OFFICE OF THE SECRETARY OF STATE
TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

PERMANENT ADMINISTRATIVE ORDER

FILED
03/01/2025 10:47 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

PH 7-2025
CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILING CAPTION: Project Review and Physical Environment Requirements for Health Care Facilities

EFFECTIVE DATE: 03/01/2025

AGENCY APPROVED DATE: 02/28/2025

CONTACT: Mellony Bernal
971-673-3152
publichealth.rules@odhsoha.oregon.gov

800 NE Oregon St. Suite 465
Portland,OR 97232

Filed By:
Public Health Division
Rules Coordinator

RULES:
333-071-0205, 333-071-0215, 333-071-0360, 333-071-0400, 333-071-0470, 333-071-0580, 333-076-1050, 333-535-0015, 333-675-0100, 333-675-0105, 333-675-0110, 333-675-0115, 333-675-0120, 333-675-0130, 333-675-0140, 333-675-0150, 333-675-0160, 333-675-0170, 333-675-0180, 333-675-0200, 333-675-0210, 333-675-0220, 333-675-0230, 333-675-0240

AMEND: 333-071-0205

RULE TITLE: Definitions

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-071-0205
The term "physician assistant" has been amended to "physician associate" due to passage of HB 4010 (2024 OL chapter 73).

RULE TEXT:
As used in OAR chapter 333, division 71, unless the context requires otherwise, the following definitions apply:
(1) "Assessment" means a complete nursing assessment, including:
(a) The systematic and ongoing collection of information to determine an individual's health status and need for intervention;
(b) A comparison with past information; and
(c) Judgement, evaluation or a conclusion that occurs as a result of subsections (a) and (b) of this definition.
(2) "Authentication" means verification that an entry in the patient medical record is genuine.
(3) "Authority" means the Oregon Health Authority, Public Health Division.
(4) "CMS" means the Centers for Medicare and Medicaid Services.
(5) "Certified nursing assistant" (CNA) means a person who is certified by the Oregon State Board of Nursing to assist licensed nursing personnel in the provision of nursing care.
(6) "Conditions of participation" or "conditions for coverage" mean the applicable federal regulations that health care facilities are required to comply with in order to participate in the federal Medicare and Medicaid programs.

(7) "Deemed status" means a special inpatient care facility (SICF) that has been inspected by a CMS-approved national accrediting organization, has been found to meet or exceed all applicable Medicare conditions, and CMS finds the SICF to be in compliance.
(8) "Direct ownership" has the meaning given the term 'ownership interest' in 42 CFR 420.201.
(9) "Discharge" means the release of a person who was an inpatient of an SICF including, but not limited to:
(a) The release of a person from the SICF to another facility;
(b) A patient who has died; and
(c) An inpatient who leaves the SICF for purposes of utilizing non-SICF owned or operated diagnostic or treatment equipment, if the person does not return as an inpatient of the same SICF with a 24-hour period.
(10) "Financial interest" means a five percent or greater direct or indirect ownership interest.
(11) "Freestanding hospice facility" (FHF) means an SICF which:
(a) Only admits patients who have been certified by the hospice medical director or physician designee, in collaboration with the patient's attending physician, to be terminally ill, to have a life expectancy not to exceed six months, and have given up active treatment aimed at cure; and
(b) Complies with ORS 443.850 and 443.860.
(c) For purposes of freestanding hospice facilities, "attending physician" means a physician, physician associate, or nurse practitioner that has been identified by a patient, at the time the patient elects to receive hospice care, as having the most significant role in the determination and delivery of the patient's medical care.
(12) "Full compliance survey" means a survey conducted by the Authority following a complaint investigation to determine an SICF's compliance with the CMS conditions of participation or conditions for coverage.
(13) "Governing body" means the body or person legally responsible for the direction and control of the operation of the facility.
(14) "Governmental unit" means the state, or any county, municipality, or other political subdivision, or any related department, division, board or other agency.
(15) "Health care practitioner" has the meaning given that term in ORS 441.224.
(16) "Indirect ownership" has the meaning given the term 'indirect ownership interest' in 42 CFR 420.201.
(17) "Inpatient beds" means a bed in an SICF available for occupancy by a patient who will or may be cared for and treated on an overnight basis.
(18) "Intensive rehabilitative services" means therapy and training to restore an individual to health or to participate in activities of daily living that includes but is not limited to occupational therapy, physical therapy, speech therapy or respiratory therapy.
(19) "Licensed" means that the person to whom the term applies is currently licensed, certified or registered by the proper authority to follow his or her profession or vocation within the State of Oregon, and when applied to an SICF means that the facility is currently licensed by the Authority.
(20) "Licensed practical nurse" (LPN) means a person licensed under ORS chapter 678 to practice practical nursing.
(21) "NFPA" means National Fire Protection Association.
(22) "Nonmedical care and services" means assistance or services, other than medical health care and services, provided by attendants for the physical, mental, emotional or spiritual comfort and well-being of residents or patients.
(23) "Nurse practitioner" (NP) has the meaning given that term in ORS 678.010.
(24) "Nursing assistant" means a person who assists licensed nursing personnel in the provision of nursing care.
(25) "Nursing staff" means a registered nurse, a licensed practical nurse, or other assistive nursing personnel.
(26) "Patient audit" means review of the medical record or patient observation including the care provided to a patient from admission to discharge.
(27) "Person" has the meaning given that term in ORS 442.015.
(28) "Physician" means a person licensed as a doctor of medicine or osteopathy under ORS chapter 677.
(29) "Physician designee" means a physician designated by the hospice who assumes the responsibilities and obligations as the medical director when the medical director is not available.

(30) "Physician associate" has the meaning given that term in ORS 677.495.
(31) "Plan of correction" means a document executed by a hospital in response to a statement of deficiency issued by the Authority that describes with specificity how and when deficiencies of SICF licensing laws, conditions of participation or conditions for coverage shall be corrected.
(32) "Registered nurse" (RN) means a person licensed under ORS chapter 678 to practice registered nursing.
(33) "Rehabilitation hospital" means a hospital licensed in accordance with these rules that provides intensive rehabilitative services for patients with complex nursing, medical management and rehabilitative needs.
(34) "Religious institution" is a facility that meets the qualifications specified in ORS 441.065 and provides nonmedical care and services.
(35) "Special inpatient care facility" (SICF) means a facility with inpatient beds that are designed and utilized for special health care purposes, including but not limited to a rehabilitation hospital, substance use disorder treatment facility, freestanding hospice facility, or a religious institution.
(36) "SICF licensing law" means ORS 441.005 through 441.990 and its implementing rules.
(37) "Statement of deficiencies" means a document issued by the Authority that describes an SICF's deficiencies in complying with SICF licensing laws, conditions of participation or conditions for coverage.
(38) "Survey" means an inspection of an SICF to determine the extent to which an SICF is in compliance with SICF licensing laws, conditions of participation or conditions for coverage.
(39) "These rules" means OAR 333-071-0200 through OAR 333-071-0580.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.015 - 441.087

AMEND: 333-071-0215

RULE TITLE: Application Review

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-071-0215
The term "on-site" has been updated to "in-person" due to passage of SB 556 (2024 OL chapter 338).

