

4.2 Specific Requirements for Assisted Living Facilities

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

■ 4.2-1 General

4.2-1.1 Application

4.2-1.1.1 General

4.2-1.1.1.1 This chapter contains specific requirements for assisted living facilities.

4.2-1.1.1.2 The requirements in Chapter 4.1 (Common Elements for Residential Care and Support Facilities) shall apply to assisted living facilities as referenced in this chapter, including the requirements in Section 4.1-1.1 (Application).

4.2-1.1.1.3 The requirements in Part 2 (Common Elements for Residential Health, Care, and Support Facilities) shall apply to assisted living facilities as referenced in this chapter.

*4.2-1.1.2 Assisted Living Facility Types

4.2-1.1.3 Minimum Standards for New Assisted Living Facilities

4.2-1.1.3.1 This chapter acknowledges that the many resident-driven variations in assisted living facilities

represent the programmatic needs and preferences of the individuals who choose to live in them. Therefore, the requirements and recommendations contained herein are intended to represent basic standards to ensure the safety, accessibility, and residential aspects of all assisted living facilities.

4.2-1.1.3.2 This chapter identifies the minimum requirements for assisted living facilities and recognizes various configurations of assisted living facilities, which must comply with applicable state and local requirements. Acknowledging that occupancy and building construction requirements vary among jurisdictions, it is the intent of this chapter to establish minimal standards for safety and accessibility for a residential care environment, regardless of facility scope and scale. The common goal of this chapter and individual local and state requirements is to facilitate accountability and protection of the resident.

4.2-1.2 Functional Program

4.2-1.2.1 General

4.2-1.2.1.1 See Section 1.2-2.1 (Functional Program—General) and Section 1.2-3 (Resident Safety Risk Assessment) for requirements in addition to those in this section.

APPENDIX

A4.2-1.1.2 Assisted living facility types. Assisted living facilities are a vital and growing component of the continuum of care, providing a supportive residential environment for consumer-directed services.

In practice, assisted living facilities can vary substantially from one state to the next and even in the same state. In some states, the entity that provides services is licensed rather than the building itself. In addition, assisted living facility design varies by location, taking into consideration the cultural, geographic, socioeconomic, and ethnic characteristics of the area.

Assisted living facilities provide care for individuals who need or desire assistance with medications and activities of daily living (e.g., eating, bathing, dressing, toileting, ambulating). Some facilities care only for people requiring minimal assistance, while others may offer more intensive services, including dementia-specific care. The design and construction of assisted living facilities, as much as possible, should reflect the needs and preferences of the individuals who reside in the facility.

4.2-1.2.1.2 The sponsor of each project shall provide a functional program that:

- *(1) Defines the scope and scale of the project (including the care model).

- (2) Facilitates the application of licensure and occupancy approvals by authorities having jurisdiction (AHJs).
- (3) Addresses applicable provisions of the *Guidelines*

APPENDIX

A4.2-1.2.1.2 (1) Functional program and care models

a. Care models. The care model will vary depending on whether provision of services is centralized or decentralized and on the size of a facility. Below are general descriptions of the different size models commonly used for assisted living facilities.

Small Model

In a small assisted living facility, five or fewer residential rooms generally are arranged in a residentially scaled home with centralized services, bathing facilities, and resident and staff support areas.

—With centralized services:

- This type of community includes centralized dining, housekeeping, soiled and clean utility, medication storage and delivery, linen, and other services provided by care staff for residents.
- The staff models are hierarchal in nature, with direct care staff managing overall care in accordance with individualized service plans.
- Staff members provide care for the same residents, maximizing the opportunity to develop familiarity with a resident's individual needs.
- The travel distances for both staff and residents are very short due to the household nature of the community.

—With decentralized services, including additional services brought to the resident from outside providers/contractors:

- This type of community focuses on the holistic care of each resident.
- Specialized social, recreational, educational, and spiritual programs are offered based on individual resident needs.
- Residents receive individualized personal care and health-related services as needed, including care management from a nurse and therapy services from therapists certified in physical, occupational, and speech therapy.

Medium-Sized Model

In a medium-sized assisted living facility, no more than 16 residential rooms are arranged in a residentially scaled home or household that can be located in a larger community or in a freestanding building. Services can be centralized or decentralized or a combination of the two depending on other care services being offered and the type of community setting (e.g., a continuing care retirement community).

—With centralized services:

- This type of community includes centralized dining, housekeeping, laundry, medication storage and delivery,

linen storage, and other services provided by care staff for residents in 16 or fewer resident rooms. If a household is connected to a larger community, dining would be centralized in the household, but food might be supplied from a central kitchen.

- The staff model usually is an integrated household-based team of direct care staff who manage overall care in accordance with individualized service and care plans.
- Staff members provide care for the same residents, maximizing the opportunity to develop familiarity with a resident's individual needs.
- The travel distances for staff and residents are very short due to the household nature of the community.
- This type of community offers an emergency response system for the residents.

—With decentralized services:

- This type of community focuses on the holistic care of each resident.
- Specialized social, recreational, educational, and spiritual programs are offered based on individual resident needs.
- Residents receive individualized personal care and health-related services as needed, including care management by a nurse and therapy services by therapists certified in physical, occupational, and speech therapy.

Large Model

A large assisted living facility may include more than 16 residential-style apartments arranged in a larger community or in a freestanding structure, with centralized or decentralized services, bathing facilities, and resident and staff support areas.

—With centralized services:

- This type of community includes centralized dining, housekeeping, laundry, medication storage and delivery, linen storage, and other services provided by care staff for residents.
- Staff models are hierarchal in nature, with direct care staff managing overall care in accordance with individualized service plans.
- Travel distances for staff are usually shorter and travel distances for residents are usually longer in centralized models.
- This type of community offers an emergency response system for the residents.

—With decentralized services:

- This type of community focuses on the holistic care of each resident.

for Design and Construction of Residential Health, Care, and Support Facilities

4.2-1.2.2 Shared Services and Space

See Section 4.1-1.2.2 (Shared Services and Space) for requirements.

4.2-1.3 Environment of Care Requirements

4.2-1.3.1 General

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

4.2-1.3.2 Flexibility

Residential care and support facilities shall be designed to provide flexibility to meet the changing physical, medical, and psychological needs of residents.

APPENDIX (continued)

- Specialized social, recreational, educational, and spiritual programs are offered based on individual resident needs.
- Residents receive individualized personal care and health-related services as needed, including care management by a registered nurse, therapy services by therapists certified in physical, occupational, and speech therapy; and hair salon services.
- Travel distances for staff and residents are usually very short due to the household nature of a decentralized community, except for food service staff when food is prepared in a central kitchen.
- This type of community offers an emergency response system for residents.

b. Physical setting. Assisted living facilities are further differentiated according to their physical settings.

