

OCCUPANCY TYPE & REGULATIONS

This information is intended to assist facilities that are certified to operate in the City of Colorado Springs as a Group I-1 (Assisted Living Facilities) and I-2 (Nursing Homes) as defined by the 2009 International Fire Code as amended and the Department of Public Health and Environment - Health Facilities and Emergency Medical Services Division; Standards for hospitals and health care facilities: Chapter 07 Assisted Living Residences 6 CCR 1011-1 Chapter 07 and Chapter 05 - Long Term Care Facilities 6 CCR 1011-1 Chap 05. This information is also applicable to any facility that may be classified as something other than a Group I-1 or I-2 that performs the functions of Assisted Living Facilities and/or Nursing Homes.

GROUP I-1 OCCUPANCY GENERAL INFORMATION

This occupancy includes buildings, structures or parts thereof housing more than 16 persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment that provides personal care services. The occupants are capable of responding to an emergency situation without physical assistance from staff. This group includes but not limited to:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes
- Half-way houses
- Residential board and care facilities
- Social rehabilitation facilities

Minimum Staffing

Each facility shall ensure that at least one staff member who has the qualifications and training listed under **IFC Sections 1.104 (3)(e) and (f)**, and who shall be at least 18 years of age, is present in the facility when one or more residents is present.

Lift Assistance

The facility shall describe in writing the procedure for determining when it is appropriate for staff to assist a resident who has fallen and when the local emergency medical responder should be contacted. The facility's lift assistance procedure shall be made available to its local emergency medical responder.

GROUP I-1 OCCUPANCY OPERATING AS AN "ASSISTED LIVING" FACILITY

Per the **CDPHE 6 CCR 1011-1 Chapter 05**, the definition of an "Assisted living residence" is a residential facility that makes available to three or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident, room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that shall be available on a twenty-four-hour basis, but not to the extent that regular twenty-four hour medical or nursing care is required.

Staffing Requirements

The owner shall employ sufficient staff to ensure the provision of services necessary to meet the needs of the residents. Staffing levels. In determining staffing, the facility shall give consideration to factors including but not limited to:

- (A) services to meet the residents' needs,
- (B) services to be provided under the care plan, and
- (C) services to be provided under the resident agreement.

GROUP I-1 OCCUPANCY EMERGENCY EVACUATIONS & DRILLS

Assisted Living Facility Special Training Requirements

The required fire safety and evacuation plans must include special staff actions including fire protection procedures necessary for residents and shall be amended or revised upon admission of any resident with special needs.

Staff Training

Employees shall be periodically instructed and kept informed of their duties and responsibilities under the plan. Employees are to be specifically trained in the emergency procedures for any special needs occupants. All such instruction shall be reviewed by staff at least every two months and upon arrival of a resident with special needs.

Resident Training

Residents capable of assisting in their own evacuation shall be trained in the proper actions to take in the event of a fire. The training shall include actions to take if the primary escape route is blocked. Where the resident is given rehabilitation or habilitation training, training in fire prevention and actions to take in the event of a fire shall be a part of the rehabilitation training.

program. Residents shall be trained to assist each other in case of fire to the extent their physical and mental abilities permit them to do so without additional personal risk.

Drill Frequency

Emergency evacuation drills shall be conducted at least six times per year, two times per year on each shift. Twelve drills shall be conducted in the first year of operation. Drills are not required to be held at unexpected times or under varying conditions.

Resident Participation

Emergency evacuation drills shall involve the actual evacuation of residents to a selected assembly point.

GROUP I-2 OCCUPANCY GENERAL INFORMATION

This occupancy shall include buildings and structures used for medical, surgical, psychiatric, nursing or custodial care for persons who are not capable of self preservation. This group includes but not limited to:

- Child care facilities
- Detoxification facilities
- Hospitals
- Mental hospitals
- Nursing homes

GROUP I-2 OCCUPANCY OPERATING AS AN "NURSING OR LONG-TERM CARE" FACILITY

Per the **CDPHE 6 CCR 1011-1 Chapter 07**, the definition of a "Long-term care facility":

A health facility that holds itself out as a nursing home, nursing facility, nursing care facility or intermediate care facility or a health facility that is planned, organized, operated, and maintained to provide supportive, restorative, and preventive services to persons who, due to physical and/or mental disability, require continuous or regular inpatient care.