RULE TEXT:
(1) In reviewing an application for a new special inpatient care facility (SICF) the Oregon Health Authority (Authority) shall:
(a) Verify compliance with the applicable sections of ORS chapters 441, 442 and 476, these rules and OAR chapter 333, division 675;
(b) Determine whether a certificate of need is required and was obtained for a new SICF;
(c) Conduct an in-person licensing survey in coordination with the State Fire Marshal's Office; and
(d) Verify compliance with conditions of participation or conditions for coverage if the applicant has requested Medicare or Medicaid certification.
(2) In determining whether to license an SICF, the Authority shall consider factors relating to the health and safety of individuals to be cared for at the SICF and the ability of the operator of the SICF to safely operate the facility, and may not consider whether the SICF is or shall be a governmental, charitable or other nonprofit institution or whether it is or shall be an institution for profit.
(3) An SICF classified as a religious institution shall:
(a) Provide only non-medical care and services to a patient who relies solely upon a religious method of healing; and
(b) Comply with the CMS, Religious Nonmedical Health Care Institutions, conditions for coverage - 42 CFR 403.720, 403.724, 403.730 and conditions of participation – 42 CFR 403.732, 403.734, 403.736, 403.738, 403.740, 403.742, 403.744 and 403.746.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.022, 441.025

AMEND: 333-071-0360

RULE TITLE: Governing Body Responsibility

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-071-0360
The term "physician assistant" has been amended to "physician associate" due to passage of HB 4010 (2024 OL chapter 73). In addition, language regarding granting and refusing privileges to a physician associate have been removed in alignment with HB 3036 (2021 OL chapter 349).

RULE TEXT:
(1) If a special inpatient care facility (SICF) is part of a multi-hospital system, one governing body may oversee multiple licensed hospitals within the system.
(2) The governing body of each SICF shall be responsible for the operation of the facility, the selection of the medical staff and the quality of care rendered in the facility. The governing body shall ensure that:
(a) All health care personnel for whom state licenses or registrations are required are currently licensed or registered;
(b) Qualified individuals allowed to practice in the SICF are credentialed and granted privileges consistent with their individual training, experience and other qualifications;
(c) Procedures for granting, restricting and terminating privileges exist and that such procedures are regularly reviewed to assure their conformity to applicable law;
(d) It has an organized medical staff responsible for reviewing the professional practices of the SICF for the purposes of improving patient safety and patient care;
(e) A physician is not denied medical staff privileges at the facility solely on the basis that the physician holds medical staff membership or privileges at another health care facility;
(f) All SICF employees and health care practitioners granted privileges have been tested for tuberculosis in accordance with OAR 333-071-0450; and
(g) A notice, in a form specified by the Oregon Health Authority, summarizing the provisions of ORS 441.152 through 441.177 is clearly visible to the public that includes a phone number for purposes of reporting a violation of nurse staffing laws.
(3) An SICF may grant privileges to nurse practitioners or physician associates in accordance with ORS 441.064 and subject to SICF rules governing credentialing and staff privileges.
(4) An SICF shall require that every patient admitted shall be and remain under the care of a member of the medical staff as specified under the medical staff by-laws.
(5) Nothing in these rules shall preclude an attending physician, identified by a patient, from providing care to the patient in a freestanding hospice facility.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.055, 441.056, 441.063, 441.064, 441.169

AMEND: 333-071-0400

RULE TITLE: Organization Policies

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-071-0400
Corrects an error referencing the wrong facility type.

RULE TEXT:
(1) A special inpatient care facility's (SICF's) internal organization shall be structured to include appropriate departments and services consistent with the needs of its defined community.
(2) An SICF shall adopt and maintain clearly written definitions of its organization, authority, responsibility, relationships and scope of services offered.
(3) An SICF shall adopt, maintain and follow written patient care policies that include but are not limited to:
(a) Admission and transfer policies that address:
(A) Types of clinical conditions not acceptable for admission;
(B) Constraints imposed by limitations of services, staff coverage or physical facilities. No patient shall be admitted to a bed in any room, other than one regularly designated as a bedroom or ward;
(C) Emergency admissions;
(D) Requirements for informed consent signed by the patient or legal representative of the patient for diagnostic and treatment procedures; such policies and procedures shall address informed consent of minors in accordance with provisions in ORS 109.640, 109.670, and 109.675;
(E) Requirements for identifying persons responsible for obtaining informed consent and other appropriate disclosures and ensuring that the information provided is accurate and documented appropriately in accordance with these rules and ORS 441.098; and
(F) A process for the internal transfer of patients from one level or type of care to another, if applicable;
(b) Discharge planning and termination of services in accordance with OAR 333-505-0055;
(c) Patient rights;
(d) Housekeeping;
(e) All patient care services provided by the facility;
(f) Preventive maintenance program for all aspects of the facility's physical plant, operations, and equipment used in patient care and patient environment;
(g) Treatment or referral of acute sexual assault patients in accordance with ORS 147.403;
(h) Identification of patients who could benefit from palliative care in order to provide information and facilitate access to appropriate palliative care in accordance with ORS 413.273; and
(i) Procedures for ensuring that an SICF provides health care interpreter services to a patient who prefers to communicate in a language other than English in accordance with ORS 413.559 and OAR 950-050-0160.
(4) In addition to the policies described in section (3) of this rule, an SICF shall, in accordance with the Patient Self-Determination Act, 42 CFR 489.102, adopt policies and procedures that require (applicable to all capable individuals 18 years of age or older who are receiving health care in the facility):
(a) Providing to each adult patient, including emancipated minors, not later than five days after an individual is admitted as an inpatient, but in any event before discharge, the following in written form, without recommendation:
(A) Information on the rights of the individual under Oregon law to make health care decisions, including the right to accept or refuse medical treatment and the right to execute directives and powers of attorney for health care;
(B) Information on the policies of the facility with respect to the implementation of the rights of the individual under Oregon law to make health care decisions;
(C) A copy of the advance directive form set forth in ORS 127.529; and
(D) The name of a person who can provide additional information concerning the forms for directives.
(b) Documenting in a prominent place in the individual's medical record whether the individual has executed a directive.