Small Model

- Resident bedrooms are designed to provide private sleeping areas and access to a bathroom shared by no more than two residents.
- Evaluation of the need to provide a meeting area for families due to the home-style design of the community is recommended.
- Common areas include dining and living spaces.

Medium-Sized Model

- Resident units should be designed to provide minimally private or semi-private sleeping and living areas and access to a bathroom shared by no more than two residents.
- Evaluation of the need for some decentralized services and activity areas to reduce travel distances for staff and residents is recommended.

4.2-1.3.3 Supportive Environment

The facility design shall produce a supportive environment to enhance and extend quality of life for residents and facilitate wayfinding while promoting resident privacy and dignity.

4.2-1.3.3.1 The architectural environment of the assisted living facility shall support the services and levels of care provided in the facility, which are in large part driven by the service needs and lifestyle preferences of the residents being served.

4.2-1.3.3.2 Assisted living facilities shall be designed and constructed to provide a supportive residential environment that is conducive to day-to-day activities consistent with the cultural, emotional, and spiritual needs of residents. This supportive environment shall:

—Common areas include dining, activity, and living/gathering spaces.

Large Model

- Private living quarters are provided, including sleeping areas, a bathroom, and dining and living rooms.
- Unit designs include studio and one- and two-bedroom apartment styles.
- Evaluation of the need for some decentralized services and activity areas to reduce travel distances for staff and residents is recommended.

c. Additional benefits. Some additional benefits of the small, medium-sized, and large models of assisted living include the following:

Small Model

- The small nature of this setting provides for strong personal relationships between residents and staff.
- This setting is typically provided by an owner-operator who is both the owner and provider of care.

Medium-Sized Model

- This setting typically allows for semi-private occupancy of the dwelling units.
- This model can often be provided at a lower cost than small or large models.

Large Model

The size of this community allows creation of multiple households or neighborhoods to serve populations with specialized care needs. Examples are residents who suffer from memory or dementia disorders or Parkinson's disease or who need significant assistance with activities of daily living.

d. See appendix table A4.2-a (Assisted Living Facility Type Characteristics) for additional information.

- (1) Promote independence, privacy, and dignity for residents.
- (2) Balance resident autonomy with resident safety.
- (3) Provide choice for all residents in a manner that encourages family and community involvement.

*4.2-1.3.4 Barrier-Free Environment

The architectural environment shall eliminate as many barriers as possible to effective access and use of the space, services, equipment, and utilities appropriate for daily living.

4.2-1.4 Site

4.2-1.4.1 General

See Chapter 1.3 (Site Selection) and Chapter 2.1 (Site Elements) for requirements in addition to those in this section.

4.2-1.4.2 Reserved

4.2-1.4.3 Site Features

4.2-1.4.3.1–4.2-1.4.3.2 Reserved

4.2-1.4.3.3 Parking. In addition to the requirements in Section 2.1-3.3 (Parking), the number of parking spaces for an assisted living facility shall be calculated using the following parameters:

- (1) At least one parking space shall be provided for every residential living unit.
- (2) The total number of parking spaces to be provided shall be based on local requirements as well as functional need of the population to be served.
- (3) When a project includes sharing or purchasing services, appropriate modifications in parking requirements shall be permitted. See Section 4.1-1.2.2 (Shared Services and Space) for requirements.

■ 4.2-2 Resident Areas

*4.2-2.1 General

4.2-2.1.1 Application

The requirements in this section are common to most assisted living facilities and shall apply when the areas described are included in a particular assisted living facility.

4.2-2.1.2 Layout

4.2-2.1.2.1 Areas for the care and treatment of users not residing in the facility shall not interfere with or infringe on the space of residents who live in the facility.

4.2-2.1.2.2 Facility layout shall reflect the care model and related staffing.

- (1) Small model. Arrange five or fewer residential

group activity areas that residents may use in addition to their private apartments are provided to promote the social and programmatic aspects of the facility.

Group living model. Facilities with a group living model provide smaller private spaces that are sometimes limited to a private or shared resident bedroom area. The focus of daily life is provided in shared activity spaces that are residential-scaled and organized similar to a typical house. These smaller-scale homes or households may be freestanding or grouped together in attached or detached configurations. Commons or community facilities are sometimes provided to allow residents to participate in activities outside of their home or household.

Alternative models. Many alternative facility configurations have been created that incorporate aspects of each of these approaches. These guidelines are intended to allow and encourage the continued evolution and flexibility of this facility type without locking into a particular program or model.

APPENDIX

A4.2-1.3.4 Barrier-free environment

- a. “Universal design” practices that promote barrier-free environments (see appendix section A4.3-1.3.4) should be encouraged.
- b. Facilities should provide accessibility for residents with disabilities in accordance with the state or local building code and the Americans with Disabilities Act.

A4.2-2.1 Assisted living has developed into a variety of models that are designed to meet differing social, economic, and therapeutic considerations. Assisted living facilities may be categorized into the following groups, although some facilities may combine elements of multiple approaches.

Apartment model. Apartment model facilities provide private resident units ranging in size from efficiency to two- or three-bedroom apartments. These apartments typically have cooking facilities (sometimes limited to a microwave) and are often indistinguishable from apartment units available to the general population. Common

rooms in a residentially scaled home with centralized services, bathing, resident, and staff support areas.

- (2) Medium model. Arrange no more than 16 residential rooms in a residentially scaled home or household that could be located in a larger community or is freestanding with centralized or decentralized services, bathing, resident, and staff support areas.
- (3) Large model. Arrange more than 16 residential-style apartments in a larger community or freestanding unit with centralized or decentralized services, bathing, resident, and staff support areas.

4.2-2.2 Resident Unit or Private Living Area

4.2-2.2.1 General

The facility shall provide adequately sized bedrooms or apartments (dwelling units) that allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate the care and treatment provided to the resident.

4.2-2.2.2 Resident Room or Apartment

4.2-2.2.2.1 Capacity. Bedrooms shall be limited to single or double occupancy.

4.2-2.2.2.2 Space requirements

- (1) Resident room size (area and dimensions) shall permit resident(s) to move about the room with the assistance of a resident-operated mobility device, allowing access to at least one side of a bed, window, closet or wardrobe, chair, dresser, and nightstand.
- (2) Room size and configuration shall permit resident(s) options for bed location(s) and shall

comply with spatial requirements of the AHJ.

- (3) Bedrooms shall not be used as passageways, corridors, or access to other bedrooms.
- * (4) Where cooking is permitted in resident rooms or apartments, the cooking area shall be equipped with a dedicated sink and cooking and refrigeration appliances.

4.2-2.2.2.3 Windows. See Section 4.2-5.2.2.6 (Windows) for requirements.

4.2-2.2.2.4 Resident privacy

- * (1) Visual privacy shall be provided for each resident in multiple-bed rooms.
- (2) Design for privacy shall not restrict resident access to the toilet, room entrance, window, or other shared common areas in the resident room.