- a long-term care facility is a nursing care facility, or a nursing facility serving residents who require continuous medical and nursing care and supervision.
- a long-term care facility is an intermediate care facility serving residents who require regular, but not continuous nursing care and supervision.

24-Hour Nursing Coverage

The facility shall be staffed with qualified nursing personnel, awake and on duty, who are familiar with the residents and their needs in a number sufficient to meet resident functional dependency, medical, and nursing needs.

Staff shall be sufficient in number to provide prompt assistance to persons needing or potentially needing assistance, considering individual needs such as the risk of accidents, hazards, or other untoward events. Staff shall provide such assistance. Except as provided in Section 7.6, a nursing care facility shall be staffed at all times with at least one registered nurse who is on duty on the premises. Each resident care unit shall be staffed with at least a licensed nurse.

Except as provided in Section 7.6, an intermediate care facility shall be staffed with at least one full-time licensed registered nurse or licensed practical nurse who is on duty on the premises on the day shift seven days per week. A facility using a licensed practical nurse as a director of nursing shall provide at least 4 hours per week of consultation by a licensed registered nurse. A nursing care facility shall provide nurse staffing sufficient in number to provide at least 2.0 hours of nursing time per resident per day. In facilities of 60 residents or more, the time of the Director of Nursing, Staff Development Coordinator, and other supervisory personnel who are not providing direct resident care shall not be used in computing this ratio.

Nursing personnel shall be trained in nursing procedures and responsibilities and shall be familiar with any equipment necessary for care on the unit. All nursing assistants and other nursing personnel shall function under the direction of a registered nurse. If a long-term care facility operates out of more than one building, it shall have staff on duty 24 hours per day in each building in a number sufficient to meet resident care needs.

GROUP I-2 OCCUPANCY EMERGENCY EVACUATIONS & DRILLS

Nursing Home Special Evacuation Requirements

During emergency evacuation drills, the movement of patients to safe areas or to the exterior of the building is not required.

Coded Alarm Signals

When emergency evacuation drills are conducted after visiting hours or when patients or residents are expected to be asleep, a coded announcement is allowed instead of audible alarms.

Emergency Drill Frequency

Emergency evacuation drills are not required to be held at unexpected times or under varying conditions.

GROUP I-1 OR I-2 OCCUPANCY OPERATING AS A "SECURED ENVIRONMENT" OR MEMORY CARE FACILITY

Per the **CDPHE 6 CCR 1011-1 Chapter 07**, facilities choosing to operate a secured environment must comply with the regulations contained in this section as well as the other provisions within these regulations. Only those residents who need a secured environment placement and whose needs can be met by the facility, as determined by an assessment, may be admitted. Upon completion of the assessment, a resident who has been determined to be a danger to self or others shall not be admitted to the secured environment. Facilities that serve residents who are mentally ill shall not admit such residents into a secured environment unless there is no less restrictive alternative and unless they are otherwise in compliance with the requirements of Article 10 of Title 27, Colorado Revised Statutes.

Staffing

The facility shall provide a sufficient number of trained staff members to meet the needs of the residents in the secured environment. In addition to the requirements set forth in Section 1.104 (4) (a) (iii) there shall always be at least one trained staff member in attendance in the secured environment at all times.

Egress Alert Systems and Devices

Egress alert systems and devices (such as Wanderguard) shall be arranged to sound a proximity alarm only, and shall not lock any door within a means of egress.

Secure Outdoor Area

In addition to the interior common areas required by this regulation, the facility shall provide a safe and secure outdoor area for the use of residents year round. Fencing or other enclosures that prevent elopement and protect the safety and security of the residents shall be installed around secure outdoor areas. Where a locked outdoor fence gate restricts access to the public way, all staff must carry gate lock keys on their person at all times while on duty. In facilities establishing a secured environment on or after June 1, 2004, the facility shall ensure that residents are able to access the secure outdoor area independently.