(c) Compliance with ORS chapter 127 relating to directives for health care.
(d) Educating the staff and the community on issues relating to directives.
(5) An SICF's transfer agreements or contracts shall clearly delineate the responsibilities of parties involved.
(6) Patient care policies shall be evaluated triennially and rewritten as needed, and presented to the governing body or a designated administrative body for approval triennially. Documentation of the evaluation is required.
(7) An SICF shall have a system, described in writing, for the periodic evaluation of programs and services, including contracted services.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 147.401, 413.273, 441.025, 441.196, 441.198, 413.559, 413.561

AMEND: 333-071-0470

RULE TITLE: Patient Admission and Treatment Orders

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-071-0470
The term "physician assistant" has been amended to "physician associate" due to passage of HB 4010 (2024 OL chapter 73).

RULE TEXT:
(1) No patient shall be admitted to a special inpatient care facility (SICF) except on the order of an individual who has admitting privileges. The admitting medical staff member for the facility shall provide sufficient information at the time of admission to establish that care can be provided to meet the needs of the patient. Admission medical information shall include a statement concerning the admitting diagnosis and general condition of the patient. Other pertinent medical information, orders for medication, diet, and treatments shall also be provided, as well as a medical history and physical.
(2) Within 24 hours of a patient’s admission, an SICF shall ensure that:
(a) The patient’s medical history is taken and a physical examination performed, unless:
(A) A medical history and physical examination has been completed within 30 days prior to admission, as provided in the medical staff rules and regulations; or
(B) The patient is readmitted within a month’s time for the same or related condition, as long as an interval note is completed; and
(b) The patient is given a provisional diagnosis.
(3) Even if a medical history or physical examination at the time of admission is not required under section (2) of this rule, an SICF shall ensure that any changes crucial to patient care are noted in an admission note.
(4) Visits from licensed health care providers shall be according to patient's needs. Initial and ongoing assessments shall be performed for each patient and the results and observations recorded in the medical record.
(5) A physician, physician associate or nurse practitioner with admitting privileges shall be responsible, as permitted by the individual's scope of practice for the care of any medical problem that may be present on admission or that may arise during an inpatient stay.
(6) No medication or treatment shall be given except on the order of one duly authorized to give such orders within the State of Oregon.
(7) Notwithstanding the requirements specified in sections (1) through (6) of this rule:
(a) An SICF classified as a rehabilitation hospital shall ensure that:
(A) Rehabilitation services are provided to patients under the orders of a qualified and licensed health care practitioner who is responsible for the care of the patient, acting within his or her scope of practice and who is authorized by the medical staff to order the services in accordance with SICF licensing laws;
(B) All orders shall be documented in the patient's medical record in accordance with OAR 333-071-0430;
(C) Patient assessments are conducted on a regular basis in accordance with 42 CFR 412.606. Each patient shall be evaluated by a rehabilitation physician at time of admission and shall be supervised by a rehabilitation physician, as reflected in at least three face-to-face visits each week; and
(D) Respiratory services comply with 42 CFR 582.57.
(b) An SICF classified as a freestanding hospice facility shall comply with CMS conditions of participation, 42 CFR 418.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.025

AMEND: 333-071-0580

RULE TITLE: Physical Environment Requirements

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-071-0580
Amends the physical environment requirements for special inpatient care facilities to align with changes made in 2020 and amends text to refer to rules under OAR 333-535-0015 relating to requirements for hospitals.

RULE TEXT:
(1) Any person proposing to construct a new special inpatient care facility (SICF) or proposing to make certain alterations or additions to an existing SICF, must, before commencing new construction, alterations, or additions, comply with OAR chapter 333, division 675 and these rules.
(2) Only the portion of an existing SICF that is being altered or renovated and any impacted ancillary areas required to ensure full functionality of the SICF must meet the requirements in sections (4) through (7) of this rule.
(3) The following guidelines are adopted by reference as specified in sections (4) through (6) of this rule. Each SICF must also meet the requirements of state building and specialty codes in affect at the time of initial licensure.
(a) 2018, Facility Guidelines Institute (FGI), Guidelines for the Design and Construction of Hospitals; and
(b) 2018, FGI, Guidelines for the Design and Construction of Residential Health, Care and Support Facilities.
(4)(a) An applicant or a licensed SICF classified as a freestanding hospice facility shall comply with the following chapters of the 2018, FGI, Guidelines for the Design and Construction of Residential Health, Care and Support Facilities, adopted by reference including all references to part, subpart, sections, subsections, paragraphs, subparagraphs and appendices except as specified in subsections (4)(b) and (c) of this rule. References in FGI to "and/or" mean "or".
(A) 1.1 – Introduction;
(B) 1.2 – Planning/Predesign Process;
(C) 1.3 – Site Selection;
(D) 1.4 – Design, Construction, and Commissioning Considerations and Requirements;
(E) 1.5 – Equipment;
(F) 2.1 – Site Elements;
(G) 2.2 – Design Criteria;
(H) 2.3 – Design Elements;
(I) 2.4 – Design and Construction Requirements;
(J) 2.5 – Building Systems; and
(K) 3.2 – Specific Requirements for Hospice Facilities.
(b) Section 2.3-4.2.2.4 of the 2018, FGI, Design and Construction of Residential Health, Care and Support Facilities, is not adopted by reference and does not apply under subsection (4)(a) of this rule.
(c) The following amendments or additions are made to the 2018, FGI, Guidelines for Design and Construction of Residential Health, Care and Support Facilities, as adopted and incorporated by reference under subsection (4)(a) of this rule. All references to part, subpart, sections, paragraphs, subparagraphs and appendices relate to the 2018, FGI, Guidelines for Design and Construction of Residential Health, Care and Support Facilities.
(A) Amend subsection 1.1-2.2.2 to read: "Standards set forth in the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities shall be considered minimum and do not prohibit designing facilities and systems that exceed these requirements where desired by the governing body of the health, care, or support facility. Project submittal criteria shall comply with OAR chapter 333, division 675."
(B) Amend subsection 1.1-3.1.2.1 to read: "Where major structural elements make total compliance impractical or impossible, exceptions shall be considered in accordance with OAR 333-071-0260."
(C) Delete paragraphs (3) through (7) and amend subsection 1.1-3.1.2.2 to read: "The following exceptions to the requirements in Section 1.1-3.1.1 (Compliance Requirements) shall be permitted provided they meet the criteria

specified in OAR chapter 333, division 675 and do not reduce the level of health and safety in an existing facility. (1) Routine repairs and maintenance to buildings, systems, or equipment shall not require improvements to building features or systems. (2) Replacement of building furnishings and movable or fixed equipment shall only require improvements to building systems that serve that equipment and only to the extent necessary to provide sufficient capacity for the replacement."