4.2-2.2.2.5 Hand-washing station. If a hand-washing station is provided, see Section 2.4-2.2.8 (Hand-Washing Stations) for requirements.

4.2-2.2.2.6 Reserved

***4.2-2.2.2.7 Resident bathroom.** Each resident shall have access to a bathroom without entering a corridor.

- (1) The bathroom shall contain the following:
 - (a) Toilet
 - (b) Hand-washing station. See Section 2.4-2.2.8 (Hand-Washing Stations) for requirements.
 - (c) Mirror. See Section 2.4-2.2.8.7 (Mirror) for requirements.
 - (d) Private individual storage for the personal effects of each resident. See Section 2.4-2.4.2 (Casework, Millwork, and Built-Ins) for requirements.

APPENDIX

A4.4-2.2.2.2 (4) If cooking equipment is present in resident rooms or apartments, the community must have a definitive way of disabling such devices, should they be unsafe for residents to use.

A4.2-2.2.2.4 (1) Consideration should be given to use of a wall or partition as a divider to preserve visual and auditory privacy for each resident. Alcoves may be used in double or multiple-occupancy resident rooms.

A4.2-2.2.2.7 Resident bathroom

- a. Clearances. Toilets used by residents should have sufficient clearance on both sides of the water closet to enable physical access and maneuvering by staff. See Section 2.4-2.2.9.2 (1) (Space for transfers) for additional information.
- b. Grab bars. Where independent transfers are feasible, alternative grab bar configurations should be permitted. See Section 2.4-2.2.9 (Grab Bars) for additional information.

*(e) Shower. See Section 2.5-2.3.3.2 (Showers) for requirements.

- (2) If the bathroom is shared, privacy locks shall be permitted with appropriate provisions for emergency access.

4.2-2.2.2.8 Resident storage

- *(1) Each resident shall be provided with an individual wardrobe or closet.
- (2) Separate, enclosed storage in the resident room shall be provided for each resident.

4.2-2.2.3 Special Care Resident Rooms

4.2-2.2.3.1 – 4.2-2.2.3.2 Reserved

4.2-2.2.3.3 Quiet room in a resident unit. If a single resident room is provided to accommodate care requirements for residents experiencing personal conflicts, agitation, episodic mental disturbances, or similar conditions, see Section 2.3-2.2.3.3 (Quiet room in a resident unit) for requirements.

4.2-2.3 Resident Community Areas

4.2-2.3.1 General

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

4.2-2.3.2 Lobby

If a lobby is provided, see Section 2.3-2.3.2 (Lobby) for requirements.

4.2-2.3.3 Dining, Recreation, and Lounge Areas

4.2-2.3.3.1 General. See Section 2.3-2.3.3.1 (Dining, Recreation, and Lounge Areas—General) for requirements.

4.2-2.3.3.2 Dining areas

- (1) Space for dining, separate from social areas, shall be provided.
- *(2) Space requirements
- Space provided for resident dining shall allow residents to access and leave their tables without disturbing other residents, including residents using wheelchairs and resident-operated mobility devices.
 - Clear and unobstructed circulation paths for servers and food carts shall be provided.
 - Space shall be provided for staff to help residents who require assistance with eating.
 - Space for circulation of resident-operated mobility devices shall be provided in activity areas, lounge areas, therapy spaces, and similar spaces where residents travel.
- (3) Location. Provision of separate satellite dining areas in or adjacent to living areas shall be permitted to accommodate less densely populated groups of residents and to make dining areas easily accessible to residents.
- (4) Natural light shall be provided in resident dining areas.

4.2-2.3.3.3 Recreation, lounge, and activity areas

- (1) Activity areas shall accommodate both group and individual activities.
- (2) Space requirements. Recreation and lounge areas shall provide the following:

c. Consideration should be given for storage of resident mobility devices.

A4.2-2.3.3.2 (2) Dining area size

- Many states require a resident dining room(s) to be large enough to seat 100 percent of the bed capacity at one time, although providing a smaller space and serving the residents in multiple seatings may be acceptable to the AHJ.
- Dining areas with a minimum floor area of 25 square feet per resident should be considered for new construction.

APPENDIX

A4.2-2.2.2.7 (1)(e) Shower. A European-style shower that is open to the surrounding bathroom should be considered for ease of access by resident and staff.

A4.2-2.2.2.8 (1) Resident storage

- Resident closets or wardrobes should have an adjustable-height bar for hanging clothes.
- Each resident should have the option of bringing his or her own furniture to the resident room or apartment.

- (a) Space adequate for planned resident activities
- (b) Areas sufficient in number and configuration to accommodate the following:
 - (i) Gatherings of resident groups of various sizes
 - (ii) Occurrence of separate and distinct activities
 - (iii) Simultaneous dining and recreational activities

4.2-2.3.3.4 Toilet rooms. Toilet facilities that accommodate resident-operated mobility devices shall be readily accessible to all dining, recreation, lounge, and activity locations.

4.2-2.3.4 Resident Kitchen

If kitchen facilities that permit use by residents, family members, and visitors are provided, see Section 2.3-2.3.4 (Resident and Participant Kitchen) for requirements.

*4.2-2.3.5 Personal Services (Hair Salon/Spa) Areas

4.2-2.3.5.1 If personal services are offered, facilities and equipment for resident hair care and grooming shall be provided separate from resident rooms.

4.2-2.3.5.2 These facilities shall be permitted to be unisex and located adjacent to central resident activity areas, provided that location and scheduling preserve resident dignity.

4.2-2.3.6 Reserved

4.2-2.3.7 Quiet Room in a Resident Community Area

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

APPENDIX

A4.2-2.3.5 Personal services areas. Consideration should be given to the following for personal services areas:

- a. Mechanical ventilation and exhaust requirements
- b. MERV 7 filter efficiencies
- c. Provision of adjustable sink bowls for shampooing and treatment
- d. Provision of freestanding dryers for residents using resident-operated mobility devices

4.2-2.3.8 Outdoor Activity Spaces

***4.2-2.3.8.1** Outdoor spaces shall be provided for residents, visitors, and staff.

4.2-2.3.8.2 See Section 2.1-3.6.2 (Outdoor Activity Spaces) for additional requirements and information.

■ 4.2-3 Diagnostic and Treatment Areas

4.2-3.1 General

When required for the resident care population or as part of community-based services, see Section 2.3-3 (Diagnostic and Treatment Areas) for requirements.

4.2-3.2 Examination, Observation, and/or Treatment Rooms

If examination, observation, or treatment rooms are provided, see Section 2.3-3.2 (Examination, Observation, and/or Treatment Rooms) for requirements.

4.2-3.3 Rehabilitation Therapy Facilities

If outpatient rehabilitation therapy facilities are provided, see Chapter 5.4 (Specific Requirements for Outpatient Rehabilitation Therapy Facilities) for requirements.

4.2-3.4 Wellness Centers

If wellness facilities are provided, see Chapter 5.3 (Specific Requirements for Wellness Centers) for requirements.

