

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING HEARING\***

A Statement of Need and Fiscal Impact accompanies this form.

Department of Human Services, Office of Licensing and Regulatory Oversight 411

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Agency and Division		Administrative Rules Chapter Number
Kimberly Colkitt-Hallman	500 Summer Street NE, E-10 Salem, OR 97301-1074	(503) 945-6398
Rules Coordinator	Address	Telephone

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**RULE CAPTION**

**Residential Care and Assisted Living Facilities**

**Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.**

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December 15, 2014	2:00 p.m.	Human Services Building 500 Summer Street NE, ROOM 160 Salem, Oregon 97301	Staff
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Hearing Date	Time	Location	Hearings Officer
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*Auxiliary aids for persons with disabilities are available upon advance request.*

**RULEMAKING ACTION**

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.

**ADOPT:**

**AMEND:**

411-054-0005; 411-054-0012; 411-054-0090; 411-054-0093; 411-054-0200; 411-054-0300

**REPEAL:**

**RENUMBER:**

**AMEND & RENUMBER:**

**Stat. Auth.:** ORS 410.070; 443.450

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**Other Auth.:**

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**Stats. Implemented:** ORS 443.004, 443.400 to 443.455, 443.991

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#### RULE SUMMARY

The Department of Human Services (Department) is proposing to amend the rules for residential care and assisted living facilities in OAR chapter 411, division 054 to comply with changes in the building codes in regards to physical building structure, initial licensing requirements, and Fire and Life safety. The rules also need to be amended to comply with direction from Centers for Medicare and Medicaid Services (CMS) regarding locked resident unit doors for residential care facilities (RCF). Minor grammar, punctuation, and wording adjustments were made to all of the rules as well.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

Written comments may be submitted via e-mail to [Kimberly.Colkitt-Hallman@state.or.us](mailto:Kimberly.Colkitt-Hallman@state.or.us) or mailed to 500 Summer Street NE, E48 Salem, Oregon, 97301-1064. All comments received will be given equal consideration before the Department proceeds with the permanent rulemaking.

**December 22, 2014 at 5 p.m.**

**Last Day for Public Comment** (Last day to submit written comments to the Rules Coordinator)

Signed P. Donna Keddy, Licensing and Regulatory Oversight

11/10/2014

Signature

Date

Secretary of State

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Department of Human Services, Office of Licensing and Regulatory Oversight 411

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Agency and Division

Administrative Rules Chapter Number

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**Residential Care and Assisted Living Facilities**

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Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: The amendment of OAR 411-054-0005; 411-054-0012; 411-054-0090; 411-054-0093; 411-054-0200; and 411-054-0300 relating to residential care and assisted living facilities.

Statutory Authority: ORS 410.070; 443.450

Other Authority:

Stats. Implemented: ORS 443.004, 443.400 to 443.455; 443.991

Need for the Rule(s):

The Department needs to amend the rules in OAR 411-054 to comply with changes in the building codes and to reflect new requirements from CMS. The proposed rules do this by changing the building code requirements in the rules to clarify and update the physical plant rules, initial licensing requirements, and Fire and Life safety. Minor grammar, punctuation, and wording adjustments were made to all of the rules as well.

Documents Relied Upon, and where they are available:

Code of Federal Regulations (CFR) 441.530 (vi)(B)(1), available from DHS Hearings and Rules Unit, 500 Summer Street NE E48, Salem, Oregon 97301.

Fiscal and Economic Impact:

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

The Department estimates that amending OAR 411-054 will have the following fiscal and economic impact:

State Agencies: The Department estimates there will be no fiscal or economic impact on state agencies.

Units of Local Government: The Department estimates there will be no fiscal or economic impact on units of local government.

Individuals receiving services: The Department estimates there will be no fiscal or economic impact on individuals being served.

Providers: There will be a substantial negative fiscal impact to RCF providers who do not currently have individually keyed resident unit doors. These locks can run anywhere from \$150 to 300 per door as a one-time cost. This is a requirement from the Centers for Medicare and Medicaid Services (CMS). It is unknown how many residential care facilities will need to install individually keyed, single action locks, therefore the entire fiscal impact cannot be determined.

Providers will also need to install wall cove base in the soiled linen room, kitchen, and laundry room. For those providers who do not have this installed, it will be a one-time cost of approximately \$2.00 to 3.00 per foot. This is a requirement from the building codes division. Since the cost of installing the wall cove base depends on the size of the rooms affected, the entire fiscal impact cannot be determined.

There is also a positive fiscal impact to the potential licensee because they will no longer have to travel to Salem to meet with Department staff in person when considering licensing a new facility. A change to the rule allows them to simply communicate with the Department.

Public: The Department estimates there will be no fiscal or economic impact on the public.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:

All assisted living and residential care are subject to these rule changes. There are currently 492 community based care facilities. Of these, approximately 30 facilities may be considered a small business as defined by ORS 183.310.

Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

The proposed changes impact community based care facilities as described above in the Department's statement of cost of compliance.

c. Equipment, supplies, labor and increased administration required for compliance:

The proposed changes impact community based care facilities as described above in the Department's statement of cost of compliance.

How were small businesses involved in the development of this rule?

A small business as defined in ORS 183.310 participated on the Administrative Rule Advisory Committee. Small businesses will also be included in the public review and comment period.

Administrative Rule Advisory Committee consulted?:

Yes. The Administrative Rule Advisory Committee included representation from Adult Protective Services, Long Term Care Ombudsman's office, Oregon Law Center, Oregon Health Authority, Leading Age Oregon, providers, Oregon Health Care Association, Oregon State Fire Marshall, LRS Architects, JCS Oregon, and the Department.

Signed P. Donna Keddy, Licensing and Regulatory Oversight

11/10/2014

Signature

Date

**DEPARTMENT OF HUMAN SERVICES  
AGING AND PEOPLE WITH DISABILITIES  
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411  
DIVISION 54**

**RESIDENTIAL CARE AND ASSISTED LIVING FACILITIES**

**411-054-0005 Definitions**

For the purpose of these rules, the following definitions apply:

(1) "Abuse" means abuse as defined in OAR 411-020-0002 (Adult Protective Services).

(2) "Activities of Daily Living (ADL)" mean those personal functional activities required by an individual for continued well-being, health, and safety. Activities consist of eating, dressing, grooming, bathing, personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), and cognition/behavior.

(3) "Acute Sexual Assault" means any non-consensual or unwanted sexual contact that warrants medical treatment or forensic collection.

(4) "Administrator" means the individual who is designated by the licensee that is responsible for the daily operation and maintenance of the facility as described in OAR 411-054-0065.

(5) "Advance Directive" means a document that contains a health care instruction or a power of attorney for health care.

(6) ["Aging and People with Disabilities" means the program area of Aging and People with Disabilities, within the Department of Human Services.](#)

(7) ["APD" means "Aging and People with Disabilities".](#)

(86) "Applicant" means the individual, individuals, or entity, required to complete a facility application for license.

(a) Except as set forth in OAR 411-054-0013(1)(b), applicant includes a sole proprietor, each partner in a partnership, and each member with a 10 percent or more ownership interest in a limited liability company, corporation, or entity that:

(A) Owns the residential care or assisted living facility business;  
or

(B) Operates the residential care or assisted living facility on behalf of the facility business owner.

(b) Except as set forth in OAR 411-054-0013(1)(b), for those who serve the Medicaid population, applicant includes a sole proprietor, each partner in a partnership, and each member with a 5 percent or more ownership interest in a limited liability company, corporation, or entity that:

(A) Owns the residential care or assisted living facility business;  
or

(B) Operates the residential care or assisted living facility on behalf of the facility business owner.

| (97) "Area Agency on Aging (AAA)" as defined in ORS 410.040 means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to seniors or individuals with disabilities in a planning and service area. For the purpose of these rules, the term Area Agency on Aging is inclusive of both Type A and B Area Agencies on Aging that contract with the Department to perform specific activities in relation to residential care and assisted living facilities including:

(a) Conducting inspections and investigations regarding protective service, abuse, and neglect;

(b) Monitoring; and

(c) Making recommendations to the Department regarding facility license approval, denial, revocation, suspension, non-renewal, and civil penalties.

(108) "Assisted Living Facility (ALF)" means a building, complex, or distinct part thereof, consisting of fully, self-contained, individual living units where six or more seniors and adult individuals with disabilities may reside in homelike surroundings. The assisted living facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, and independence.

(11) "Building Codes" are comprised of the set of specialty codes, including the Oregon Structural Specialty Code (OSSC), Oregon Mechanical Specialty Code (OMSC), Oregon Electrical Specialty Code (OESC), Oregon Plumbing Specialty Code (OPSC) and their reference codes and standards.

(912) "Caregiver" means a facility employee who is trained in accordance with OAR 411-054-0070 to provide personal care services to residents. The employee may be either a direct care staff or universal worker ~~as defined in this rule.~~

(4013) "Change in Use" means altering the purpose of an existing room, within the facility, that requires structural changes.

(4414) "Change of Condition – Short Term" means a change in the resident's health or functioning, that is expected to resolve or be reversed with minimal intervention, or is an established, predictable, cyclical pattern associated with a previously diagnosed condition.