(D) Amend subsection 1.1-3.1.4 to read: "Temporary Waivers. When parts of an existing facility essential to continued overall facility operation cannot comply with particular standards during a renovation project, a temporary waiver of those standards shall be permitted as determined by the authority having jurisdiction if resident, participant, or outpatient health and safety will not be jeopardized as a result. Reference OAR 333-071-0260 for requirements."

(E) Amend subsection 1.1-5.2.1 to read: "In the absence of state or local requirements, the project shall comply with approved nationally recognized building codes except as modified in the latest CMS adopted edition of NFPA 101: Life Safety Code and/or herein."

(F) Amend subsection 1.2-2.1.2.1 to read: "The care provider shall be responsible for providing a functional program for each facility project to the project architect/engineer and the authority having jurisdiction (AHJ). (1) Findings and recommendations from the resident safety risk assessment (see Section 1.2-3) shall be addressed in the functional program."

(G) Amend subsection 1.2-2.1.2.2 to read: "The functional program shall include an executive summary as well as detailed information about each operation conducted in the facility that will affect the physical setting design. Refer to OAR chapter 333, division 675 for additional requirements to be included in the functional program."

(H) Amend subsection 1.2-3.1.1.2 to read: "To support this goal, a resident safety risk assessment (RSRA) shall be developed and completed by an interdisciplinary team. A copy of the RSRA shall accompany construction documents submitted to the Oregon Health Authority, Facility Planning and Safety Program."

(I) Delete subparagraph (e) in subsection A1.2-3.5.3.4(3).

(J) Amend subparagraph (b) in subsection A1.2-4.5.1 to read: "b. Window sill height should not exceed 3 feet (.91 meter) above the floor and should be above grade. Operable windows shall be designed to prevent accidental falls when sill heights are lower than 36 inches and above the first floor."

(K) Amend subparagraph (i) in subsection A1.2-4.5.2.2 to read: "i. Water features. Where provided and where allowed per the RSRA, open water features should be equipped to safely manage water quality to protect occupants from infectious or irritating aerosols. See Section 2.1-3.6.3 (Outdoor Water Features) and appendix section A2.4-2.2.13 (Decorative water features) for additional information and requirements."

(L) Amend subsection 2.1-3.6.3.2 to read: "Where provided and allowed by the resident safety risk assessment (RSRA) for facilities that serve special care populations, outdoor water features shall be designed with the care population in mind to provide safe and accessible environments."

(M) Delete subparagraph (i) in subsection A2.2-4.2.1.

(N) Amend subparagraph (2)(a) in subsection 2.3-2.3.3.2 to read: "(a) Space for dining in accordance with the needs of the care population, including residents and participants who use resident-operated mobility devices. Provide a minimum of 28 square feet (2.60 square meters) for each resident or participant at one seating."

(O) Amend subsection A2.3-2.3.3.2(2) to read: "Adult day care programs may require additional participant space based on the care population being served."

(P) Amend paragraph (2) in subsection 2.3-4.2.2.1 to read: "(2) A medication room, a self-contained medication distribution unit, or other approaches acceptable to the authority having jurisdiction (AHJ) shall be permitted to be used for preparing, dispensing, and administering medications."

(Q) Amend subsection 2.3-4.2.2.3 to read: "Self-contained medication distribution units, automated medication-dispensing stations, or mobile medication-dispensing carts. Where these or other systems approved by the AHJ are used, the following shall apply: (1) Location of such units shall be permitted at the staff work area, in the clean utility room, in an alcove. (2) Areas used for medication preparation and distribution by mobile cart shall include task-specific lighting."

(R) Delete paragraphs (4) and (5) and amend subsection 2.3-4.5.3.4 to read: "Ice-making equipment and drinking water source. (1) Location of ice-making equipment in the food preparation area or in a separate room shall be permitted as long as the equipment is directly accessible to the food preparation area. (2) Ice-making equipment shall be cleanable. (3) Ice-making equipment shall be self-dispensing. (4) A filtered self-dispensing drinking water source shall be provided."
(S) Amend subsection 2.4-2.2.4 to read: "Doors and Door Hardware. See the facility chapters in Parts 3 through 5 for requirements in addition to those in this section. Door type for residing patient bathing/toilet facilities and other single-user toilets subject to patient use. Rooms that contain bathtubs, sitz baths, showers, or toilets for patient use shall have one of the following: (1) Two separate doors (2) A door that swings outward (3) A door equipped with emergency rescue hardware (4) A sliding door".
(T) Amend subsection 2.4-2.2.6.2 to read: "Sill height. Windows in resident rooms, suites, and dwelling units shall have sills located no higher than 36 inches (91.44 centimeters) above the finished floor. Operable windows shall be designed to prevent accidental falls when sill heights are lower than 36 inches and above the first floor."
(U) Amend paragraphs (1) and (2) in subsection 2.4-2.2.8.1 to read: "(1) The number and placement of hand-washing stations shall be determined as indicated in other sections and by the infection control risk assessment (ICRA). (2) If not required by other sections, hand sanitation dispensers shall be permitted to be used in lieu of hand-washing stations as determined by the ICRA."
(V) Amend subsection 2.4-2.2.13 to read: "Decorative Water Features Provision of decorative water features shall be permitted in residential health, care, and support facilities where allowed by the RSRA."
(W) In subsection A3.2-2.2.1.2(2):
(i) Amend subparagraph (b) to read: "b. Home-based hospice services. This hospice care model is ineligible for review within these guidelines as the hospice care either takes place in individual homes or in facilities under the regulation of State of Oregon, Department of Human Services (DHS). This model includes services that are brought to a resident living in an assisted living facility or independent living setting. Home-based hospice services are provided for residents who live in an independent or assisted living setting. Hospice services to be provided by a care and support facility, if any, should be identified during the functional programming process."
(ii) Amend subparagraph (g) to read: "g. Nursing home-based hospice facilities. This hospice care model is ineligible for review within these guidelines as these facilities are regulated by the State of Oregon, Department of Human Services (DHS). This model follows hospice regulations and includes any number of beds housed in a nursing home setting. Nursing home-based hospice facilities provide end-of-life services and should be provided in a private room that includes adequate family space. Nursing homes should provide hospice services and related accommodations for residents and family."
(X) Amend paragraph (3) in subsection 3.2-2.2.2.2 to read: "(3) Room size shall be 80 square feet for each residing patient in a double room and at least 100 square feet for each patient residing in a single room. Room size shall also be based on the care model and in-room furniture and clothing storage requirements."
(Y) Amend subsection 3.2-2.3.3.3 to read: "Recreation, lounge, and activity areas. Lounge areas shall be provided for resident and visitor use at a minimum of 15 square feet per resident being served."
(Z) Amend subsection 3.2-2.3.6.2 to read: "Inclusion of a gas fireplace or other comparable heating elements shall be permitted in a family room where non-operable glass doors are used. These heating element surfaces may not exceed 120 degrees Fahrenheit when they are installed in locations that are subject to incidental contact by people or with combustible material."
(AA) Amend subsection 3.2-4.5.3.1 to read: "Where an outside vendor is used to provide meals for a facility of 16 or more beds, the facility shall include dedicated space and equipment for a warming kitchen, including space for minimal equipment for preparation of breakfast, emergency, or after-hours meals. These facilities serving 16 or more beds shall comply with OAR 333-150-0000 (Food Sanitation Rules) including the provisions for commercial-grade equipment, space, and policies."
(BB) Amend subsection 3.2-4.5.4 to read: "Decentralized Kitchen Where food preparation is conducted on-site for 16 or more beds, the facility shall have dedicated non-public staff space and equipment for preparation of meals. See Section