■ 4.2-4 Facilities for Support Services

4.2-4.1 General

See Section 2.3-4.1 (Facilities for Support Services—General) for requirements.

e. Space for spa tubs and provision of staff assistance, including circulation space

A4.2-2.3.8.1 Outdoor activity spaces

- a. Visual access to outdoor activity spaces from indoors should be provided for staff and residents.
- b. Outdoor space(s) should be accessible via short, navigable distances.

4.2-4.2 Facilities that Support Resident, Participant, or Outpatient Care

4.2-4.2.1 Staff Work Areas

4.2-4.2.1.1 These area(s) shall be provided when required by the care model to serve resident needs.

4.2-4.2.1.2 Lockable storage shall be provided for resident records.

4.2-4.2.1.3 Direct visualization of resident rooms or corridors from staff work areas shall not be required.

4.2-4.2.1.4 See Section 2.3-4.2.1 (Staff Work Area) for additional requirements.

4.2-4.2.2 Medication Distribution and Storage Locations (Centralized and Decentralized)

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

4.2-4.2.3 Central Bathing Rooms or Areas

If central bathing rooms or areas are provided, the requirements in this section shall be met.

*4.2-4.2.3.1 **Location.** Central bathing rooms or areas shall be located on each floor with resident sleeping areas.

4.2-4.2.3.2 Number

- (1) One bathtub or shower shall be provided for each eight residents, plus each fraction of eight, not otherwise served by showers in resident rooms.
- (2) A bathtub shall be provided for resident use when required in the functional program.

4.2-4.2.3.3 **Space requirements.** Bathing fixtures shall be located in individual rooms or enclosures that provide the following:

- (1) Space for private use of the bathing fixture
- (2) Space for drying and dressing
- (3) Access to a grooming location with a sink, mirror, and counter or shelf

4.2-4.2.3.4 **Toilet.** A toilet shall be provided in or directly accessible to each resident bathing facility without requiring entry into the general corridor.

4.2-4.2.3.5 **Shower.** See Section 2.5-2.3.3.2 (Showers) for requirements.

4.2-4.2.4 Equipment and Supply Storage

4.2-4.2.4.1 See Section 2.3-4.2.4 (Equipment and Supply Storage) for requirements in addition to those in this section.

4.2-4.2.4.2 Clean linen storage

- (1) A separate closet or designated area shall be provided if required for the linen services offered by the facility.
- (2) If a closed-cart system is used, storage in an alcove where staff control can be exercised shall be permitted.

4.2-4.2.4.3 **Supply storage.** Storage space(s) for supplies and recreation items shall be provided near their points of use.

4.2-4.2.4.4 **Storage for resident needs.** Storage space(s) for resident equipment and supplies shall be provided near points of use to support services offered.

4.2-4.2.5 Clean Utility Room

A clean utility room shall be provided for storage and holding as part of a system for distribution of clean materials. See Section 2.3-4.2.5 (Clean Utility Room) for requirements.

4.2-4.2.6 Soiled Utility Room

A soiled utility room shall be provided for storage and holding as part of a system for collection of soiled materials. See Section 2.3-4.2.6 (Soiled Utility Room) for requirements.

4.2-4.2.7 Personal Laundry Facilities

4.2-4.2.7.1 Provision of decentralized facilities for washing and drying personal laundry shall be

APPENDIX

A4.2-4.2.3.1 Resident privacy. Consideration should be given to privacy when locating entrances to bathing rooms.

permitted when the care model supports this approach for small groups of residents.

4.2-4.2.7.2 If shared personal laundry areas are provided, these shall be equipped with the following for use by residents/families:

- (1) Washer and dryer
- (2) Hand-washing station

4.2-4.2.7.3 See 2.3-4.2.7 (Personal Laundry Facilities) for additional requirements.

4.2-4.2.8 Resident Telephone Access

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

4.2-4.3 Support Areas for Staff

4.2-4.3.1 General

See Section 2.3-4.3.1 (Support Areas for Staff—General) for requirements.

4.2-4.3.2 Staff Lounge Area

See Section 2.3-4.3.2 (Staff Lounge Area) for requirements.

4.2-4.3.3 Toilet Rooms

Toilet rooms shall be permitted to be shared by the public, staff, and residents.

4.2-4.4 Support Facilities for Family and Visitors

4.2-4.4.1 General

Community space for family and visitors shall be provided based on the care model.

***4.2-4.4.2 Overnight Guest Accommodations**

Space for sleeping accommodations for overnight

guests shall be provided based on the care model.

4.2-4.4.3 Pet Accommodations

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

4.2-4.5 Food Service Facilities

4.2-4.5.1 General

The type and size of the assisted living facility shall determine the dietary environment and the food service facilities provided.

4.2-4.5.2 Centralized Commercial Kitchen

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

4.2-4.5.3 Warming Kitchen

If the facility has a service contract with an outside vendor for food service, the following requirements shall be met:

4.2-4.5.3.1 If a catering service is used to provide meals for a facility of 16 or more beds, the facility shall include dedicated space and equipment for a warming kitchen, including space for minimal equipment for preparation of breakfast, emergency, or after-hours meals.

4.2-4.5.3.2 If food preparation is provided on-site for more than 16 beds, the facility shall have dedicated non-public staff space and equipment for preparation of meals. See Section 2.3-2.3.4 (Resident and Participant Kitchen) and Section 2.3-4.5 (Food Service Facilities) for requirements.

4.2-4.6 Linen and Laundry Service Facilities

***4.2-4.6.1 General**

—Storage space to accommodate and secure overnight guests' belongings

b. Provision of separate guest suites or apartments is recommended as a means for accommodating overnight visitors.

A4.2-4.6.1 Based on the care model, laundry services may be decentralized using personal laundry facilities and/or a combination of

APPENDIX

A4.2-4.4.2 Overnight guest accommodations

a. If visitor sleeping accommodations are provided in resident rooms or apartments, provision of the following should be considered:

- Sufficient circulation around the sleeping accommodation (e.g., recliner, sleep chair, sleep sofa) when it is fully open for use to allow staff to reach the resident in case of an emergency

4.2 SPECIFIC REQUIREMENTS FOR ASSISTED LIVING FACILITIES

4.2-4.6.1.1 Each assisted living facility shall have provisions for storing and processing clean and soiled/contaminated linen for resident care.

4.2-4.6.1.2 See Section 2.3-4.2.5 (Clean Utility Room) and Section 2.3-4.2.6 (Soiled Utility Room) for additional requirements.

4.2-4.6.2 Facilities for Contracted Linen Services

If contracted services are used, the following shall be provided:

4.2-4.6.2.1 An area for soiled linen awaiting pickup

4.2-4.6.2.2 A separate area for storage and distribution of clean linen

4.2-4.6.2.3 A control station for pickup and receiving. This can be shared with other services and serve as the receiving and pickup point of service for the facility.