(4215) "Change of Condition – Significant" means a major deviation from the most recent evaluation, that may affect multiple areas of functioning or health, that is not expected to be short term, and imposes significant risk to the resident. Examples of significant change of condition include, but are not limited to:

(a) Broken bones;

(b) Stroke, heart attack, or other acute illness or condition onset;



- (c) Unmanaged high blood sugar levels;
- (d) Uncontrolled pain;
- (e) Fast decline in activities of daily living;
- (f) Significant unplanned weight loss;
- (g) Pattern of refusing to eat;
- (h) Level of consciousness change; and
- (i) Pressure ulcers (stage 2 or greater).

| (4316) "Choice" means a resident has viable options that enable the resident to exercise greater control over his or her life. Choice is supported by the provision of sufficient private and common space within the facility that allows residents to select where and how to spend time and receive personal assistance.

| (4417) "Condition" means a provision attached to a new or existing license that limits or restricts the scope of the license or imposes additional requirements on the licensee.

| (4518) "Department" means the Department of Human Services (DHS).  
~~The term "Department" is synonymous with "Division (SPD)".~~

| (4619) "Dignity" means providing support in such a way as to validate the self-worth of the individual. Dignity is supported by cCreating an environment that allows personal assistance to be provided in privacy  
~~supports dignity as does and by~~ delivering services in a manner that shows courtesy and respect.

| (4720) "Direct Care Staff" means a facility employee whose primary responsibility is to provide personal care services to residents. These personal care services may include:

- (a) Medication administration;
- (b) Resident-focused activities;

- (c) Assistance with activities of daily living;
- (d) Supervision and support of residents; and
- (e) Serving meals, but not meal preparation.

| [\(1821\)](#) "Directly Supervised" means a qualified staff member maintains visual contact with the supervised staff.

| [\(1922\)](#) "Director" means the Director of the Department's Licensing and Regulatory Oversight, or that individual's designee. The term "Director" is synonymous with "Assistant Director".

| [\(2023\)](#) "Disaster" means a sudden emergency occurrence beyond the control of the licensee, whether natural, technological, or manmade, that renders the licensee unable to operate the facility or [makes](#) the facility ~~is~~ uninhabitable.

| [\(2424\)](#) "Disclosure" means the written information the facility is required to provide to consumers to enhance the understanding of facility costs, services, and operations.

| [\(2225\)](#) "Entity" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), a state, or a political subdivision or instrumentality, including a municipal corporation, of a state.

| [\(2326\)](#) "Exception" means a written variance granted by the Department from a regulation or provision of these rules.

| [\(2427\)](#) "Facility" means the residential care or assisted living facility licensee and the operations, policies, procedures, and employees of the residential care or assisted living facility.

| [\(2528\)](#) "FPS" means the Facilities, Planning, and Safety Program within the Public Health Division.

| [\(2629\)](#) "Homelike Environment" means a living environment that creates an atmosphere supportive of the resident's preferred lifestyle. Homelike

environment is also supported by the use of residential building materials and furnishings.

| ([2730](#)) "Incident of Ownership" means an ownership interest, an indirect ownership interest, or a combination of direct and indirect ownership interest.

| ([2831](#)) "Independence" means supporting resident capabilities and facilitating the use of those abilities. Creating barrier free structures and careful use of assistive devices supports independence.

| ([2932](#)) "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in another entity. Indirect ownership interest includes an ownership interest in an entity that has an indirect ownership interest in another entity.

| ([3033](#)) "Individuality" means recognizing variability in residents' needs and preferences and having flexibility to organize services in response to different needs and preferences.

| ([3134](#)) "Licensed Nurse" means an Oregon licensed practical or registered nurse.

| ([3235](#)) "Licensee" means the entity that owns the residential care or assisted living facility business, and to whom an assisted living or residential care facility license has been issued.

| ([3336](#)) "Major Alteration":

(a) Means:

(A) Any structural change to the foundation, floor, roof, exterior or load bearing wall of a building;

(B) The addition of floor area to an existing building; or

(C) The modification of an existing building that results in a change in use where such modification affects resident services or safety.

(b) Does not include cosmetic upgrades to the interior or exterior of an existing building (for example: changes to wall finishes, floor coverings, or casework).

| (3437) "Managed Risk" means a process by which a resident's high-risk behavior or choices are reviewed with the resident. Alternatives to and consequences of the behavior or choices are explained to the resident and the resident's decision to modify behavior or accept the consequences is documented.

| (3538) "Management" or "Operator" means possessing the right to exercise operational or management control over, or directly or indirectly conduct, the day-to-day operation of a facility.

| (3639) "Modified Special Diet" means a diet ordered by a physician or other licensed health care professional that may be required to treat a medical condition (for example: heart disease or diabetes).

| (a) Modified special diets include, but are not limited to:

- (A) Small frequent meals;
- (B) No added salt;
- (C) Reduced or no added sugar; and
- (D) Simple textural modifications.

(b) Medically complex diets are not included.

| (3740) "New Construction" means:

- (a) A new building;
- (b) An existing building or part of a building that is not currently licensed;
- (c) A major alteration to an existing building; or

(d) Additions, conversions, renovations, or remodeling of existing buildings.

| [\(3841\)](#) "Nursing Care" means the practice of nursing as governed by ORS chapter 678 and OAR chapter 851.

| [\(3942\)](#) "Owner" means an individual with an ownership interest.

| [\(4043\)](#) "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of an entity.

| [\(4144\)](#) "Personal Incidental Funds (PIF)" means the monthly amount allowed each Medicaid resident for personal incidental needs. For purposes of this definition, personal incidental funds include monthly payments, as allowed, and previously accumulated resident savings.

| [\(4245\)](#) "Privacy" means a specific area or time over which the resident maintains a large degree of control. Privacy is supported with services that are delivered with respect for the resident's civil rights.

| [\(4346\)](#) "P.R.N." means those medications and treatments that have been ordered by a qualified practitioner to be administered as needed.

| [\(4447\)](#) "Psychoactive Medications" mean medications used to alter mood, level of anxiety, behavior, or cognitive processes. Psychoactive medications include antidepressants, anti-psychotics, sedatives, hypnotics, and anti-anxiety medications.

| [\(4548\)](#) "Remodel" means a renovation or conversion of a building that requires a building permit and meets the criteria for review by the Facilities Planning and Safety Program as described in OAR 333-675-0000.

| [\(4649\)](#) "Renovate" means to restore to good condition or to repair.

| [\(4750\)](#) "Resident" means any individual who is receiving room, board, care, and services on a 24-hour basis in a residential care or assisted living facility for compensation.

| [\(4851\)](#) "Residential Care Facility (RCF)" means a building, complex, or distinct part thereof, consisting of shared or individual living units in a

homelike surrounding, where six or more seniors and adult individuals with disabilities may reside. The residential care facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, individuality, and independence.

(4952) "Restraint" means any physical device ~~that~~ the resident cannot manipulate that is used to restrict movement or normal access to the resident's body.

(5053) "Retaliation" means to threaten, ~~or~~ intimidate, or take an action that is detrimental to an individual (for example, ~~;~~ harassment, abuse, or coercion).

(5154) "Service Plan" means a written, individualized plan for services, developed by a service planning team and the resident, ~~;~~ or the resident's legal representative, that reflects the resident's capabilities, choices, and if applicable, measurable goals, and managed risk issues. The service plan defines the division of responsibility in the implementation of the services.

(5255) "Service Planning Team" means two or more individuals, as set forth in OAR 411-054-0036, that assist the resident in determining what services and care are needed, preferred, and may be provided to the resident.

(5356) "Services" mean supervision or assistance provided in support of a resident's needs, preferences, and comfort, including health care and activities of daily living, that help develop, increase, maintain, or maximize the resident's level of independent, psychosocial, and physical functioning.

(5457) "Subject Individual" means any individual 16 years of age or older on whom the Department may conduct a background check as defined in OAR 407-007-0210 and from whom the Department may require fingerprints for the purpose of conducting a national background check.

(a) For the purpose of these rules, subject individual includes:

(A) All applicants, licensees, and operators of a residential care or assisted living facility;

(B) All individuals employed or ~~that are~~ receiving training in an assisted living or residential care facility; and

(C) Volunteers, if allowed unsupervised access to residents.

(b) For the purpose of these rules, subject individual does not apply to:

(A) Residents and visitors of residents; or

(B) Individuals that provide services to residents who are employed by a private business ~~that is~~ not regulated by the Department.

([5558](#)) "Supportive Device" means a device that may have restraining qualities that supports and improves a resident's physical functioning.

([5659](#)) "These Rules" mean the rules in OAR chapter 411, division 054.

([5760](#)) "Underserved" means services are significantly unavailable within the service area in a comparable setting for:

(a) The general public; or

(b) A specific population, for example, residents with dementia or traumatic brain injury.

([5861](#)) "Unit" means an individual living space constructed as a completely private apartment, including living and sleeping space, kitchen area, bathroom, and adequate storage areas.

([5962](#)) "Universal Worker" means a facility employee whose assignments include other tasks (for example, housekeeping, laundry, or food service) in addition to providing direct resident services. Universal worker does not include administrators, clerical or administrative staff, building maintenance staff, or licensed nurses who provide services as specified in OAR 411-054-0034.

Stat. Auth.: ORS 410.070 & 443.450

Stats. Implemented: ORS 443.400 to 443.455 & 443.991

### **411-054-0012 Requirements for New Construction or Initial Licensure**

(1) An applicant requesting approval of a potential license for new construction or licensing of an existing building that is not operating as a licensed facility, must [request a meeting](#) communicate with the Department before submitting a letter of intent as described in section (3) of this rule.