2.3-2.3.4 (Resident and Participant Kitchen) for requirements. These facilities serving 16 or more beds shall comply with OAR 333-150-0000 (Food Sanitation Rules) including the provisions for commercial-grade equipment, space, and policies."
(CC) Amend paragraph (2) in subsection 3.2-4.6.2.2 to read: "(2) Washers/extractors. Washers/extractors shall be located between the soiled linen receiving and clean processing areas. Washers/Extractors shall provide a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes or include use of a chemical disinfectant."
(DD) Amend paragraph (3) in subsection 3.2-4.6.3.2 to read: "(3) Room(s) used for processing shall have a flushing-rim sink and a handwash sink."
(5)(a) An applicant or a licensed SICF classified as a rehabilitation hospital shall comply with the following chapters of the 2018, FGI, Guidelines for the Design and Construction of Hospitals, adopted by reference including all references to part, subpart, sections, subsections, paragraphs, subparagraphs and appendices except as specified in subsections (5)(b) and (c) of this rule. To the extent that other FGI chapters are referenced in these chapters, a facility must also comply with the referenced chapters. References in FGI to "and/or" mean "or".
(A) 1.1 – Introduction;
(B) 1.2 – Planning, Design, Construction, and Commissioning;
(C) 1.3 – Site;
(D) 1.4 – Equipment;
(E) 2.1 – Common Elements for Hospitals;
(F) 2.2 – Specific Requirements for General Hospitals;
(G) 2.6 – Specific Requirements for Rehabilitation Hospitals; and
(H) Part 3 – Ventilation of Hospitals.
(b) The chapters, sections, subsections, paragraphs, subparagraphs or appendices of the 2018, FGI, Guidelines for Design and Construction of Hospitals specified in OAR 333-535-0015(4) are not adopted by reference and do not apply under subsection (5)(a) of this rule.
(c) The amendments made to the 2018, FGI, Guidelines for Design and Construction of Hospitals, as adopted and incorporated by reference, specified in OAR 333-535-0015(5) shall apply under this rule. All references to part, subpart, sections, paragraphs, subparagraphs and appendices relate to the 2018, FGI, Guidelines for Design and Construction of Hospitals.
(6)(a) An applicant or a licensed SICF classified as a substance use disorder treatment facility shall comply with the following chapters of the 2018, FGI, Guidelines for the Design and Construction of Residential Health, Care and Support Facilities, adopted by reference including all references to part, subpart, sections, subsections, paragraphs, subparagraphs and appendices except as specified in subsections (6)(b) and (d) of this rule. References in FGI to "and/or" mean "or".
(A) 1.1 – Introduction;
(B) 1.2 – Planning/Predesign Process;
(C) 1.3 – Site Selection;
(D) 1.4 – Design, Construction, and Commissioning Considerations and Requirements;
(E) 1.5 – Equipment;
(F) 2.1 – Site Elements;
(G) 2.2 – Design Criteria;
(H) 2.3 – Design Elements;
(I) 2.4 – Design and Construction Requirements;
(J) 2.5 – Building Systems; and
(K) 4.3 – Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities.
(b) The amendments specified in paragraphs (4)(c)(A) through (V) of this rule shall also apply to an SICF classified as a substance use disorder treatment facility.
(c) Section 2.3-4.2.2.4 of the 2018, FGI, Design and Construction of Residential Health, Care and Support Facilities, is

not adopted by reference and does not apply under subsection (6)(a) of this rule.
(d) The following amendments or additions are made to the 2018, FGI, Guidelines for Design and Construction of Residential Health, Care and Support Facilities, as adopted and incorporated by reference under subsection (6)(a) of this rule. All references to part, subpart, sections, paragraphs, subparagraphs and appendices relate to the 2018, FGI, Guidelines for Design and Construction of Residential Health, Care and Support Facilities.
(A) Amend subsection A4.3-1.1.1.1 to read: "Long-term residential substance abuse treatment facility typology. Long-term residential treatment facilities may be located in a wide variety of settings including, but not limited to, a large suburban house, larger freestanding residential setting, or part of a nursing home, assisted living facility, homeless shelter, or facility in a prison. Only a large suburban house or larger freestanding residential setting shall be eligible for review within these guidelines for Special Inpatient Care Facility. The Oregon Health Authority (Authority) does not have jurisdiction over other settings specified. Care is provided 24 hours a day, generally in non-clinical/acute care settings. This therapeutic community (TC) is a common type of long-term residential treatment setting for substance use disorders, which typically require 18 to 24 months of treatment, although funding and insurance limitations may reduce an individual's stay to three, six, or 12 months. The focus of a TC is resocialization of an individual using the program's entire community as active components of treatment. Addiction is viewed in the context of an individual's social and psychological deficits, and treatment focuses on developing personal accountability and responsibility as well as socially productive lives. Treatment is typically highly structured and can be modified for specific care populations (e.g., adolescents, homeless residents, individuals from the criminal justice system, those with mental/behavioral issues). In addition to long-term residential treatment, a therapeutic community may offer shorter-term residential or outpatient treatment. A TC acquires a medical partner has an opportunity to become a federally qualified health center or a patient-centered medical home. A specialized type of treatment setting called a 'modified therapeutic community' incorporates features of traditional therapeutic communities with a special focus on addressing co-occurring mental health conditions. Correctional institutions may incorporate in-prison TCs, and TCs are also available for people reentering society after being released from prison with the goal of reducing drug use and recidivism."
(B) Amend paragraph (2) in subsection 4.3-2.2.2.2 to read: "A minimum of 70 square feet of floor space per bed is required in semi-private rooms and wards. A minimum of 100 square feet of floor space shall be provided in private rooms."
(C) Amend subsection 4.3-2.2.2.7 to read: "Resident bathroom. Each resident shall have access to a bathroom. Bathroom doors shall comply with 2.4-2.2.4. (1) The bathroom shall contain the following: (a) Toilet (b) Hand-washing station. See Section 2.4-2.2.8 (Hand-Washing Stations) for requirements. (c) Mirror. See Section 2.4-2.2.8.7 (Mirror) for requirements. (d) Private individual storage for the personal effects of each resident. See Section 2.4-2.4.2 (Casework, Millwork, and Built-Ins) for requirements. (e) Shower. See Section 2.5-2.3.3.2 (Accessible showers) for requirements. (2) Where the bathroom is shared, privacy locks shall be permitted with provisions for emergency access."
(D) Add subsection 4.3-2.2.3.4 to read: "Detoxification Room. The design and need for a detoxification room shall be described in the Resident Safety Risk Assessment and functional program. Where provided, a minimum of one residing patient room for detoxification, located to allow direct observation by nursing staff, shall be provided. Windows in detoxification rooms shall be of a security type that can only be opened by keys or tools that are under the control of the staff. An adjoining or closely available toilet and hand washing lavatory is also required serving detoxification residing patients only. This room shall be designed with special consideration that residing patient is incapable of self-preservation in an emergency."
(E) Amend subsection 4.3-2.3.8.1 to read: "Outdoor spaces shall be provided for residents, visitors, and staff. The design and use of outdoor activity spaces shall be described in the Resident Safety Risk Assessment."
(F) Amend subsection 4.3-4.5.3.1 to read: "Where an outside vendor is used to provide meals for a setting of 16 or more beds, dedicated space and equipment shall be provided for a warming kitchen, including space for minimal equipment for preparation of breakfast, emergency, or after-hours meals. These facilities serving 16 or more beds shall comply with OAR 333-150-0000 (Food Sanitation Rules) including the provisions for commercial-grade equipment, space, and policies."