4.2-4.6.3 On-Site Laundry Service Facilities

4.2-4.6.3.1 General

- (1) If an assisted living facility provides on-site laundry services, the requirements in this section shall apply.
- (2) Facilities for processing shall be permitted to be located in the facility, in a separate building on- or off-site, or in a commercial or shared laundry.
- (3) Layout. Equipment shall be arranged to permit a workflow that minimizes cross-traffic between clean and soiled operations.
 - (a) Areas dedicated to laundry shall be separate from food preparation areas.
 - (b) Laundry rooms shall not open directly into resident rooms.

4.2-4.6.3.2 At minimum, the following elements shall be included:

- (1) Rooms and spaces for sorting, processing, and storage of soiled materials
- (2) Soiled holding room(s). Separate central or decentralized room(s) shall be provided for receiving and holding soiled linen for pickup or processing.

- (a) Such room(s) shall have proper ventilation and exhaust.
- (b) Discharge from soiled linen chutes shall be received in this room or in a separate room as required by the local AHJ.
- (c) Such room(s) used for processing shall be provided with a deep sink for soaking and/or a flushing-rim sink.

(3) Central clean linen storage. A central clean linen storage and issuing room(s) shall be provided in addition to the linen storage required at individual resident units.

(4) Linen carts

- (a) Storage. Provisions shall be made for parking clean and soiled linen carts separately and out of traffic.
- (b) Cleaning. Provisions shall be made for cleaning linen carts on-premises (or exchange of carts off-premises).

(5) Hand-washing stations. Hand-washing stations shall be provided in each area where unbagged soiled linen is handled. See Section 2.4-2.2.8 (Hand-Washing Stations) for additional requirements.

4.2-4.7 Materials Management Facilities

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

4.2-4.8 Waste Management Facilities

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

4.2-4.9 Environmental Services Rooms

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

4.2-4.10 Facilities for Engineering and Maintenance Services

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

4.2-4.11 Administrative Areas

4.2-4.11.1 Office and Conference Space

Offices or an open office area with adjacent private

conference space shall be provided for business transactions, admissions, social services, and administrative and professional staff.

***4.2-4.11.1.1 Private conference space.** Space for private conferences, meetings, and health education shall be sized according to operational needs:

- (1) Space shall include provisions for use of visual aids and technology.
- (2) Sharing of space by several services shall be permitted.
- (3) Provisions for private interviews and meetings with residents and family shall be included.
- (4) Private conference space shall be available for residents to meet with staff, visitors, family, or other residents.

4.2-4.11.1.2 General office space. Office space for staff and file storage shall be provided.

APPENDIX (continued)

personal laundry facilities and contracted services to provide linen service. See 2.3-4.2.7 (Personal Laundry Facilities) for requirements.

A4.2-4.11.1.1 Private conference space. Provision of kitchenette facilities, including under-counter refrigerator, microwave, and sink should be considered for the private conference space.

A4.2-5.1 Building codes and standards

a. Appropriate code. Facilities serving similar resident groups and providing similar services are considered residential occupancies in some jurisdictions and institutional occupancies in others.

To date, the model codes do not adequately recognize assisted living as a distinct occupancy classification. Institutional codes place overly restrictive and costly requirements on facility construction. Residential codes, however, may not require adequate protection.

b. Safety features. With the addition of the safety features listed below, use of residential occupancy and construction types should be permitted for assisted living facilities with more than 16 units:

- Protection of the facilities throughout with a supervised automatic fire suppression system with quick-response sprinklers in smoke compartments containing sleeping rooms. Automatic fire suppression systems in facilities with more than 16 units should be installed in accordance with NFPA 13: *Standard for the Installation of Sprinkler Systems*.
- Smoke barriers subdividing every story into at least two smoke compartments. Such smoke compartments should be not more than 22,500 square feet (2.09 square meters), and the travel distance from any point in each smoke compartment to a smoke barrier door should not exceed 200 feet (61 meters).

c. Resident waiting areas. The therapeutic and programmatic benefits of providing waiting areas and similar spaces open to the corridor in

4.2-4.11.1.3 Supply and copy room. Space for storage of office equipment and supplies shall be provided.

■ 4.2-5 Design and Construction Requirements

*4.2-5.1 Building Codes and Standards

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

4.2-5.1.1 General

A code-compliant, safe, and accessible environment shall be provided.

4.2-5.1.1.1 A facility that seeks accreditation, certification, licensure, or other credentials shall comply with applicable design and construction standards.

long-term care facilities should be considered. Spaces open to the corridor significantly enhance resident mobility and accessibility to programs, encouraging resident participation.

d. Programmatic considerations may call for the control of egress from some facilities or portions of facilities. Where such egress control is desired, the following should be followed:

- The means of egress should not be locked except for well-documented clinical reasons and when such egress control is not a substitute for appropriate staffing.
- When the means of egress is locked, a keyed or electronically released locking device must automatically open when the fire alarm system is activated or power is lost.
- No device operation sign should be posted when 24-hour awake and trained staff supervise the locking device.

e. Accessibility. Assisted living facilities should consider residents with varying and possibly increasing levels of acuity. To maximize the potential for aging in place, attention should be paid to overall accessibility. Locations where individuals may not require physical assistance from others in emergency situations typically require compliance with standards for multifamily housing (a specific subset is now used as “safe harbor” for Fair Housing architectural requirements). In addition, the Uniform Federal Accessibility Guidelines shall apply for structures built with federal assistance. Locations where individuals require physical assistance from others in emergency situations may require compliance with the *2010 Americans with Disabilities Act Standards for Accessible Design*.

f. Universal design practices that promote barrier-free environments (see appendix section A4.2-1.3.4—Barrier-free environment) should be encouraged.

4.2-5.1.1.2 When institutional codes are required, the facility shall maintain the residential environment desired by residents.

4.2-5.1.2 Accessibility Codes

The facility shall comply with applicable federal, state, and local requirements; see Section 1.1-4.1 (Design Standards for Accessibility).

4.2-5.2 Architectural Details, Surfaces, and Furnishings

4.2-5.2.1 General

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

4.2-5.2.2 Architectural Details

4.2-5.2.2.1 General. See Section 2.4-2.2.1 (Architectural Details—General) for requirements.

4.2-5.2.2.2 Corridors. See Section 2.4-2.2.2 (Corridors) for requirements.

4.2-5.2.2.3 Ceiling height. See Section 4.1-5.2.2.3 (Ceiling height) for requirements.

4.2-5.2.2.4 Doors and door hardware

(1) Door type

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

(b) Resident unit doors. Resident units shall be lockable by occupant(s).

(i) Egress from the unit shall be possible at all times and locking hardware shall enable occupant(s) to gain egress from within by means of a simple operation.

(ii) All residential units shall be accessible by staff or safety personnel.

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

(2) Door openings. See Section 4.1-5.2.2.4 (2) (Door openings) for requirements.