(2) Prior to beginning new construction of a building, or purchase of an existing building with intent to request a license, the applicant must provide the following information for consideration by the Department for a potential license:

(a) Demonstrate a past history, if any, of substantial compliance with all applicable state and local laws, rules, codes, ordinances, and permit requirements in Oregon, and the ability to deliver quality services to citizens of Oregon; and

(b) Provide a letter of intent as set forth in section (3) of this rule.

(3) LETTER OF INTENT. Prior to application for a building permit, a prospective applicant, with intent to build or operate a facility, must submit to the Department a letter of intent that includes the following:

(a) Identification of [the](#) potential applicant;

(b) Identification of the city and street address of the intended facility;

(c) Intended facility type (for example, [RCF](#), ALF, or memory care), the intended number of units, and maximum resident capacity;

(d) Statement of whether the applicant is willing to provide care and services for an underserved population and [a](#) description of any underserved population the applicant is willing to serve;

(e) Indication of whether the applicant is willing to provide services through the state medical assistance program;



(f) Identification of operations within Oregon or within other states that provide a history of the applicant's ability to serve the intended population; and

(g) An independent market analysis completed by a third party professional that meets the requirements of section (4) of this rule.

(4) MARKET ANALYSIS. The applicant must submit a current market analysis to the Department for review and consideration prior to application for a building permit. A market analysis is not required for change of owner applicants of existing licensed buildings. The market analysis must show the need for the services offered by the license applicant and must include:

(a) A Ddescription of the intended population to be served, including underserved populations and those eligible to receive services through the state medical assistance program, as applicable;

(b) A current demographic overview of the area to be served;

(c) A description of the area and regional economy and the effect on the market for the project;

(d) Identification of the number of individuals in the area to be served who are potential residents;

(e) A Ddescription of available amenities (for example, transportation, hospital, shopping center, or traffic conditions);

(f) A Ddescription of the extent, types, and availability of existing and proposed facilities, as described in ORS 443.400 to 443.455, located in the area to be served; and

(g) The rate of occupancy, including waiting lists, for existing and recently completed developments competing for the same market segment.

(5) The Department shall issue a written decision of a potential license within 60 days of receiving all required information from the applicant.

(a) If the applicant is dissatisfied with the decision of the Department, the applicant may request a contested case hearing in writing within 14 calendar days from the date of the decision.

(b) The contested case hearing shall be in accordance with ORS chapter 183.

(6) Prior to issuing a license, the Department shall consider the applicant's stated intentions and compliance with the requirements of this rule and all structural and other licensing requirements as stated in these rules.

(7) BUILDING DRAWINGS. After the letter of intent has been submitted to the Department, one set of building drawings and specifications must be submitted to FPS and must comply with OAR chapter 333, division 675.

(a) Building drawings must be submitted to FPS:

(A) Prior to beginning construction of any new building;

(B) Prior to beginning construction of any addition to an existing building;

(C) Prior to beginning any remodeling, modification, or conversion of an existing building that requires a building permit; or

(D) Subsequent to application for an initial license of a facility not previously licensed under this rule.

(b) Drawings must comply with the [Oregon Structural Specialty Code building codes](#) and [the Oregon Fire Code \(OFC\)](#) as required for the occupancy classification and construction type.

(c) Drawings ~~must be drawn to a scale of one-fourth inch or one-eighth inch to the foot, and must specify the date when construction, modification, or conversion is expected to be completed.~~ (d) [Construction containing 4,000 square feet or more submitted for a licensed assisted living or residential facility](#) must be prepared by, and bear the stamp of, an Oregon licensed architect or engineer.

(8) SIXTY-DAYS PRIOR. At least 60 days prior to anticipated licensure the applicant must submit to the Department:

- (a) A completed application form with the required fee;
- (b) A copy of the facility's written rental agreements;
- (c) Disclosure information; and
- (d) Facility policies and procedures, ~~to ensure~~ing that the facility's administrative staff, personnel, and resident care operations are conducted in compliance with these rules.

(9) THIRTY-DAYS PRIOR. Thirty days prior to anticipated licensure the applicant must submit:

- (a) To the Department, a completed and signed Administrator Reference Sheet that reflects the qualifications and training of the individual designated as facility administrator and a background check request; and
- (b) To FPS, a completed and signed Project Substantial Completion Notice that attests substantial completion of the building project and requests the scheduling of an onsite licensing inspection.

(10) TWO-DAYS PRIOR. At least two working days prior to the scheduled onsite licensing inspection of the facility, the applicant must submit to the Department and FPS a completed and signed Project Completion/Inspection Checklist that confirms the building project is complete and fully in compliance with these rules.

- (a) The scheduled, onsite licensing inspection may not be conducted until the Project Completion/Inspection Checklist has been received by both FPS and the Department.
- (b) The onsite licensing inspection may be rescheduled at the Department's convenience if the scheduled, onsite licensing inspection reveals ~~that~~ the building is not in compliance with these rules as attested to on the Project Completion/Inspection Checklist.

(11) CERTIFICATE OF OCCUPANCY. The applicant must submit to the Department and FPS, a copy of the Certificate of Occupancy issued by the [Building Codes Division](#) agency having jurisdiction that indicates the intended occupancy classification and construction type.

(12) CONFIRMATION OF LICENSURE. The applicant, prior to admitting any resident into the facility, must receive a written confirmation of licensure issued by the Department.

Stat. Auth.: ORS 410.070 & 443.450

Stats. Implemented: ORS 443.400 to 443.455 & 443.991

### **411-054-0090 Fire and Life Safety**

(1) FIRE DRILLS. [All fire drills shall be conducted according to the Oregon Fire Code \(OFC\).](#)

[\(a\)](#) Unannounced fire drills must be conducted and recorded every other month at different times of the day, evening, and night shifts.

[\(b\)](#) Fire and life safety instruction to staff must be provided on alternate months.

[\(c\)](#) The Fire Authority may develop an alternative fire drill plan for the facility. Any such plan must be submitted to [SPDthe Department](#).

[\(ad\)](#) A written fire drill record must be kept to document fire drills that include:

(A) Date and time of day;

(B) Location of simulated fire origin;

(C) The escape route used;

(D) [Problems encountered and](#) [C](#)omments relating to residents who resisted or failed to participate in the drills;

(E) Evacuation time period needed; [and](#)

(F) ~~Whether the alarm system was operative at the time of the drill.~~ Staff members on duty and participating; and

(G) Number of occupants evacuated.

(be) Alternate exit routes must be used during fire drills to react to varying potential fire origin points.

(ef) The evacuation capability of the residents and staff is a function of both the ability of the residents to evacuate and the assistance provided by the staff.

(dg) Staff must provide fire evacuation assistance to residents from the building to a designated point of safety as determined by the Fire Authority having jurisdiction. Points of safety may include, outside the building, through a horizontal exit, or other areas as determined by the Fire Authority having jurisdiction.

(eh) Fire alarms, smoke detectors, or other approved signal devices must be set off during each fire drill, unless otherwise directed by the Fire Authority having jurisdiction.

(2) If the facility is unable to meet the applicable evacuation level, the facility must make an immediate effort to make changes to ensure the evacuation standard is met. Changes must include, but not be limited to:

(a) Increasing staff levels,

(b) Changing staff assignments,

(c) Requesting change in resident rooms, and

(d) Arranging for special equipment. ~~#~~

After making necessary changes, if the facility fails to meet the applicable evacuation level, the facility must issue an involuntary move-out notice to the residents in accordance with OAR 411-054-0080.

(3) Fire detection and protection equipment, including visual signals with alarms for hearing-impaired residents, must be maintained in accordance with the [Oregon Fire CodeOFC](#) and the manufacturer's instructions.

(a) The facility must provide and maintain one or more 2A:10B:C fire extinguishers on each floor in accordance with the [Oregon Fire CodeOFC](#).

(b) Flammable and combustible liquids and hazardous materials must be safely and properly stored in original containers in accordance with the fire authority having jurisdiction.

(4) SAFETY PROGRAM. A safety program must be developed and implemented to avoid hazards to residents, such as dangerous substances, sharp objects, unprotected electrical outlets, slippery floors or stairs, exposed heating devices, broken glass, water temperatures, and fire prevention.

(5) TRAINING FOR RESIDENTS. Residents must be instructed about the facility's fire and life safety procedures [per OFC](#).

(a) Each resident must be instructed within 24 hours of admission and re-instructed, at least annually, in general safety procedures, evacuation methods, responsibilities during fire drills, and designated meeting places outside the building or within the fire safe area in the event of an actual fire. This requirement does not apply to residents whose mental capability does not allow for following such instruction.

(b) A written record of fire safety training, including content of the training sessions and the residents attending, must be kept.

(6) UNOBSTRUCTED EGRESS. Stairways, halls, doorways, passageways, and exits from rooms and ~~from~~ the building must be unobstructed.

(7) FIRST-AID SUPPLIES. First-aid supplies must be provided, properly labeled, and readily accessible.

Stat. Auth.: ORS 410.070 & 443.450

Stats. Implemented: ORS 443.400 to 443.455 & 443.991

## 411-054-0093 Emergency and Disaster Planning

An emergency preparedness plan is a written procedure that identifies a facility's response to an emergency or disaster for the purpose of minimizing loss of life, mitigating trauma, and to the extent possible, maintaining services for residents, and preventing or reducing property loss.

