation plan review fees: Base fee of \$2,500, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

~~(B) Remodeling~~

~~(1) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.~~

~~Remodeling includes, but is not limited to:~~

~~(a) Alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.~~

~~(b) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.~~

~~(c) Conversion of existing space not previously used for providing patient services, including storage space, to resident sleeping areas.~~

~~(d) Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.~~

~~(e) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.~~

~~(f) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.~~

~~(g) Installation, removal or renovation of any kitchen hood suppression system.~~

~~(h) Essential electrical system: replacement or addition of a generator or transfer switch.~~

~~(2) Remodeling plan review fees: Base fee of \$2,000, plus square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

~~13.3 The "Guidelines of Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.~~



1     **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

2     **CHAPTER XXII - BIRTH CENTERS**

3     **6 CCR 1011-1 Chap 22**

4     .....

5     These chapters of regulation incorporate by reference (as indicated within) material originally published  
6     elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced material.  
7     Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of Public Health  
8     And Environment maintains copies of the incorporated texts in their entirety which shall be available for public  
9     inspection during regular business hours at:

10           Division Director

11           Colorado Department of Public Health and Environment

12           Health Facilities Division

13           4300 Cherry Creek Drive South

14           Denver, Colorado 80222-1530

15           Main switchboard: (303) 692-2800

16     Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any material  
17     that has been incorporated by reference after July 1, 1994 may be examined in any state publications  
18     depository library. Copies of the incorporated materials have been sent to the state publications depository and  
19     distribution center, and are available for interlibrary loan.

20     **Definitions [Eff. 06/30/2009]**

21     Birth Center – Any public or private health facility or institution which is not licensed as a hospital or as part of a  
22     hospital and provides care during delivery and immediately after delivery for generally less than twenty-four  
23     hours.

24     ~~Plan Review – The review by the Department, or its designee, of new construction, previously unlicensed space,~~  
25     ~~or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life~~  
26     ~~Safety Code and with this Chapter XXII. Plan review consists of the analysis of construction plans/documents~~  
27     ~~and onsite inspections, where warranted. For the purposes of the National Fire Protection Association~~  
28     ~~requirements, the Department is the authority having jurisdiction for state licensure.~~

29     ~~Structural Element – For the purposes of plan review, means an element relating to load bearing or to the~~  
30     ~~scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a~~  
31     ~~building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and~~  
32     ~~foundations.~~

33     .....

34     **XVII. ~~GENERAL BUILDING AND FIRE SAFETY~~ PHYSICAL PLANT STANDARDS**

35     A. ~~RESERVED Fire Safety Standards and Fees~~ [Eff. 06/30/2009]

1 ~~1. Birth centers shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety~~  
2 ~~Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as~~  
3 ~~provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of~~  
4 ~~referenced material.~~

5 ~~a. Facilities licensed on or before June 30, 2009 shall meet Chapter 21, Existing Ambulatory~~  
6 ~~Health Care Occupancies, NFPA 101.~~

7 ~~b. Facilities licensed on or after July 1, 2009 or portions of facilities that undergo remodeling on~~  
8 ~~or after July 1, 2009 shall meet Chapter 20, New Health Care Occupancies, NFPA 101.~~  
9 ~~In addition, if the remodel represents a modification of more than 50 percent of the total~~  
10 ~~interior of the physical plant, the entire facility shall be renovated to meet Chapter 20,~~  
11 ~~NFPA 101.~~

12 ~~c. Notwithstanding NFPA 101 Life Safety Code (2000) provisions to the contrary:~~

13 ~~i. When differing fire safety standards are imposed by federal, state or local~~  
14 ~~jurisdictions, the most stringent standard shall apply.~~

15 ~~ii. Any story containing an exterior door or an exterior window that opens to grade level~~  
16 ~~shall be counted as a story.~~

17 ~~iii. Licensed facilities shall be separated from unlicensed contiguous occupancies by an~~  
18 ~~occupancy separation with a fire resistance rating of not less than 2 hours.~~