(3) Door protection. See Section 2.4-2.2.4.3 (Door protection) for requirements.

(4) Insect screens. See Section 2.4-2.2.4.4 (Insect screens) for requirements.

4.2-5.2.2.5 Thresholds and expansion joint covers.

See Section 2.4-2.2.5 (Thresholds and Expansion Joint Covers) for requirements.

4.2-5.2.2.6 Windows

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

(2) Windows shall be provided in all sleeping areas.

4.2-5.2.2.7 Glazing materials. See Section 2.4-2.2.7 (Glazing Materials) for requirements.

4.2-5.2.2.8 Hand-washing stations. When hand-washing stations are provided, they shall comply with Section 2.4-2.2.8 (Hand-Washing Stations).

4.2-5.2.2.9 Grab bars. See Section 2.4-2.2.9 (Grab Bars) for requirements.

4.2-5.2.2.10 Handrails. See Section 2.4-2.2.10 (Handrails) for requirements.

4.2-5.2.2.11 Protection from heated surfaces. See Section 2.4-2.2.11 (Protection from Heated Surfaces) for requirements.

4.2-5.2.2.12 Signage and wayfinding. See Section 2.4-2.2.12 (Signage and Wayfinding) for requirements.

4.2-5.2.2.13 Decorative water features. If decorative water features are used in the facility design, see

APPENDIX

A4.2-5.2.2.4 (1)(a) Provisions should be made for auditory and visual privacy and usability for doors to rooms containing bathtubs, showers, and toilets for resident use.

A4.2-5.2.2.6 (1) Windows. Each room in a resident apartment should have a window(s) that meets the requirements of Section 2.4-2.2.6 (Windows).

appendix section A2.4-2.2.13 (Decorative water features) for recommendations.

4.2-5.2.3 Surfaces

4.2-5.2.3.1 General

- (1) See Section 2.4-2.3.1 (Surfaces—General) for requirements in addition to those in this section.
- *(2) To reduce surface contamination linked to health care-associated infections (HAIs), surface materials selected for use in assisted living facilities shall possess the following performance characteristics:
 - (a) Surfaces shall be cleanable and have no surface crevices, rough textures, joints, or seams.
 - (b) Surfaces shall be non-absorptive, nonporous, and smooth.

4.2-5.2.3.2 Flooring and wall bases. See Section 2.4-2.3.2 (Flooring and Wall Bases) for requirements.

4.2-5.2.3.3 Walls and wall protection. See Section 2.4-2.3.3 (Walls and Wall Protection) for requirements.

4.2-5.2.3.4 Ceilings. See Section 2.4-2.3.4 (Ceilings) for requirements.

4.2-5.2.4 Furnishings

See Section 2.4-2.4 (Furnishings) for requirements.

■ 4.2-6 Building Systems

4.2-6.1 General

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

4.2-6.2 Plumbing Systems

4.2-6.2.1 General

See Section 2.5-2.1 (Plumbing Systems—General) for requirements.

4.2-6.2.2 Plumbing and Other Piping Systems

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

4.2-6.2.3 Plumbing Fixtures

4.2-6.2.3.1 General. See Section 2.5-2.3.1 (Plumbing Fixtures—General) for requirements.

4.2-6.2.3.2 Hand-washing sinks

- (1) See Section 2.5-2.3.2 (Hand-Washing Sinks) for requirements.
- (2) Design of sinks shall not permit storage beneath the sink basin in casework or in areas below a sink open to the floor.

4.2-6.2.3.3 Showers and tubs. See Section 2.5-2.3.3 (Showers and Tubs) for requirements.

4.2-6.2.3.4 Reserved

4.2-6.2.3.5 Clinical sinks. See Section 2.5-2.3.5 (Clinical Sinks) for requirements.

4.2-6.2.3.6 Portable hydrotherapy whirlpools.

If portable hydrotherapy whirlpools are used in an assisted living facility, see Section 2.5-2.3.6 (Portable Hydrotherapy Whirlpools) for requirements.

4.2-6.2.4 Medical Gas and Vacuum Systems

If medical gas and/or vacuum systems are used, the installation of nonflammable medical gas, air,

that can be designed to help eliminate harm." Such "built environment latent conditions [holes and weaknesses] that adversely impact patient safety" should be identified and eliminated during the planning, design, and construction of health care facilities. Reduction of surface contamination linked to health care-associated infections is one of these factors. See Section 1.2-3 (Resident Safety Risk Assessment) for additional information.

APPENDIX

A4.2-5.2.3.1 (2) Surfaces and materials selected should be easy to use and have clear, written, manufacturer-recommended cleaning and disinfection protocols to assure the product will remain durable and effective at meeting CDC and other clinical bacterial-elimination requirements.

The Center for Health Design (CHD) report "Designing for Patient Safety: Developing Methods to Integrate Patient Safety Concerns in the Design Process" identified environmental factors as "latent conditions

or clinical vacuum systems shall comply with the requirements of NFPA 99: *Health Care Facilities Code*.

4.2-6.3 Heating, Ventilation, and Air-Conditioning (HVAC) Systems

4.2-6.3.1 General

4.2-6.3.1.1 Application

- (1) For small and medium-sized assisted living facilities, see ANSI/ASHRAE Standard 62.2: *Ventilation and Acceptable Indoor Air Quality in Low-Rise Residential Buildings* for basic HVAC system requirements.
- (2) For large assisted living facilities, see ANSI/ASHRAE Standard 62.1: *Ventilation for Acceptable Indoor Air Quality* for basic HVAC system requirements.

4.2-6.3.1.2 Ventilation and space conditioning. See Section 2.5-3.1.2 (Ventilation and Space Conditioning) for requirements.

4.2-6.3.2 Mechanical System Design

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

4.2-6.3.3 HVAC Requirements for Specific Locations

4.2-6.3.3.1 Reserved

4.2-6.3.3.2 Fuel-fired equipment rooms. See Section 2.5-3.3.2 (Fuel-Fired Equipment Rooms) for requirements.

4.2-6.3.3.3 Areas of refuge. See Section 2.5-3.3.3 (Areas of Refuge) for requirements.

4.2-6.3.3.4 Commercial food preparation areas. See Section 2.5-3.3.4 (Commercial Food Preparation Areas) for requirements.

4.2-6.3.4 Thermal and Acoustic Insulation

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

4.2-6.3.5 HVAC Air Distribution

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

4.2-6.3.6 HVAC Filters

4.2-6.3.6.1 Filter efficiencies

- (1) For centralized recirculated system requirements, see Table 6.4 (Minimum Filter Efficiencies) in Part 6 (ANSI/ASHRAE/ASHE Standard 170: *Ventilation of Health Care Facilities*).
- (2) Non-central air-handling systems shall be equipped with permanent (cleanable) or replaceable filters with a minimum efficiency of MERV 7.