(1) The facility must prepare and maintain a written emergency preparedness plan in accordance with the ~~Oregon Fire Code (OFC) in OAR chapter 837, division 040.~~

(2) The emergency preparedness plan must:

(a) Include analysis and response to potential emergency hazards, including, but not limited to:

(A) Evacuation of a facility;

(B) Fire, smoke, bomb threat, and explosion;

(C) Prolonged power failure, water, and sewer loss;

(D) Structural damage;

(E) Hurricane, tornado, tsunami, volcanic eruption, flood, and earthquake;

(F) Chemical spill or leak; and

(G) Pandemic.

(b) Address the medical needs of the residents, including:

(A) Access to medical records necessary to provide services and treatment; and

(B) Access to pharmaceuticals, medical supplies, and equipment during and after an evacuation.

(c) Include provisions and supplies sufficient to shelter in place for a minimum of three days without electricity, running water, or replacement staff.

(3) The facility must notify the Department, ~~or~~ the local AAA office, or designee, of the facility's status in the event of an emergency that requires evacuation and during any emergent situation when requested.

(4) The facility must conduct a drill of the emergency preparedness plan at least twice a year in accordance with the OFC ~~in OAR chapter 837, division 040~~ and other applicable state and local codes as required. One of the practice drills may consist of a walk-through of the duties or a discussion exercise with a hypothetical event, commonly known as a tabletop exercise. These simulated drills may not take the place of the required fire drills.

(5) The facility must annually review or update the emergency preparedness plan as required by the OFC ~~in OAR chapter 837, division 040~~ and the emergency preparedness plan must be available on-site for review upon request.

Stat. Auth.: ORS 410.070 & 443.450

Stats. Implemented: ORS 443.400 to 443.455, 443.991, & OL 2007 chapter 205

## **Residential Care Facility Building Requirements**

### **411-054-0200 Residential Care Facility Building Requirements**

A residential care facility (RCF), as defined by OAR 411-054-0005, shall be built to the following requirements and may have individual or shared living units, ~~where six or more people reside and must be built to the following specifications.~~

(1) Applicability for 411-054-0200 shall apply to the following:

(a) A RCF not licensed prior to XX/XX/XXXX;



(b) A major alteration to a RCF for which plans were not submitted to Facilities, Planning, and Safety (FPS) prior to XX/XX/XXXX; or

(c) OAR 411-054-0200 shall apply only to the major alteration and shall not apply to any other area of the facility.

(12) BUILDING CODES. Each residential care facility~~RCF~~ must meet the requirements of the facility standards set forth in these rules, ~~the Oregon Structural Specialty Code (OSSC), and the Oregon Fire Code (OFC) and~~ with the building codes in effect at the time of original licensure.

~~(a) Facilities must comply with Title III of the Americans with Disabilities Act (ADA), Fair Housing Act, and Fair Housing Design Guidelines (FHA) where applicable.~~ (b) Subsequent modifications made to a facility~~a RCF after original licensure~~, including, but not limited to demolition, remodeling, construction, maintenance, repair, or replacement must comply with all applicable state and local building, electrical, plumbing, and zoning codes in place at the time of the modification.

~~(c) If a change in use and building code occupancy classification occurs, license approval shall be contingent on meeting the OSSC and minimum standards of ADA in effect at the time of such change~~ requirements of the building codes.

~~(d) All two or more story residential care facilities with a capacity of more than 16, must be constructed to include a minimum of one two-hour area separation wall constructed to standards as defined in the OSSC (SR 104.3.1 Fire Barrier).~~

~~(e) Facilities~~ A RCF must comply with ~~the Public Health Division's, Facilities Planning and Safety FPS~~ program requirements for submission of building plans~~drawings~~ and specifications per as described in OAR 333-675-0000 through 333-675-0050~~(Submission of Project Plans and Specifications for Review)~~.

~~(f) All interior and exterior materials and surfaces (e.g., floors, walls, roofs, ceilings, windows, and furniture) and all equipment necessary for the health, safety, and comfort of the resident will be kept clean and in good repair.~~

(23) GENERAL BUILDING EXTERIOR.

(a) All exterior pathways and accesses to the ~~facility's~~ RCF common-use areas, ~~and~~ entrance, and exit ways must be made of hard, smooth material, be accessible, and maintained in good repair.

(b) ~~Measures~~ A RCF must ~~be taken~~ take measures to prevent the entry of rodents, flies, mosquitoes, and other insects. There must be locked storage for all poisons, chemicals, rodenticides, and other toxic materials. All materials must be properly labeled.

(c) ~~The facility~~ RCF grounds must be kept orderly and free of litter and refuse. Garbage must be stored in covered refuse containers.

(d) ~~At least one primary grade level entrance to the building must be arranged to be fully accessible to disabled persons. Alzheimer's Indorsed Facilities~~ As described in OAR 411, division 057, memory care communities licensed as a RCF must be located on the ground floor.

(e) ~~Storage~~ A RCF must ~~be~~ provided storage for all maintenance equipment, including yard maintenance tools, if not provided by a third party contract.

(f) ~~An RCF must provide an~~ accessible outdoor recreation area is required. The outdoor recreation area must be available to all residents. Lighting must be equal to a minimum of five foot -candles. ~~Alzheimer's Indorsed Facilities~~ Memory Care Communities must provide residents with direct access to a secure outdoor recreation area as described in OAR chapter 411, division 057.

(g) Outdoor perimeter fencing ~~must~~ may not be secured to prevent exit unless the ~~facility~~ RCF has written approval ~~of SPD or from the Department or the RCF~~ is in compliance with OAR chapter 411, division 057 (Indorsement of Alzheimer's Memory Care Units Communities) or OAR 309-032-~~0720~~ 1500 through 309-032-~~15650830~~ (Standards for Enhanced Care Services).

(h) ~~Facilities~~A RCF must have an entry and exit drive to and from the main building entrance that allows for ~~pick~~ing a vehicle to pick up and ~~dropping~~drop off residents and ~~for~~ mail deliveries without the need for vehicles to back up.

(34) GENERAL BUILDING INTERIOR. ~~Designers~~The design of a RCF must emphasize a residential appearance while retaining the features required to support special resident needs as outlined in this rule.

(a) RECEPTION AREA. A reception area must be visible and accessible to residents and visitors when entering the doors of the main entrance to the ~~facility~~RCF.

(b) CORRIDORS. Resident-use areas and units must be ~~accessible~~connected through temperature controlled common corridors ~~with a minimum width of 48 inches~~.

(A) Resident-use corridors exceeding 20 feet in length to an exit or common-use area, must have a minimum width of 72 inches.

(B) Corridors ~~must~~shall not exceed 150 feet in length from any resident unit to a seating or other common-use area.

(C) Handrails must be installed at one or both sides of resident-use corridors.

(c) FLOORS.

(A) Hard surface floors and base must be free from cracks and breaks.

(AB) Carpeting and other floor materials must be constructed and installed to minimize resistance for passage of wheelchairs and other ambulation aids.

(BC) Thresholds and floor junctures must be ~~designed and installed~~maintained to allow for the passage of wheelchairs and to prevent a tripping hazard.

(d) INTERIOR DOORS. ~~Bathrooms and other common use areas must provide a minimum clear opening of 32 inches (36-inch doors recommended).~~ Lever-type ~~or other OSSC/ADA approved hardware~~ door handles must be provided on all doors used by residents.

(e) EXIT DOORS. Exit doors ~~must~~ may not include locks that delay evacuation except as ~~approved by~~ specified by the ~~building codes~~ Fire Authority and Oregon Building Codes Agencies having jurisdiction. Such locks may not be installed except with written approval of ~~SPD~~ the Department.

(A) Exit doors may not include locks that prevent evacuation.

(B) If an electronic code must be entered to use an exit door that code must be clearly posted for residents, visitors, and staff use.

(f) WALLS AND CEILINGS. Walls and ceilings must be ~~washable~~ cleanable in kitchen, laundry, and bathing areas. Kitchen walls must be finished smooth per OAR 333-150-0000 (Food Sanitation Rules).

(g) ELEVATORS. ~~Facilities~~ A RCF with residents on more than one floor must provide at least one elevator that meets Oregon Elevator Specialty Code (OESC) requirements.

(h) The interior of the facility must be free from unpleasant odors.

(i) All interior and exterior materials and surfaces (e.g., floors, walls, roofs, ceilings, windows, and furniture) and all equipment necessary for the health, safety, and comfort of the resident will be kept clean and in good repair.

(45) RESIDENT UNITS. Resident units may be limited to a bedroom only, with bathroom facilities centrally located off common corridors. Each resident unit shall be limited to not more than two residents.

(a) Resident units must have a lockable door with lever type handles, effective XX/XX/XXXX.

(ab) For bedroom units, the door must open to an indoor, temperature controlled common-use area or common corridor-and. Residents may not enter a room through another resident's bedroom.

(bc) Resident units must include a minimum of 80 square feet per resident, exclusive of closets, vestibules, and bathroom facilities and allow for a minimum of three feet between beds;

(cd) All resident bedrooms must be accessible for persons/individuals with disabilities, meeting and meet the requirements of the OSSC, FHA, and the ADA building codes. Adaptable units are not acceptable.

(de) A lockable storage space (e.g., drawer, cabinet, or closet) must be provided for the safekeeping of a resident's small valuable items and funds. Both the administrator and resident may have keys.