19 ~~2. Plan review and plan review fees are required as listed below. If the facility has been approved by~~  
20 ~~the Department to use more than one building for the direct care of patients on its campus, each~~  
21 ~~building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable~~  
22 ~~and shall be submitted prior to the Department initiating a plan review for a facility.~~

23 ~~a. Initial Licensure, Additions, Relocations~~

24 ~~(i) Plan review is applicable to the following, and includes new facility construction and~~  
25 ~~new occupancy of existing structures:~~

26 ~~(I) Applications for an initial license, when such initial license is not a change of~~  
27 ~~ownership and the application is submitted on or after July 1, 2009.~~

28 ~~(II) Additions of previously uninspected or unlicensed square footage to an~~  
29 ~~existing occupancy and the building permit for such addition is issued~~  
30 ~~on or after July 1, 2009 or if no permit is required by the local~~  
31 ~~jurisdiction, construction began on or after July 1, 2009.~~

32 ~~(III) Relocations of a currently licensed facility in whole or in part to another~~  
33 ~~physical plant, where the occupancy date occurs on or after July 1,~~  
34 ~~2009.~~

35 ~~(ii) Initial licensure, addition, and relocation plan review fees: base fee of \$2,250, plus~~  
36 ~~square footage costs as shown in the table below.~~

<b>Square Footage</b>	<b>Cost per Square Foot</b>	<b>Explanatory Note</b>
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.02	This cost is applicable to

		the additional square footage over 25,000 sq ft.
--	--	---

b. Remodeling

i. ~~Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:~~

~~(I) Alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.~~

~~(II) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.~~

~~(III) Conversion of existing space into birthing rooms.~~

~~(IV) Changes to egress components, specifically the alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.~~

~~(V) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.~~

~~(VI) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.~~

~~(VII) Installation, removal or renovation of any kitchen hood suppression system.~~

~~(VIII) Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.~~

ii. ~~Remodeling plan review fees: base fee of \$1,750, plus square footage costs as shown in the table below.~~

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.07	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.02	This cost is applicable to the additional square footage over 20,000 sq ft.

1 .....

2 F. Heating and Ventilation:

- 3 1. A safe and adequate source of heat capable of ~~maintaining~~ MAINTAINING a room temperature of at  
4 least 72°F. shall be provided and maintained.
- 5 2. Ventilation shall remove objectionable odors, excessive heat and condensations.
- 6 3. Mechanically operated systems shall be used to supply air to and/or exhaust air from soiled  
7 workrooms or soiled holding rooms, janitor's closets, soiled storage areas, toilet rooms, and  
8 from spaces which are not provided with openable windows or outside doors. All fans serving  
9 exhaust systems shall be located at the discharge end of the system.

10 .....

11 H. ~~Fire~~ Safety and Accident Prevention:

- 12 1. Emergency numbers shall be located near the telephone.
- 13 2. There shall be a written evacuation and fire plan for the removal of patients in case of fire and other  
14 emergencies. The plan shall be posted in a conspicuous place in the building.
- 15 3. A simulated drill shall be performed every quarter per work shift. A written record of each drill shall be  
16 kept on file.

17 .....

18 O. ~~The "Guidelines for Design and Construction of Health Care Facilities" (2006 Edition), American Institute of~~  
19 ~~Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for~~  
20 ~~construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby~~  
21 ~~incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter~~  
22 ~~II, excludes later amendments to or editions of referenced material. [Eff. 06/30/2009] THE~~  
23 DEPARTMENT SHALL RELY ON THE *GUIDELINES FOR DESIGN AND CONSTRUCTION FOR*  
24 *HEALTH CARE FACILITIES, (2010 EDITION), FACILITIES GUIDELINES INSTITUTE (FGI) IN*  
25 *RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED*  
26 *OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE GUIDELINES FOR DESIGN AND*  
27 *CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), FACILITIES GUIDELINES*  
28 *INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY*  
29 *LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.*

30 .....

31