4.2-6.3.6.2 Filter frames

- (1) Filter frames shall be durable and proportioned to provide an airtight fit with the enclosing ductwork.
- (2) All joints between filter segments and the enclosing ductwork shall have gaskets or seals to provide a positive seal against air leakage.

4.2-6.3.7 Heating Systems, Cooling Systems, and Equipment

See Section 2.5-3.7 (Heating Systems, Cooling Systems, and Equipment) for requirements.

4.2-6.4 Electrical Systems

4.2-6.4.1 General

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

4.2-6.4.2 Power-Generating and Power-Storing Equipment

4.2-6.4.2.1 Essential electrical service

- *(1) Applicable standards for care models

APPENDIX

A4.2-6.4.2.1 (1) Care models are defined in appendix section A4.2-1.2.1.2 (1) (Functional program and care models).

- (a) Large model assisted living facilities or sections thereof shall have essential electrical systems as required in:
 - (i) NFPA 101: *Life Safety Code*®
 - (ii) NFPA 99: *Health Care Facilities Code*, requirements that address assisted living facilities
 - (b) For small and medium-sized models, local codes shall dictate minimum requirements for the essential electrical service.
 - (c) For all assisted living facilities, local codes and care model needs shall dictate emergency lighting requirements.
- (2) If residents on life support equipment are served in the assisted living facility, essential electrical power shall be provided to the life support equipment.
- (3) If fuel for electricity generation is stored on-site, the following requirements shall be met:
- (a) Storage capacity shall permit continuous operation for at least 24 hours.
 - (b) Fuel storage for electricity generation shall be separate from heating fuel storage.
 - (c) If heating fuel is used for diesel generators after the required 24-hour supply of diesel fuel has been exhausted, positive valving and filtration shall be provided to avoid entry of water and/or contaminants into the storage tank.

***4.2-6.4.2.2 Generators.** If generators are used for an assisted living facility, exhaust systems (including locations, mufflers, and vibration isolators) for internal combustion engines shall be located, designed, and installed to minimize objectionable noise.

4.2-6.4.3 Electrical Receptacles

4.2-6.4.3.1 General. See Section 2.5-4.3.1 (Electrical Receptacles—General) for requirements.

4.2-6.4.3.2 Receptacles in corridors. See Section 2.5-4.3.2 (Receptacles in Corridors) for requirements.

***4.2-6.4.3.3 Receptacles in resident rooms.** Each resident room shall have duplex-grounded receptacles, including at least one on each wall. There shall be at least two duplex outlets provided for at least one bed location, with one at each side of the head of each bed.

4.2-6.4.3.4 Essential electrical system receptacles. See Section 2.5-4.3.4 (Essential Electrical System Receptacles) for requirements.

4.2-6.4.3.5 Ground fault interrupter receptacles. See Section 2.5-4.3.5 (Ground Fault Interrupter Receptacles) for requirements.

4.2-6.4.4 Electrical Requirements for Ventilator-Dependent Resident Rooms and Areas

If ventilators are used in the facility, see Section 2.5-4.4 (Electrical Requirements for Ventilator-Dependent Resident Rooms and Areas) for requirements.

4.2-6.5 Communication Systems

4.2-6.5.1 General

4.2-6.5.1.1 Application. The requirements in this section shall apply to call systems, information systems, and telecommunication systems based on the care model and the needs of residents.

4.2-6.5.1.2 Communication system equipment requirements

- (1) Each resident unit or apartment shall be equipped for a television and telephone.
- (2) See Section 2.5-5.1.2 (Communication System Equipment Requirements) for additional requirements.

4.2-6.5.2 Call System

4.2-6.5.2.1 General. If call systems are provided, the following requirements shall be met:

- (1) The system shall be capable of activation/operation from resident toilets, bedrooms, and bathing areas.

APPENDIX

A4.2-6.4.2.2 Where a generator is routinely used to reduce peak loads, protection of resident areas from excessive noise may become a critical issue and should be addressed.

A4.2-6.4.3.3 Because assisted living facilities often include one or more bedrooms, living spaces, and private bathrooms, furniture layouts should be used to establish receptacle locations.

- (2) The signal shall be transmitted to on-duty staff through fixed locations and/or resident wearable devices.
- (3) Use of alternative technologies, including wireless systems, shall be permitted.
 - (a) If wireless systems are used, consideration shall be given to electromagnetic compatibility between internal and external sources.
 - (b) Wireless systems shall comply with UL Standard 1069: *Hospital Signaling and Nurse Call Equipment*.

4.2-6.5.2.2 Resident apartment or dwelling unit call stations

- (1) If a hardwired system is used:
 - (a) Each bed location shall be provided with a call device accessible to the resident.
 - (b) One call station shall be permitted to serve two call devices.
- (2) Use of wireless call stations shall be permitted.

4.2-6.5.2.3 Emergency call system. If an emergency call system is provided, an emergency call device shall be located at each toilet, bath, and shower used by residents.

- (1) The device shall be accessible to a resident in any position in the room, including lying on the floor. Inclusion of a pull cord or portable wireless device shall satisfy this requirement.
- (2) The emergency call system shall be designed so that when a call is activated a signal is initiated that is distinct from the resident room call device and can be turned off only at the activated emergency call device.
- (3) The signal shall activate at the staff work area and/or signal a handheld mobile device carried by staff.
- (4) Emergency call systems shall comply with UL 2560: *Emergency Call Systems for Assisted Living and Independent Living Facilities*.

4.2-6.5.3 Technology Equipment and Teledata Room(s)

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

4.2-6.5.4 Grounding for Telecommunication Spaces

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

4.2-6.5.5 Cabling Pathways and Raceway Requirements

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

4.2-6.6 Electronic Safety and Security Systems

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

4.2-6.7 Daylighting and Artificial Lighting Systems

4.2-6.7.1 General

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

4.2-6.7.2 Daylighting Systems in Resident Living Areas

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

4.2-6.7.3 Artificial Lighting Systems

4.2-6.7.3.1 Light fixtures. See Section 2.5-7.3.1 (Light Fixtures) for requirements.

4.2-6.7.3.2 Lighting requirements for specific locations. See appendix section A2.5-7.3.2 (Lighting in transition spaces) for recommendations.

(1) Resident unit corridors

- (a) Resident unit corridors shall have general illumination with provisions for reducing light levels at night.
- (b) Corridors and common areas used by residents shall have even light distribution to avoid glare, shadows, and scalloped lighting effects.

- * (2) Resident rooms, bedrooms, and bathrooms
- Task light controls shall be readily accessible to residents.
 - If night-lighting is provided, see Section 3.1-6.7.3.2 (2)(b) (Night-lighting) for requirements.

4.2-6.8 Acoustic Design Systems

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

4.2-6.9 Elevator Systems

4.2-6.9.1 General

4.2-6.9.1.1 Requirement. All buildings having resident use areas on more than one floor shall have electric or hydraulic elevator(s).