(ef) WARDROBE CLOSET. A separate wardrobe closet must be provided for each resident's clothing and personal belongings. Resident wardrobe and storage space must total a minimum volume of 64 cubic feet for each resident. The rod must be adjustable for height or fixed at no higher than 48 inches and no lower than 36 inches for accessibility reach ranges per building codes. In calculating useable space closet height may not exceed eight feet and a depth of two feet.

(fg) WINDOWS. All units must have an escape window that opens directly onto a public street, public alley, yard, or exit court, except for Alzheimer's Care Units constructed to an SR-2 or I-2 occupancy classification. This window section must be operable from the inside to provide a full clear opening without the use of separate tools and must comply with the specifications of an escape window when required by the OSSC. Windows may not be below grade.

(A) Each resident's sleeping and living unit must have an exterior window that has an area at least one-tenth of the floor area of the room. Windows must also have a nominal maximum windowsill height of 38 inches. Operable units must be

~~designed to prevent accidental falls when sill heights are lower than 36 inches and above the first floor.~~

(B) Unit windows must be equipped with curtains or blinds for privacy and control of sunlight.

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

(gh) RESIDENT UNIT BATHROOMS. If resident bathrooms are provided within a resident unit, ~~they must~~ the bathroom must be a separate room and include a toilet, hand wash sink, mirror, ~~and~~ towel bar, and storage for toiletry items (36" in height). The bathrooms must be accessible for ~~persons~~ individuals who use wheelchairs.

(hi) UNIT KITCHENS. If cooking facilities are provided in resident units, cooking appliances must be readily removable or disconnectable and the ~~facility~~ RCF must have and carry out a written safety policy regarding resident ~~use~~ and nonuse. A microwave is considered a cooking appliance.

(56) COMMON ~~USE~~ AREAS.

(a) BATHING FACILITIES. Centralized bathing fixtures must be provided at a minimum ratio of one tub or shower for each ten residents not served by fixtures within their own unit.

(A) At least one centralized shower or tub must be designed for disabled access without substantial lifting by staff. ~~Curbless showers or tubs equipped for horizontal transfer or hydraulic lift are acceptable. All bathing facilities must meet ADA and OSSG requirements.~~

~~(AB) Grab bars must be provided in all resident showers. (B) Showers must be equipped with a hand-held showerhead and a cleanable shower curtain. (C)~~ Bathing facilities must be located or screened to allow for resident privacy while bathing and provide adequate space for an attendant.

(DC) A ~~non~~-slip-resistant floor surface in bathing areas is required.

(D) Grab bars must be provided in all resident showers.

(E) Showers must be equipped with a hand-held showerhead and a cleanable shower curtain.

(b) TOILET FACILITIES. ~~Toilets and hand wash sinks with an accessible mirror~~Toilet facilities must be located for resident-use at a minimum ratio of one to six residents for all residents not served by ~~these fixtures in their own unit~~toilet facilities within their own unit. Toilet facilities must include a toilet, hand wash sink, and mirror.

(A) Toilet facilities for all of the licensed resident capacity must be accessible to ~~persons~~individuals with disabilities in accordance with the ~~building codes~~ADA and the OSSC as enforced by the Oregon Building Codes Division or local jurisdictions having authority.

(B) A RCF licensed for more than 16 residents must provide at least one separate toilet and hand wash lavatory ~~must be provided~~ for staff and visitor use ~~in facilities licensed for more than 16.~~

(c) DINING AREA. ~~The D~~dining areas must be provided with the capacity to seat ~~all~~100 percent of the residents. The dining area must provide with a minimum area of 22 square feet per resident for seating, exclusive of serving carts and other equipment or items that take up space in the dining ~~area~~room. ~~The facility~~A RCF must have policies and equipment to assure ~~that~~ food is served fresh and at proper temperatures.

(d) LOUNGESOCIAL AND ACTIVITYRECREATION AREAS. ~~The facility~~A RCF must include lounge and activity areas for social and recreational use totaling a minimum of 15 square feet per resident.

(e) COOKING STOVE. If a stove is provided in the activities or common-use area, and is available for resident-use, a keyed, remote

switch, or other safety device must be provided to ensure staff control.

(67) SUPPORT SERVICE AREAS.

(a) MEDICATION STORAGE. Facilities A RCF must have a locked and separate closed storage area for medications, supportive of the distribution system utilized including:

(A) A method for refrigeration of perishable medications that provides for locked separation from stored food items;

~~(B) In residential care facilities of 17 or greater capacity, a medication sink must be provided; and~~ (C) Medications must be stored in an area that is separate from any poisons, hazardous material, or toxic substance; and

(C) A RCF licensed for more than 16 residents must provide a medication sink.

(b) HOUSEKEEPING AND SANITATION. ~~The facility~~

(A) A RCF must have a secured janitor closet for storing supplies and equipment, with a floor or service sink.

(B) The wall base shall be continuous and covered with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects or moisture (effective XX/XX/XXXX).

(c) LAUNDRY FACILITIES. Laundry facilities may be located to allow for both resident and staff use, when a time schedule for resident use is provided and equipment is of residential type. When the primary laundry is not in the building or suitable for resident use, a RCF must provide separate resident-use laundry facilities ~~must be provided.~~

(A) Laundry facilities must be operable and at no additional cost to the resident.



(B) ~~There~~ Laundry facilities must ~~have be adequate~~ space and equipment to handle laundry-processing needs. Laundry facilities must be separate from food preparation and other resident-use areas.

(C) On-site laundry facilities, used by staff for facility and resident laundry, must have capacity for locked storage of chemicals and equipment.

(D) The wall base shall be continuous and covered with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects or moisture (effective XX/XX/XXXX).

(d) SOILED LINEN PROCESSING. For the purpose of this rule, “soiled linens ~~or~~ and soiled clothing,” means linens or clothing contaminated by ~~a person’s~~ an individual’s bodily fluids (~~e.g., for example,~~ urine, feces, or blood, ~~etc.~~).

(A) There must be a separate area ~~or room and with~~ closed containers that ensure the separate storage and handling of soiled linens and soiled clothing. There must be space and equipment to handle soiled linen and soiled clothing processing needs that is separate from regular linens and clothing.

(B) Arrangement must provide a one-way flow of soiled linens and soiled clothing from the soiled area to the clean area and preclude potential for contamination of clean linens and clothing.

(C) ~~Soiled linen and clothing must be stored and processed separately from other linen and clothing.~~ (D) The soiled linen room, or area, must include a flushing rim clinical sink with a handheld rinsing device and a hand wash sink or lavatory.

(ED) When washing soiled linens and soiled clothing, washers must have a minimum rinse temperature of 140 degrees Fahrenheit unless a chemical disinfectant is used.

(E) Personnel handling soiled laundry must be provided with waterproof gloves.

(F) Covered or enclosed clean linen storage must be provided and may be on shelves or carts. Clean linens may be stored in closets outside the laundry area.

(G) The wall base shall be continuous and covered with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects or moisture (effective XX/XX/XXXX).

(e) KITCHEN AND FOOD STORAGE. Kitchen facilities and equipment in residential care facilities of 16 or less with a capacity of 16 or fewer may be of residential type except as required by the building codes OSSC and OFC. Residential care facilities licensed for a capacity of more than 16, must comply with OAR 333-150-0000 (Food Sanitation Rules). The following are required:

(A) Dry storage space, not subject to freezing, must store for a minimum one-week supply of staple foods.

(B) There must be rRefrigeration and freezer space at proper temperature to store a minimum two days' supply of perishable foods.

(C) Storage for all dishware, utensils, and cooking utensils used by residents must meet OAR 333-150-0000 (Food Sanitation Rules).

(D) In facilities licensed to serve 16 or fewer residents, a dishwasher must be provided (may be residential type) with a minimum final rinse temperature of 140 degrees Fahrenheit (160 degrees recommended), unless a chemical disinfectant is used in lieu of the otherwise required water temperature. In facilities of 17 or more capacity, a commercial dishwasher is required meeting OAR 333-150-0000 (Food Sanitation Rules).

(E) In residential care facilities with a capacity of 16 or less capacity fewer, a two compartment sink or separate food preparation sink and hand wash lavatory must be provided. In residential care facilities of with 17 or more capacity, a triple pot wash sink (unless all pots are sanitized in the dishwasher), a

food prep sink, and separate hand wash lavatory must be provided.

(F) Food preparation and serving areas must have smooth and cleanable counters.

(G) Stove and oven equipment for cooking and baking needs.

(H) Storage in the food preparation area for garbage must be enclosed and separate from food storage.

(I) Storage for a mop and other cleaning tools and supplies used for dietary areas. ~~Such tools~~ must be separate from those used in toilet rooms, resident rooms, and other support areas. In residential care facilities with a capacity of 17 or more capacity, a separate janitor closet or alcove must be provided with a floor or service sink and storage for cleaning tools and supplies.

(J) Storage must be available for cookbooks, diet planning information, and records.

(K) The wall base shall be continuous and covered with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects or moisture (effective XX/XX/XXXX).

(78) HEATING AND VENTILATION SYSTEMS. ~~Systems~~A RCF must have heating and ventilation systems that comply with the ~~Oregon Mechanical Specialty Code~~building codes in effect at the time of facility construction.

