Dear Stakeholders:

If you have comments on this regulatory proposal, please submit them in writing by **Friday, April** 5, 2013 by e-mail to <u>laurie.schoder@state.co.us</u> or by fax to 303-753-6214. If you have questions, please call Laurie Schoder at 303-692-2832. Changes are highlighted in <u>yellow</u>.

1 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES

- 2 CHAPTER XI CONVALESCENT CENTERS
- 3 6 CCR 1011-1 Chap 11
- 4
- 5 These chapters of regulation incorporate by reference (as indicated within) material originally published
- 6 elsewhere. Such incorporation, however, excludes later amendments to or editions of the referenced
- 7 material. Pursuant to 24-4-103 (12.5), C.R.S., the Health Facilities Division of the Colorado Department of
- 8 Public Health And Environment maintains copies of the incorporated texts in their entirety which shall be
- 9 available for public inspection during regular business hours at:
- 10 Division Director
- 11 Colorado Department of Public Health and Environment
- 12 Health Facilities Division
- 13 4300 Cherry Creek Drive South
- 14 Denver, Colorado 80222-1530
- 15 Main switchboard: (303) 692-2800
- 16 Certified copies of material shall be provided by the division, at cost, upon request. Additionally, any
- 17 material that has been incorporated by reference after July 1, 1994 may be examined in any state
- publications depository library. Copies of the incorporated materials have been sent to the state
- 19 publications depository and distribution center, and are available for interlibrary loan.
- 20 **DEFINITIONS**
- 21 Convalescent Center Convalescent center means a health facility planned, organized, operated, and
- 22 maintained to offer facilities and services to inpatients requiring restorative care and treatment, and that is
- either an integral patient care unit of a general hospital or a facility physically separated from, but
- 24 maintaining an affiliation with, all services in a general hospital.
- 25 Convalescence is considered to be period of recovery after injury or illness, either mental or physical,
- and/or following excessive strain on psychological process which produce exhaustion or fatigue. It is a
- 27 gradual process which may be interrupted by relapses or for necessary therapy. In some cases the
- recovery may be only partial, but in any event, important mental and physical improvements in the
- 29 patient, regardless of the injury or disease, is required criterion of convalescence. Thus a license for a
- 30 Convalescence Center will be used only when a facility demonstrates that their services and condition of
- 31 patients are such that there is some promise of full or partial recovery to a former state of well-being and
- that the facility has arrangements and programs to promote this return.

1 2 3 4 5 6	Plan Review — the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter XI. Plan review consists of the analysis of construction plans/documents and onsite inspect ions, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure. [Eff. 04/30/2009]
7 8 9 10	Structural Element — for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations. [Eff. 04/30/2009]
11	
12 13	1.6 COMPLIANCE WITH FGI GUIDELINES GENERAL BUILDING AND LIFE SAFETY CODE REQUIREMENTS [Eff. 04/30/2009]
14 15 16 17 18 19 20	1.6.1 THE DEPARTMENT SHALL RELY ON THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IN RESOLVING PHYSICAL PLANT HEALTH AND SAFETY ISSUES FOR CONSTRUCTION INITIATED OR SYSTEMS INSTALLED ON OR AFTER JULY 1, 2013. THE GUIDELINES FOR DESIGN AND CONSTRUCTION FOR HEALTH CARE FACILITIES, (2010 EDITION), FACILITY GUIDELINES INSTITUTE (FGI) IS HEREBY INCORPORATED BY REFERENCE AND DOES NOT INCLUDE ANY LATER AMENDMENTS TO OR EDITIONS OF THE GUIDELINES.
21 22 23 24	COMPLIANCE WITH THE LIFE SAFETY CODE. Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.
25 26	(1) Facilities licensed before July 1, 2009 shall meet Chapter 19, Existing Health Care Occupancies, NFPA 101 (2000).
27 28 29 30 31	(2) Facilities licensed on or after July 1, 2009 or portions of facilities that undergo remodeling on or after July 1, 2009 shall meet Chapter 18, New Health Care Occupancies, NFPA 101 (2000). In addition, if the remodel represents a modification of more than 50 percent, or more than 4,500 square feet of the smoke compartment, the entire smoke compartment shall be renovated to meet Chapter 18, NFPA 101 (2000).
32	(3) Notwithstanding NFPA 101 Life Safety Code provisions to the contrary:
33 34	(a) when differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent standard shall apply.
35 36	(b) any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.
37 38	(c) licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than 2 hours.
39 40 41 42 43	4.6.2 PLAN REVIEW AND PLAN REVIEW FEES. Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of patients on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.

1	(1) Initial Licensure, Additions, Relocations				
2 3	(a) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:				
4 5	(i) applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.				
6 7 8 9	(ii) additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.				
10 11	(iii) relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.				
12 13	(b) Initial licensure, addition, and relocation plan review fees: base fee of \$2,500, plus square footage costs as shown in the table below.				
	Square Footage	Cost per Square Foot	Explanatory Note		
	0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.		
	25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.		
14 15 16 17 18 19	<mark>permit</mark> or if no	from the local authority having jui	which the application for the building risdiction is dated on or after July 1, 2009, risdiction, construction began on or after is not limited to:		
20 21 22	(i) alteration, in patient sleeping areas, of a structural element subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.				
23 24 25	(ii) relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.				
26 27	(iii) conversion of existing space not previously used for providing patient services, including storage space, to resident sleeping areas.				
28 29 30 31	(iv) c ł	element, relocation, or addition	ecifically the alteration of a structural of an egress component. Examples of an egress component, examples of are not limited to, corridors, stairwells, of uge.		
32 33	(v) ins	stallation of any new sprinkler syst			

1 2 3	(vi) ins		stem, or addition, removal or relocation pliances including, but not limited to, pure devices.		
4	(vii) ins	stallation, removal or renovation o	f any kitchen hood suppression system).	
5 6	(viii) es	sential electrical system: replace transfer switch.	ment or addition of a generator or		
7 8	(b) Remodeling plan review fees: base fee of \$2,000, plus square footage costs as shown in the table below.				
	Square Footage	Cost per Square Foot	Explanatory Note		
	0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.		
	20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.		
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1.6.3 The "Guidelines of Design and Construction of Health Care Facilities" (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.