***4.2-6.9.1.2 Number.** Engineered traffic studies are recommended, but in their absence the following guidelines for minimum number of elevators shall apply:

- At least one elevator sized to accommodate a gurney and/or medical carts and resident-operated mobility device users shall be installed where residents are living or receiving care or support services on any floor other than the main entrance floor.
- At least two elevators shall be installed where 60 to 200 residents are living or receiving care or support services on floors other than the main entrance floor.

- At least three elevators shall be installed where 201 to 350 residents are living or receiving care or support services on floors other than the main entrance floor.
- For facilities with more than 350 residents living or receiving care or support services above the main entrance floor, the number of elevators shall be determined from a study of the facility plan and from the estimated vertical transportation requirements.

4.2-6.9.2 Dimensions and Clearances

***4.2-6.9.2.1** Car doors shall have a clear opening of no less than 3 feet 8 inches (1.12 meters).

4.2-6.9.2.2 Other elevators required for passenger service shall be sized to accommodate resident-operated mobility devices.

4.2-6.9.3 Leveling Device

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

4.2-6.9.4 Installation and Testing

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

4.2-6.9.5 Handrails

Elevators shall have handrails on all sides without entrance door(s). See Section 2.4-2.2.10 (Handrails) for additional requirements.

APPENDIX

A4.2-6.7.3.2 (2) Lighting in resident rooms, bedrooms, and bathrooms. Resident rooms, bedrooms, and bathrooms should have general lighting and task lighting.

- Provision of movable task lighting should be considered.
- Resident bathrooms should provide general illumination with provision for reducing light levels at night.

A4.2-6.9.1.2 Number of elevators. These standards may be inadequate for moving large numbers of people in a short time; adjustments should be made as appropriate to the care model and population served.

A4.2-6.9.2.1 Handrail projections of up to 3.5 inches (8.89 centimeters) should not be construed as diminishing the clear inside dimensions. If required to serve the care population and indicated by a mobility transfer assessment (MTA), at least one facility elevator should accommodate attending staff and an ambulance gurney 7 feet 6 inches (2.29 meters) in length and/or an expanded capacity width of 4 feet (1.22 meters) for bariatric residents.

Table A4.2-a

Assisted Living Facility Type Characteristics*

Unit Type	Typical # of Units	Food Service/ Dining Type	Resident Accommodations	Bathing Facility Type	Design Drivers	Environment of Care and Relevant Descriptions
Small	5 or fewer	Centralized	Primarily private rooms with a bathroom shared by no more than 2 residents	Centralized	<ul style="list-style-type: none"> • Integrated household-based team • Resident-directed care • Reduced travel distances • Support for deep and meaningful relationships • Family meeting areas recommended 	<ol style="list-style-type: none"> 1. Light and views: Maximal access to daylight, pleasing views, and outside spaces should be priorities, both in private bedroom spaces and shared social spaces. 2. Clarity of access: The smaller size of this facility type generally makes it easier to provide a layout with direct visual access to key destinations. 3. Control of environment: The goal is to support greater resident autonomy in all aspects of the environment. 4. Privacy and confidentiality: Provision of all single-occupancy rooms enhances privacy, although availability of another space outside the bedroom to allow for visiting is important. 5. Safety and security: The smaller scale makes staff monitoring easier. Outside spaces should be visible from indoors. Multi-story residences need to conform to accessibility standards. All residences shall conform to local and state fire and life safety standards. 6. Finishes: Personalization of individual spaces should be promoted. 7. Resident-directed approach: The goal of this model is to offer residents a full experience of home.
Medium	16 or fewer	Centralized (Note: if more than one medium-size household is connected, each household has its own dining area, but food may be supplied from a central kitchen.)	A mixture of shared and private rooms with private or shared full bathrooms (shared by no more than 2 residents)	Decentralized and/or centralized	<ul style="list-style-type: none"> • Integrated household-based team • Resident-directed care • Reduced travel distances • Support for deep and meaningful relationships • Evaluation of need for some decentralized services and activity areas recommended 	<ol style="list-style-type: none"> 1. Light and views: Maximal access to daylight, pleasing views, and outside spaces should be priorities, both in private bedroom spaces and shared social spaces. 2. Clarity of access: The smaller size of this facility type generally makes it easier to provide a layout with direct visual access to key destinations. 3. Control of environment: The goal is to support resident autonomy in all aspects of the environment. 4. Privacy and confidentiality: Provision of all single-occupancy rooms enhances privacy, although availability of another space outside the bedroom to allow for visiting is important. 5. Safety and security: The smaller scale makes staff monitoring easier. Outside spaces should be visible from indoors. Multi-story residences need to conform to accessibility standards. All residences shall conform to local and state fire and life safety standards. 6. Finishes: Personalization of individual spaces should be promoted. 7. Resident-directed approach: The goal of this model is to offer residents a full experience of home.

*Unit characteristics should be modified for special populations such as residents with dementia, mental health diagnoses, and cognitive and developmental disabilities. See Section 2.2-4 (Design Criteria for Dementia, Mental Health, and Cognitive and Development Disability Facilities) for additional information. Payment source and inclusion of the assisted living facility as part of a campus may also influence design characteristics.

Table A4.2-a (continued)**Assisted Living Facility Type Characteristics***

Unit Type	Typical # of Units	Food Service/ Dining Type	Resident Accommodations	Bathing Facility Type	Design Drivers	Environment of Care and Relevant Descriptions
Large	16 or more	Decentralized and/or centralized	Primarily private apartments with private full baths (includes studio and one- and two-bedroom units)	Decentralized and/or centralized for therapy reasons (e.g., spas to enhance lifestyle choices)	<ul style="list-style-type: none"> • Multidisciplinary team from across the community (including universal workers), often hierarchal in centralized model • Staff efficiency for both centralized and decentralized models • Staff travel distances usually shorter, travel distances for residents usually longer in centralized models • Both staff and resident travel distances usually shorter in decentralized models, except for food service staff when food is prepared in a centralized kitchen • Evaluation of the need for some decentralized services and activity areas recommended • Resident-directed care • Multiple spaces that foster deep and meaningful relationships 	<ol style="list-style-type: none"> 1. Light and views: Maximal access to daylight, pleasing views, and outside spaces should be priorities, both in private bedroom spaces and shared social spaces. 2. Clarity of access: A wayfinding program should be provided to help residents, staff, and visitors distinguish one apartment from another. 3. Control of environment: The goal is to support resident autonomy in all aspects of the environment. 4. Privacy and confidentiality: Provision of all single-occupancy apartments enhances privacy. 5. Safety and security: Because decentralized staffing is recommended, staff presence near residents and points of activity is greater. Outside spaces should be visible from indoors. Multi-story residences need to conform to accessibility standards. All residences shall conform to local and state fire and life safety standards. 6. Finishes: Personalization of individual spaces should be promoted. 7. Resident-directed approach: The goal of this model is to offer residents a full experience of home.