(a) TEMPERATURE. For all areas occupied by residents, design temperature for construction must be 75 degrees Fahrenheit.

(A) ~~Facilities~~A RCF must provide heating systems capable of maintaining 70 degrees Fahrenheit in resident areas. Required minimum temperatures are no less than 70 degrees Fahrenheit during the day and 60 degrees Fahrenheit during sleeping hours.

(B) During times of extreme summer heat, fans must be made available when air conditioning is not provided.

(b) EXHAUST SYSTEMS. All toilet and shower rooms must be equipped with a mechanical exhaust fan or central exhaust system that discharges to the outside.

(c) FIREPLACES, FURNACES, WOODSTOVES, AND BOILERS. Where used, installation must meet standards of the [Oregon Mechanical Specialty Code](#) building codes in effect at the time of construction. The glass and area surrounding the fireplace must not exceed 120 degrees Fahrenheit.

(d) WALL HEATERS. Covers, grates, or screens of wall heaters and associated heating elements ~~must~~may not exceed 120 degrees Fahrenheit when they are installed in locations that are subject to incidental contact by people or with combustible material. Effective XX/XX/XXXX, wall heaters are not acceptable in new construction or remodeling.

(~~89~~) PLUMBING SYSTEMS. Plumbing systems must conform to the [Oregon Plumbing Specialty](#) building codes in effect at the time of facility construction.

(a) Hot water temperature in residents' units must be maintained within a range of 110 - 120 degrees Fahrenheit.

(b) Hot water temperatures serving dietary areas must meet OAR 333-150-0000 (Food Sanitation Rules).

(c) ~~SPRINKLER SYSTEM. Facilities must have a sprinkler system installed in accordance with the OSSC.~~ (d) An outside area drain and hot and cold water hose bibs must be provided for sanitizing laundry carts, food carts, and garbage cans.

(~~910~~) ELECTRICAL REQUIREMENTS.

(a) WIRING SYSTEMS. All wiring systems must meet the [Oregon Electrical Specialty Code \(OESPC\)](#) building codes in effect at the date

of installation and ~~devices must~~shall be ~~properly wired~~maintained and in good repair.

(b) ~~All electrical circuits must be protected by circuit breakers or limitrons in fuse boxes of proper capacity. Electrical loads on circuits must be limited in accordance with proper circuit capacity.~~(c) ~~Sufficient electrical outlets must be provided to meet resident and staff needs without~~ The use of extension cords ~~or~~and other special taps is not allowed.

(~~dc~~) LIGHTING. Lighting fixtures must be provided in each resident bedroom and bathroom, and be switchable and near the entry door.

(A) ~~Lighting for evacuation must be operable during a failure of the normal power supply.~~(B) Each resident bedroom must have illumination of at least 20-foot candles measured at three feet above the floor for way finding from the room entrance, to each bed, and to the adjoining toilet room, if one exists, ~~with at least 20-foot candles of illumination measured at the floor.~~

(~~CB~~) Lighting in ~~resident~~ toilet rooms and bathing ~~areas~~facilities used by residents must be at least 50-foot candles, measured at the hand wash ~~basins~~sink and three feet above the shower floor with the curtain open.

(~~DC~~) Corridor lighting must equal a minimum of 20-foot candles measured from the floor.

(~~ED~~) ~~Task~~Table height lighting in dining rooms must equal a minimum of 25-foot candles, without light from windows, ~~measured from table height.~~

(~~4011~~) CALL SYSTEM. A RCF must provide a call system ~~must be provided connecting that connects~~ resident units to the care staff center or staff pagers. Wireless call systems are allowed.

(a) A manually operated emergency call system must be provided in each toilet and bathing ~~room~~facility used by residents and visitors.

(b) EXIT DOOR ALARMS. An exit door alarm or other acceptable system must be provided for security purposes and to alert staff when residents exit the ~~facility~~[RCF](#). The door alarm system may be integrated with the call system.

(c) Security devices intended to alert staff of an individual resident's potential elopement may include, but not be limited to, electronic pendants, bracelets, pins, ~~etc.~~

~~(4112)~~ TELEPHONES. Adequate telephones must be available for resident, staff, and visitor use, including those [individuals](#) who have physical disabilities. If the only telephone is located in a staff area, it must be posted that the ~~phone~~[telephone](#) is available for normal resident use at any time and that staff shall ensure the resident's uninterrupted privacy. Staff may provide assistance when necessary or requested.

~~(4213)~~ TELEVISION ANTENNA OR CABLE SYSTEM. [A RCF must provide a television antenna or cable system with an outlet in each resident unit must be provided.](#)

~~(13) FIRE ALARM SYSTEM. An approved fire alarm system that includes interconnected smoke detectors, annunciator and control panels, and manual pull stations is required in residential care facilities. The fire alarm system must meet the requirements of the OSSC, the OFC, the OESPC, and the applicable standards of the National Fire Protection Association.~~

Stat. Auth.: ORS 410.070 & 443.450

Stats. Implemented: ORS 443.400 to 443.455 & 443.991

## **Assisted Living Facility Building Requirements**

### **411-054-0300 Assisted Living Facility Building Requirements**

An assisted living facility ~~must~~[\(ALF\), as defined by OAR 411-054-0005, shall be built to the following requirements and](#) have individual living units that have a lockable door, private bathroom, and kitchenette, ~~and must be built to the following requirements.~~

(1) [Applicability for 411-054-0300 shall apply to the following:](#)

(a) An ALF not licensed prior to XX/XX/XXXX; or

(b) A major alteration to an ALF for which plans were not submitted to Facilities, Planning, and Safety prior to XX/XX/XXXX;

(c) OAR 411-054-0300 shall apply only to the major alteration and shall not apply to any other area of the facility.

(2) BUILDING CODES. Each ~~assisted living facility~~ALF must meet the requirements of the facility standards set forth in these rules, ~~the Oregon Structural Specialty Code (OSSC), and the Oregon Fire Code (OFC) in and with the building codes in~~ effect at the time of original licensure.

~~(a) Facilities must comply with Title III of the Americans with Disabilities Act (ADA), Fair Housing Act, and Fair Housing Design Guidelines (FHA) where applicable. (b) Subsequent modifications made to a facility~~an ALF after original licensure, including, but not limited to, demolition, remodeling, construction, maintenance, repair, or replacement must comply with all applicable state and local building, electrical, plumbing, and zoning codes in place at the time of the modification.

~~(eb) If a change in use and building code occupancy classification occurs, license approval shall be contingent on meeting the OSSC and minimum standards of ADA in effect at the time of such change~~requirements of the building codes.

~~(d) All two or more story facilities must be constructed to include a minimum of one two-hour area separation wall constructed to standards as defined in the OSSC (SR 104.3.1 Fire Barrier).~~

~~(ec) Facilities~~An ALF must comply with ~~the Public Health Division, Facilities Planning and Safety~~FPS program requirements for submission of building ~~plans~~drawings and specifications ~~per as described in~~ OAR 333-675-0000 through 333-675-0050 ~~(Submission of Project Plans and Specifications for Review).~~

~~(f) All interior and exterior materials and surfaces (e.g. floors, walls, roofs, ceilings, windows, and furniture) and all equipment necessary~~



~~for the health, safety, and comfort of the resident must be kept clean and in good repair.~~

(23) GENERAL BUILDING EXTERIOR.

(a) All exterior pathways and accesses to the ~~facility's ALF's~~ common-use areas ~~and~~, entrance, and exit ways must be made of hard, smooth material, be accessible, and maintained in good repair.

(b) ~~Measures~~An ALF must ~~be taken~~take measures to prevent the entry of rodents, flies, mosquitoes, and other insects. There must be locked storage for all poisons, chemicals, rodenticides, and other toxic materials. All materials must be properly labeled.

(c) ~~The facility~~ALF grounds must be kept orderly and free of litter and refuse. Garbage must be stored in covered refuse containers.

(d) ~~At least one primary grade level entrance to the building must be arranged to be fully accessible to disabled persons.~~ Alzheimer's Indorsed Facilities As described in OAR chapter 411, division 057, memory care communities licensed as an ALF must be located on the ground floor.

(e) ~~Storage~~An ALF must ~~be provided~~provide storage for all maintenance equipment, including yard maintenance tools, if not provided by third party contract.

(f) An ALF must provide an accessible outdoor recreation area ~~is required~~. The outdoor recreation area must be available to all residents ~~and have lighting~~. Lighting must be equal to a minimum of five foot candles. Alzheimer's Indorsed Facilities Memory care communities must provide residents with direct access to a secure outdoor recreation area as described in OAR chapter 411, division 057.

(g) Outdoor perimeter fencing ~~must~~may not be secured to prevent exit unless the ~~facility~~ALF has received written approval ~~of SPD~~ or from the Department or the ALF is in compliance with OAR chapter 411, division 057 (Indorsement of Alzheimer's Memory Care



~~Units/Communities~~) or OAR 309-032-~~07201500~~ through 309-032-~~15650830~~ (~~Standards for~~ Enhanced Care Services).

(h) ~~Facilities~~An ALF must have an entry and exit drive to and from the main building entrance that allows for picking a vehicle to pick up and dropping/drop off residents and ~~for~~ mail deliveries without the need for vehicles to back up.

(34) GENERAL BUILDING INTERIOR. ~~Designers~~The design of an ALF must emphasize a residential appearance while retaining the features required to support special resident needs as outlined in this rule.