(G) Amend subsection 4.3-4.5.4 to read: "Decentralized Kitchen Where food preparation is conducted on-site for 16 or more beds, the facility shall have dedicated non-public staff space and equipment for preparation of meals. See section 2.3-2.3.4 (Resident and Participant Kitchen) for requirements. These facilities serving 16 or more beds shall comply with OAR 333-150-0000 (Food Sanitation Rules) including the provisions for commercial-grade equipment, space, and policies."
(H) In subsection 4.3-4.6.3.2:
(i) Amend subparagraph (2)(c) to read: "(c) Rooms used for processing shall have a flushing-rim sink and a handwash sink."
(ii) Add paragraph (6) to read: "(6) Washers/extractors. Washers/extractors shall be located between the soiled linen receiving and clean processing areas. Washers/Extractors shall provide a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes or include use of a chemical disinfectant."
(I) Amend subsection 4.3-5.2.2.4 to read: "Doors and door hardware See Section 2.4-2.2.4 (Doors and Door Hardware) for requirements in addition to those in this section."
(7) An SICF classified as a religious institution must be designed, constructed, and maintained to ensure the safety of the patients, staff, and the public and shall comply with the following:
(a) General Building. The overall environment must be maintained in a manner that ensures the safety and well-being of the patients. The institution must have the following:
(A) Procedures for the proper storage and disposal of trash;
(B) Proper ventilation and temperature control and appropriate lighting levels to ensure a safe and secure environment;
(C) An effective pest control program including that:
(i) Wall openings for pipes, ducts, and conduits as well as joints at structural elements shall be sealed; and
(ii) In dietary and food storage areas, wall construction, finish, and trim, including joints between walls and floors, shall be free of insect- and rodent-harboring spaces;
(D) A preventive maintenance program to maintain essential mechanical, electrical, and fire protection equipment operating in an efficient and safe manner; and
(E) A working call system for patients to summon aid or assistance.
(b) Patient rooms. Patient rooms must be designed and equipped for adequate care, comfort, and privacy of the patient and shall meet the following conditions:
(A) Accommodate no more than four patients;
(B) Measure at least 80 square feet per patient in multiple patient rooms and at least 100 square feet in single patient rooms;
(C) Have direct access to an exit corridor;
(D) Be designed or equipped to assure full visual privacy for each patient. Design for privacy shall not restrict patient access to the toilet, room entrance, window, or other shared common areas in the patient room;
(E) Have at least one operable window to the outside, provided with window coverings;
(F) Have a floor at or above grade level; and
(G) Be furnished with the following:
(i) A separate bed of proper size and height for the convenience of the patient;
(ii) A clean, comfortable mattress and pillow with protective coverings;
(iii) Bedding appropriate to the weather and climate; and
(iv) Functional furniture appropriate to the patient's needs and individual closet space with clothes racks and shelves accessible to the patient.
(c) Plumbing and Sanitary Environment.
(A) Each patient shall have access to a toilet room without entering the general corridor area. One toilet room shall serve no more than four beds and no more than two patient rooms.
(i) The toilet room shall contain a toilet and a handwash station.
(ii) Doors to all rooms containing bathtubs, showers, and toilets for patient use shall be hinged, sliding, or folding with