(a) RECEPTION AREA. A reception area must be visible and accessible to residents and visitors when entering the doors of the main entrance to the ~~facility~~ALF.

(b) CORRIDORS. Resident-use areas and units must be accessible/connected through temperature controlled common corridors ~~with a minimum width of 48 inches~~.

(A) Resident-use corridors exceeding 20 feet in length to an exit or common-use area, must have a minimum width of 72 inches.

(B) Corridors must/shall not exceed 150 feet in length from any resident unit to a seating or other common-use area.

(C) Handrails must be installed at one or both sides of resident-use corridors.

(c) FLOORS.

(A) Hard surface floors and base must be free from cracks and breaks.

(AB) Carpeting and other floor materials must be constructed and installed to minimize resistance for passage of wheelchairs and other ambulation aids.

(BC) Thresholds and floor junctures must be ~~designed and installed~~maintained to allow for the passage of wheelchairs and to prevent a tripping hazard.

(d) INTERIOR DOORS. ~~Bathrooms and other common use areas must provide a minimum clear opening of 32 inches (36-inch doors recommended).~~ Lever-type ~~or other OSSC/ADA approved hardware~~door handles must be provided on all doors used by residents.

(e) EXIT DOORS. Exit doors ~~must~~may not include locks that delay evacuation except as ~~approved~~specified by ~~building code~~the Fire Authority and Oregon Building Codes Agencies having jurisdiction. Such locks may not be installed except with written approval of ~~SPD~~the Department.

(A) Exit doors may not include locks that prevent evacuation.

(B) If an electronic code must be entered to use an exit door that code must be clearly posted for residents, visitors, and staff use.

(f) WALLS AND CEILINGS. Walls and ceilings must be ~~washable~~cleanable in kitchen, laundry, and bathing areas. Kitchen walls must be finished smooth per OAR 333-150-0000 (Food Sanitation Rules).

(g) ELEVATORS. ~~Facilities~~An ALF with residents on more than one floor must provide at least one elevator that meets Oregon Elevator Specialty Code (OESC) requirements.

(h) The interior of the facility must be free from unpleasant odors.

(i) All interior and exterior materials and surfaces (e.g. floors, walls, roofs, ceilings, windows, and furniture) and all equipment necessary for the health, safety, and comfort of the resident must be kept clean and in good repair.

(45) RESIDENT UNITS. All resident units must be ~~comprised of individual adaptable and~~ accessible per building codes. ~~These~~ apartments ~~with~~must

have a lockable entry door with lever type handle, a private bathroom, and kitchenette facilities conforming to the requirement of the OSSC, FHA, and the facility standards set forth in these rules. Adaptable units are not acceptable.

(a) UNIT DIMENSIONS. New construction units must have a minimum of 220 net square feet, not including the bathroom. Units in pre-existing structures being remodeled must have a minimum of 160 square feet, not including the bathroom.

(b) RESIDENT STORAGE SPACE.

(A) Each unit must provide usable space totaling at least 100 cubic feet for resident clothing and belongings and include one clothes closet with a minimum of four linear feet of hanging space.

(B) The rod must be adjustable for reach ranges per building codes. In calculating useable space, closet height may not exceed eight feet and a depth of two feet.

(C) Kitchen cabinets must not be included when measuring storage space.

(D) A lockable storage space (e.g., drawer, cabinet, or closet) must be provided for the safekeeping of a resident's small valuable items and funds. Both the administrator and resident may have keys.

~~(bc) WINDOWS. All units must have an escape window that opens directly onto a public street, public alley, yard, or exit court. This window section must be operable from the inside to provide a full clear opening without the use of separate tools and must have a minimum net clear open area of 5.7 square feet, a minimum net clear opening height of 24 inches, a minimum net clear open width dimension of 20 inches, and must not be below grade.~~

(A) Each resident's living room and bedroom must have an exterior windows that have an area at least one-tenth of the floor area of the room. ~~One window must be at least 3'-6" x 5'-0"~~

~~in size and have a maximum sill height of 36 inches. Operable units must be designed to prevent accidental fall when sill heights are lower than 36 inches.~~

(B) Unit windows must be equipped with curtains or blinds for privacy and control of sunlight.

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

(ed) DOORS. Each unit must have an entry door that ~~is self-closing,~~ does not swing into the exit corridor, ~~and is equipped with lever handles.~~

(A) A locking device must be included that is released with action of the inside lever. Locks for the entry door must be individually keyed, master keyed, and a key supplied to the resident.

(B) The unit exit door must open to an indoor, temperature controlled, common use area or common corridor.

(de) BATHROOM. The unit bathroom must be a separate room with a toilet, sink, a roll-in, curbless shower, ~~have at least one~~ towel bar ~~(36 inch height)~~, ~~one~~ toilet paper holder, ~~one accessible~~ mirror, and storage for toiletry items.

(A) The door to the bathroom must open outward or slide into the wall. ~~(A) The unit bathroom must have unobstructed floor space of sufficient size to inscribe a circle with a diameter of not less than 60 inches or a "T" turn conforming to the requirements of the OSSC and ADA, for maneuverability by residents using wheelchairs or other mobility aids. The "circle" or "T" may infringe in the space of the roll-in shower stall by a maximum of 12 inches.~~

~~(B) Wall construction must have proper and appropriately placed blocking near toilets and in showers to allow installation of grab bars. (C) Roll-in shower stalls must meet OSSC and~~

~~ADA requirements except as noted in this rule. The minimum number of resident unit bathroom showers required by OSSC must have a clear inside dimension of 36 inches deep by 60 inches long. All other resident unit showers must have a minimum nominal dimension of 36 inches deep by 48 inches long. A folding seat is not required.~~(D) Showers must have a non-slip-resistant floor surfaces in front of roll-in showers, a hand-held showerhead, cleanable shower curtains, and appropriate grab bar.

~~(E) Shower curb must not exceed one-quarter inch in height at front of shower. Ramps are not allowed in front of roll-in showers.~~

~~(F) Water closets and lavatories must meet OSSC and ADA requirements to be fully accessible unless otherwise noted in this rule. The lavatory must have readily removable cabinets underneath or be readily adaptable to meet the OSSC and ADA requirements for a forward approach by a wheelchair.~~

(ef) KITCHENS OR KITCHENETTES. Each unit must have a kitchen area equipped with the following:

~~(A) a~~ A sink, refrigerator, a and cooking appliance that may be removed or disconnected, A microwave is considered a cooking appliance.

~~(B) a~~ Adequate space for food preparation, and.

~~(C) s~~ Storage space for utensils and supplies.

~~(AD) Counter heights must~~ may not be higher than 34 inches. ~~The sink, refrigerator, and cooking appliance must meet OSSC and the ADA reach and clear floor space requirements for wheelchairs.~~

~~(B) The sink must have readily removable cabinets underneath or be readily adaptable to meet the OSSC and ADA requirements for a forward approach by a wheelchair.~~

~~(C) Fifty percent of the shelving must be within the reach ranges per the OSSC and ADA.~~

~~(f) RESIDENT STORAGE SPACE. Each unit must provide usable space totaling at least 100 cubic feet for resident clothing and belongings and include one clothes closet with a minimum of four linear feet of hanging space. The rod must be adjustable for height or fixed at no higher than 48 inches and no lower than 36 inches for accessibility. In calculating usable space, closet height must not exceed eight feet and a depth of two feet. Kitchen cabinets must not be included when measuring storage space.~~

~~(g) A lockable storage space (e.g., drawer, cabinet, or closet) must be provided for the safekeeping of a resident's small valuable items and funds. Both the administrator and resident may have keys.~~

#### ~~(56) COMMON-USE AREAS.~~

~~(a) BATHING ROOM. There must be a special bathing room with a tub with whirlpool action, accessible by side transfer, without the use of mechanical aids and designed for staff assistance.~~

~~(A) The room must have individual heat control and be equipped with an exhaust to the outside.~~

~~(B) There must be direct access to a toilet and sink in the same room or in an adjacent room.~~

~~(C) There must be a non-slip floor surface and a manually operated emergency call system.~~

~~(ab) PUBLIC RESTROOMS. There must be accessible public restrooms for visitor, staff, and resident-use, convenient to dining and recreation areas.~~

~~(A) The public restroom must contain a toilet, sink, waste container, and a hand drying means that cannot be reused.~~

~~(B) There must be a manually operated emergency call system in the public restrooms.~~

(~~eb~~) DINING ROOM AREA. The building must have a dining area with the capacity to seat 100 percent of the residents. The dining ~~arearoom~~ must provide 22 square feet per resident for seating, exclusive of service carts and other equipment or items that take up space in the dining ~~arearoom~~. This rule is exclusive of any separate private dining ~~areasrooms~~.

(~~dc~~) SOCIAL AND RECREATION AREAS. ~~The building~~An ALF must include lounge and activity ~~have common~~ areas for social and recreational use totaling at least ~~minimum of~~ 15 square feet per resident.

(~~ed~~) COOKING STOVE. If a stove is provided in the activities or common-use area, ~~and is~~ available for resident use, a keyed, remote switch, or other safety device must be provided to ~~ensure~~ staff ~~supervision~~control.

(~~fe~~) RESIDENT LAUNDRY FACILITIES. Laundry facilities must be operable ~~and~~ at no additional cost ~~with to the resident~~. Resident ~~laundry facilities must have~~ at least one washer and dryer ~~accessible by residents using wheelchairs~~.