door hardware that allows staff access. Where swinging doors are provided, the door shall swing outward or be provided with emergency rescue (dual-swing) hardware.
(B) Adequate handwashing stations shall be provided for the total facility population and include lavatories with hot and cold running water, soap, and single use sanitary towels.
(i) A hand-washing station shall be provided both in the patient room and the toilet room. This hand-washing station shall be located at or adjacent to the entrance to the patient room with unobstructed access for use by health care personnel and others entering and leaving the room. When multi-patient rooms are permitted, this station shall be located outside the patients' cubicle curtains.
(ii) At least one hand-washing station shall be provided for the administrative center or nurses' station that is within 20 feet and not through a door.
(C) Bathing facilities for patients shall be provided to include at least one shower or tub for each eight beds, serving patient rooms not containing bathing facilities directly adjoining the room. Bathing facilities shall include space for drying, dressing, grooming, and a surface to temporarily place toiletries.
(D) An institution licensed for more than 16 patients must provide at least one separate toilet and hand wash lavatory for staff and visitor use. The staff and visitor toilet shall not be located where it would require a visitor to travel through any intervening staff support areas.
(E) There shall be an environmental services room with floor or service sink and space for temporary storage of refuse. An institution licensed for 16 or fewer patients may combine this room with other soiled rooms.
(F) Cart sanitizing facilities and cart storage area for both dietary and linen services shall be available.
(G) Areas subject to frequent wet cleaning methods or high amounts of moisture, including but not limited to, kitchens, soiled workrooms, soiled and clean utility rooms, environmental services rooms and toilet rooms, shall meet the following requirements:
(i) The floors and wall bases shall be constructed of slip-resistant materials that are not physically affected by germicidal or other types of cleaning solutions.
(ii) Floors shall be homogeneous and have sealed joints.
(iii) Wall bases shall be continuous, integral or sealed to the floor and the wall, and constructed without voids.
(iv) Wall surfaces in areas routinely subjected to wet spray or splatter (for example, kitchens, soiled linen processing, environmental services room) shall be smooth, scrubbable, and water-resistant.
(v) Ceiling surfaces in dietary and laundry areas, bathrooms, central bathing rooms or areas with showers, soiled utility rooms, and environmental services rooms shall be impervious and moisture-resistant.
(d) There shall be a clean storage room or enclosed cabinet spaces for supplies and equipment.
(e) Space for patient dining at a minimum of 28 square feet per patient shall be provided.
(f) A room or space for social activities which may include group therapy or other gatherings at a minimum of 15 square feet per patient shall be provided. This space may be omitted if the institution is licensed for a capacity of 16 or fewer and social space is accommodated within the shared patient dining.
(g) There shall be an administrative center or nurse station. This space shall include provisions for storage of administrative supplies, a worksurface with equipment for documentation, and secure storage of staff personal belongings.
(h) Patients shall have access to a telephone and accommodations shall be made to allow private conversations.
(i) Food and nutrition services. The facility may provide onsite or third party contracted dietary services. All offered dietary services shall comply with Oregon Health Authority, Food Sanitation Rules, chapter 333, division 150 and other authorities having jurisdiction.
(A) Onsite dietary service in an institution licensed for a capacity of 16 or fewer may be of residential type except as required by the building codes. Kitchen facilities and equipment in an institution licensed for a capacity of more than 16 must be commercial type equipment. The following must be provided:
(i) A dishwasher;
(ii) A pot wash sink (unless all pots are sanitized in the dishwasher);

(iii) A food prep sink;
(iv) A separate hand wash lavatory;
(v) Stove and oven equipment for cooking and baking needs;
(vi) Self-dispensing ice-making equipment;
(vii) Refrigerator(s) and freezer(s);
(viii) Storage for a mop and other cleaning tools and supplies used for dietary areas must be separate from those used in toilet rooms, patient rooms, and other support areas. In an institution with a capacity of more than 16, a separate janitor closet or alcove must be provided with a floor or service sink and storage for cleaning tools and supplies; and
(B) Third-party contracted dietary services:
(i) Provisions shall be made to prevent contamination, keep hot and cold foods at required temperature ranges in transit and on site prior to consumption.
(ii) If ware washing is provided on site, either a three-compartment sink or dishwasher (commercial grade if the institution is licensed for a capacity of more than 16) shall be provided.
(iii) Nourishment area: There shall be a handwash station, food prep sink (if required by the functional program), work counter, refrigerator, storage cabinets, and equipment for serving nourishment as required by the functional program.
(j) Linen services:
(A) On-Site Processing. If linen is to be processed on the site, the following shall be provided:
(i) Soiled linen utility room with adequate space for receiving and sorting. Room(s) shall have ventilation and exhaust, a clinical sink or equivalent flushing-rim fixture with a rinsing hose or bedpan washer, handwash station, and space for linen and containers;
(ii) Laundry processing room with commercial-type washing and drying equipment. Washers/extractors shall be located between the soiled linen receiving and clean processing areas. Washers/extractors shall provide a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes or include use of a chemical disinfectant;
(iii) Secure storage for laundry supplies;
(iv) Clean linen inspection and mending room or area; and
(v) Clean linen storage, issuing, and holding room or area.
(B) If linen is processed off-site, the following shall be provided:
(i) Soiled linen holding room with ventilation and exhaust; and
(ii) Clean linen receiving, holding, inspection, and storage room(s).
(8) The Authority may, upon written request, allow variations from these requirements (other than fire and life safety requirements) when conditions make certain changes to an SICF impractical to accomplish, as long as the intent of the requirement is met, and the care and safety of patients will not be jeopardized. An applicant or SICF must obtain written approval from the Authority in accordance with OAR 333-071-0260, for any minor variation.
(9) An SICF shall conform to the editions of the Oregon State Building Code, as defined in ORS 455.010(8), under which they were constructed. SICFs to be certified for Medicare reimbursement shall meet standards of the 2012, National Fire Protection Association (NFPA) #101 and #99 Codes.

STATUTORY/OTHER AUTHORITY: ORS 441.060

STATUTES/OTHER IMPLEMENTED: ORS 441.060

AMEND: 333-076-1050

RULE TITLE: Extended Stay Center (ESC) Physical Environment

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-076-1050
Removes outdated effective dates and updates statutory references. Revises Appendix 1 to capture acoustic design requirements for patient rooms in an Extended Care Center.

RULE TEXT:
(1) Any person proposing to construct a new extended stay center (ESC), or proposing to make certain alterations or additions to an existing ESC, must, before commencing new construction, alterations, or additions, comply with:
(a) OAR chapter 333, division 675 and these rules; and
(b) The 2018, FGI, Guidelines for Design and Construction of Outpatient Facilities and the 2018, FGI, Guidelines for Design and Construction of Hospitals, as amended and set out in Appendix 1, both of which are adopted by reference, unless otherwise specified in this rule.
(2) An ESC must meet the requirements of any applicable state building and specialty codes in effect at the time of initial licensure.
(3) The Oregon Health Authority (Authority) may, upon written request, allow minor variations from these requirements (other than fire and life safety requirements) when conditions make certain changes to ESC impractical to accomplish, as long as the intent of the requirement is met and the care and safety of patients will not be jeopardized. An applicant or ESC must obtain written approval of the Authority, in accordance with OAR 333-076-1065, for any minor variation.
(4) An ESC must continue to meet all applicable building and physical environment standards, including but not limited to structural, mechanical, electrical, plumbing, fire and life safety codes as required by this rule that were in effect at the time of license, or the standards that applied at the time of a major alteration or new construction. Each instance of non-compliance with a building or physical environment standard or code is a separate violation.