(~~gf~~) MAILBOX. Each resident or unit must be provided a mailbox that meets ~~OSSC and ADA reach and clear floor space requirements for wheelchairs~~. It must also meet US Postal Service requirements.

#### (67) SUPPORT SERVICE AREAS.

(a) MEDICATION STORAGE. ~~The facility~~An ALF must provide a secured space for medication storage, with access to a sink and cold storage in the same area. Space for necessary medical supplies and equipment must be provided.

(b) HOUSEKEEPING AND SANITATION. ~~The facility~~

(A) An ALF must have a secured janitor closet for storing supplies and equipment, with a floor or service sink.

(B) The wall base shall be continuous and covered with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects or moisture (effective XX/XX/XXXX).

(c) LAUNDRY FACILITIES. Laundry facilities may be located to allow for both resident and staff use when a time schedule for resident-use is provided and equipment is of residential type.

(A) If the primary laundry facility is not suitable for resident-use, an ALF must provide separate resident laundry facilities ~~must be provided~~.

(B) Laundry facilities must be separate from food preparation and other resident-use areas.

(C) On-site laundry facilities, used by staff for facility and resident laundry, must have capacity for locked storage of chemicals and equipment.

(D) An ALF must provide covered or enclosed clean linen storage that may be on shelves or carts. Clean linens may be stored in closets outside the laundry area.

(E) The wall base of the laundry facilities must be continuous and covered with the floor, tightly sealed to the wall and constructed without voids that may harbor insects or moisture (effective XX/XX/XXXX).

(d) SOILED LINEN PROCESSING. For the purpose of this rule, “soiled linens ~~or~~ and soiled clothing,” means linens or clothing contaminated ~~with~~ by a person’s individual’s bodily fluids (~~e.g., for example,~~ urine, feces, and blood, ~~etc.~~)

(A) ~~Soiled linen and clothing must be stored and processed separately from other linen and clothing.~~ (B) There must be a separate area ~~or room~~ with closed containers that ensure the separate storage and handling of soiled linens and soiled clothing. There must be space and equipment to handle soiled linen and soiled clothing processing needs that is separate from regular linen and clothing.



(~~CB~~) Arrangement must provide a one-way flow of soiled linens and soiled clothing from the soiled area to the clean area and preclude potential for contamination of clean linens and clothing.

(~~DC~~) The soiled linen ~~room, or area,~~ must include a flushing rim clinical sink with a handheld rinsing device and a hand wash sink or lavatory.

~~(E) There must be adequate space and equipment to handle laundry processing needs. Personnel handling soiled laundry must be provided with waterproof gloves.~~

(~~FD~~) When washing soiled linens and soiled clothing, washers must have a minimum rinse temperature of 140 degrees Fahrenheit unless a chemical disinfectant is used.

(E) Personnel handling soiled laundry must be provided with waterproof gloves.

(~~GF~~) Covered or enclosed clean linen storage must be provided and that may be on shelves or carts. Clean linens may be stored in closets outside the laundry area.

(G) The wall base of the laundry facilities must be continuous and coved with the floor, tightly sealed to the wall and constructed without voids that may harbor insects or moisture (effective XX/XX/XXXX).

(e) KITCHEN AND FOOD STORAGE. ~~Assisted living facilities~~An ALF must comply with OAR 333-150-0000 (Food Sanitation Rules), for food handling and primary meal preparation areas. Each ALF must have:

(A) Dry storage space, not subject to freezing, must store for a minimum one-week supply of staple foods.

(B) ~~There must be r~~Refrigeration and freezer space at the proper temperature to store a minimum two days' supply of perishable foods.

(C) Storage for all dishware, utensils, and cooking utensils used by residents must meet OAR 333-150-0000 (Food Sanitation Rules).

(D) Storage for a mop, and other cleaning tools, and supplies used for dietary areas. Such tools must be separate from those used in toilet rooms, resident rooms, and other support areas. ~~There must be~~

(E) ~~a~~ separate janitor closet or alcove with a floor or service sink and storage for cleaning tools and supplies.

(EF) Storage in the food preparation area for garbage must be enclosed and separate from food storage.

(FG) Storage must be available for cookbooks, diet planning information, and records.

(H) All kitchen and food storage areas must have a wall base that is continuous and coved with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects or moisture (effective XX/XX/XXXX).

(78) HEATING AND VENTILATION SYSTEMS. An ALF must have heating and ventilation systems ~~must conform to the Oregon Mechanical Specialty Code~~ that comply with the building codes in effect at the time of facility construction.

(a) TEMPERATURE. For all areas occupied by residents, design temperature for construction must be 75 degrees Fahrenheit.

(Ab) ~~Facilities~~ An ALF must provide heating systems capable of maintaining 70 degrees Fahrenheit in resident areas. Required minimum temperatures are no less than 70 degrees Fahrenheit during the day and 60 degrees Fahrenheit during sleeping hours.

(B) During times of extreme summer heat, fans must be made available when air conditioning is not provided.

~~(C<sub>e</sub>) TEMPERATURE CONTROLS.~~ Each unit must have individual thermostatic heating controls.

(b) EXHAUST SYSTEMS. All toilet and shower rooms must be equipped with a mechanical exhaust fan or central exhaust system that discharges to the outside.

~~(c<sub>d</sub>) WALL HEATERS.~~ Covers, grates, or screens of wall heaters and associated heating elements ~~must~~may not exceed 120 degrees Fahrenheit when they are installed in locations that are subject to incidental contact by ~~people~~individuals or with combustible material. Effective XX/XX/XXX wall heaters are not acceptable in new construction or remodeling.

~~(e) FANS. During times of extreme summer heat, fans must be made available when air conditioning is not provided.~~

~~(f) EXHAUST SYSTEMS. All toilet and shower rooms must be equipped with a mechanical exhaust fan or central exhaust system that discharges to the outside.~~

~~(d<sub>g</sub>) VENTILATION.~~ Ventilation in each unit must occur via an open window to the outside, or with a mechanical venting system capable of providing two air changes per hour with one-fifth of the air supply taken from the outside.

~~(89) PLUMBING SYSTEMS.~~ Plumbing systems must conform to the ~~Oregon Plumbing Specialty Code~~building codes in effect at the time of facility construction.

(a) Hot water temperature in residents' units must be maintained within a range of 110 - 120 degrees Fahrenheit.

(b) Hot water temperatures serving dietary areas must meet OAR 333-150-0000 (Food Sanitation Rules).

(c) ~~SPRINKLER SYSTEM. Facilities must have a sprinkler system installed in accordance with the OSSC.~~ (d) An outside area drain and hot and cold water hose bibs must be provided for sanitizing laundry carts, food carts, and garbage cans.

(910) ELECTRICAL SYSTEMS.

(a) WIRING SYSTEMS. All wiring systems must meet the Oregon Electrical Specialty Code (OESPC) building codes in effect at the date of installation and devices ~~must~~ shall be ~~properly wired~~ maintained and in good repair.

(b) ~~All electrical circuits must be protected by circuit breakers or type 'S' fuses and fuse holders of proper capacity. Electrical loads on circuits must be limited in accordance with proper circuit capacity.~~ (c) ~~Sufficient electrical outlets must be provided to meet resident and staff needs without~~ The use of extension cords ~~or~~ and other special taps is not allowed.

(~~dc~~) LIGHTING. Each unit must have general illumination in the bath, kitchen, living space, and sleeping area. The general lighting intensity in the unit for way finding must be at least 20-foot candles measured from the floor.

(A) Lighting in the unit bathroom must be at least 50-foot candles measured from the height of the basin and wash basin and three feet above the shower floor with the curtain open.

(B) Task lighting at the unit food preparation or cooking area must be at least 50-foot candles measured from counter height.

(C) Corridor lighting must equal a minimum of 20-foot candles measured from the floor.

(D) Task Table height lighting in the dining room must equal a minimum of 25-foot candles without light from windows measured from table height.

(4011) CALL SYSTEM. An ALF must provide a call system must be provided, connecting that connects resident units to the care staff center or staff pagers. Wireless call systems are allowed.

(a) A manually operated emergency call system must be provided at each resident bathroom, central bathing rooms, and public-use restrooms.

(b) EXIT DOOR ALARMS. Exit door alarms or other acceptable systems must be provided for security purposes and to alert staff when residents exit the ALF facility. The door alarm system may be integrated with the call system.

(c) Security devices intended to alert staff of an individual resident's potential elopement may include, but not be limited to, electronic pendants, bracelets, pins, etc.

(4112) TELEPHONES.

(a) RESIDENT PHONES. Each unit must have at least one telephone jack to allow for individual phone service.

(b) PUBLIC TELEPHONE. There must be an accessible local access public telephone in a private area that allows a resident or another individual to conduct a private conversation.

(4213) TELEVISION ANTENNA OR CABLE SYSTEM. An ALF must provide a television antenna or cable system with an outlet in each resident unit must be provided.

~~(13) FIRE ALARM SYSTEM. An approved fire alarm system that includes interconnected smoke detectors, annunciator and control panels, and manual pull stations is required in assisted living facilities. The fire alarm system must meet the requirements of the OSSC, the OFC, the OESPC, and the applicable standards of the National Fire Protection Association.~~

Stat. Auth.: ORS 410.070 & 443.450

Stats. Implemented: ORS 443.400 to 443.455 & 443.991