STATUTORY/OTHER AUTHORITY: ORS 441.025, ORS 441.060, ORS 441.026

STATUTES/OTHER IMPLEMENTED: ORS 441.025, ORS 441.060, ORS 441.026

APPENDIX 1 – Physical Environment Requirements for Extended Stay Centers (OAR 333-076-1050)

Chapter 2.15	Specific Requirements for Extended Stay Centers (ESC)
2.15-1	**General**
2.15-1.1	**Application**
2.15-1.1.1	(1) These standards shall apply to an Extended Stay Center (ESC) associated with an Ambulatory Surgical Center (ASC) pursuant to OAR 333-076-0820(7). (2) An applicant or a licensed ESC shall comply with the **2018, Facilities Guidelines Institute (FGI), Guidelines for the Design and Construction of Outpatient Facilities** and the **2018, FGI, Guidelines for the Design and Construction of Hospitals** as specified and amended in this appendix. References in FGI to "and/or" mean "or" and references to "outpatient surgical facility" means an ASC licensed by the Oregon Health Authority under ORS 441.025. (3) Amendments specified in section 2.15-1.1.2 and 2.15-1.1.3 of this appendix apply to an ESC only to the extent that the underlying rule applies to an ESC.
2.15-1.1.2	**2018, FGI, Guidelines for the Design and Construction of Outpatient Facilities** (1) Part 1, Chapters 1.1 through 1.4 as amended in OAR 333-076-0185(5)(a) through (i) except as specified in OAR 333-076-0185 (4)(a) through (c). (2) Chapter 2.1, Common Elements for Outpatient Facilities as amended in OAR 333-076-0185(4)(d) through (f) except as specified in OAR 333-076-0185 (5)(j) through (oo).
2.15-1.1.3	**2018, FGI, Guidelines for the Design and Construction of Hospitals:** (1) Part 1.2-6.1 Acoustic Design for the acoustic requirements of a patient room. (2) Common Elements for Hospitals, Chapter 2.1: (a) Subsection 2.1-2.8.10.2 is not adopted by reference and does not apply. (b) Amend subsection 2.1-2.8.2.1 paragraph (2) to read: "Hand-washing station(s) (a) At least one hand-washing station shall be provided within twenty feet and not through a door. See section 2.1-7.2.2.8 (Hand-washing stations) for requirement." (c) Amend subsection 2.1-2.8.7.3 paragraph (1) to read: "At least one hand-washing station shall be provided for every four patient care stations or fewer." (d) Amend subsection 2.1-2.8.10.1 to read: "Ice-making equipment shall be of the self-dispensing type." (e) Amend subsection 2.1-4.2.8.7 to read: "A hand-washing station(s) shall be provided within each separate room where open medication is prepared for administration except where prohibited. Placement shall be determined by OAR chapter 333, division 045; USP 797 and USP 800."

	(f) Add paragraph (5) to subsection 2.1-4.3.1.3 to read: "(5) All offered dietary services shall comply with Oregon Health Authority Food Sanitation Rules, chapter 333, division 150 and other authorities having jurisdiction." (g) Add subparagraphs (a) through (c) to paragraph (2) in subsection 2.1-5.2.2.2 to read: "(a) Washers/extractors. Washers/extractors shall be located between the soiled linen receiving and clean processing areas. Washers/extractors shall provide a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes or include use of a chemical disinfectant. (b) Dryers (c) Supply storage. Storage shall be provided for laundry supplies." (h) In subsection 2.1-5.4.1.3: (A) Amend subparagraph (1)(a) to read: "Where provided as interior spaces, regulated medical waste or infectious waste holding spaces shall have cleanable floor and wall surfaces. (i) Wall base shall be integral and coved with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects. (ii) Shall have hand sanitation dispenser in or adjacent to interior regulated waste storage spaces." (B) Amend subparagraph (2)(a) to read: "Illumination per Illuminating Engineering Society of North America (IES) standards." (C) Add paragraph (4) to read: "(4) Regulated waste management shall be in accordance with the requirements of OAR chapter 333, division 056." (i) Amend subsection 2.1-6.2.7.1 to read: "A designated area located out of the required corridor width and directly accessible to the entrance shall be provided for storage of at least one wheelchair." (j) Add paragraph (4) to subsection 2.1-7.2.2.11 to read: "(4) All imaging facilities and radiation producing equipment installations must comply with OAR chapter 333, divisions 100 through 123, and be licensed by the Oregon Health Authority, Radiation Protection Services program." (k) Add subparagraphs (xi) through (xiii) to paragraph (7) in subsection 2.1-7.2.3.1 to read: "(xi) Bathing and toilet rooms (xii) Soiled workrooms and soiled hold rooms (xiii) Environmental services rooms" (L) Add subsection 2.1-8.3.3.2 to read: "Storage of fuel for at least 96 hours shall be provided." (3) In Chapter 2.2, Specific Requirements for General Hospitals, add sub-paragraph (v) to subparagraph (2)(c) in subsection 2.2-2.2.4.6 to read: "(v) Hidden alcoves are prohibited."
2.15-1.2	**Functional Program**
	The ESC functional program must incorporate a description of the affiliated ASC that addresses the requirements in subsection 1.2-2.2.7.4 (**2018, FGI, Guidelines for Design and Construction of Outpatient Facilities**) as amended in OAR 333-076-0185(5)(g).
2.15-1.2.1 – 2.15-1.2.2	**Reserved**
2.15-1.2.3	**Shared Services**

	Extended Stay Centers are associated with ASCs. A Medicare-certified ASC is a distinct entity and must be separate and distinguishable from any other health care facility or office-based physician practice. Medicare-certified ASCs are subject to specific requirements related to sharing spaces with another health care facility or office-based physician practice. An ASC that is Medicare-certified must be distinct from any other health care facility or office-based physician practice as required in 42 CFR 416.2 and 42 CFR 416.44(a)(2) and (b).
2.15-1.3	**Site**
2.15-1.3.1 – 2.15-1.3.3	**Reserved**
***2.15-1.3.4**	**Parking**
	Space(s) shall be reserved or designated for pickup of patients after discharge.
A2.15-1.3.4	This parking space(s) should be located on the shortest possible accessible route from the intended ESC discharge door. The route from the door to the patient pickup point should be sheltered from weather by overhangs or canopies.
2.15-2	**Patient Care Units and Other Patient Care Areas**
2.15-2.1	As amended in this section, patient care units shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Hospitals**: (1) Section 2.1-1, Common Elements for Hospitals; and (2) Subsection 2.2-2.2**,** Medical / Surgical Patient Care Unit
	2.2-2 Patient Care Units
	Subsection 2.2-2.2.4.2 **-** Airborne infection isolation room requirements do not apply unless required by the ESC functional program.
	Subsection 2.2-2.2.4.4 **-** Protective environment (PE) room requirements do not apply unless required by the ESC functional program.
	Subsection 2.2-2.2.4.5 - Combination airborne infection isolation/protective environment room requirements do not apply unless required by the ESC functional program.
	Subsection 2.2-2.2.4.6 - Medical psychiatric room requirements do not apply unless required by the ESC functional program.
	Subsection 2.2-2.2.10.4 - Place for meditation and prayer shall not be required.
2.15-2.2	**Reserved**
2.15-2.3	**Pediatric and Adolescent Patient Care Unit**
2.15-2.3	ESCs providing care for pediatric patients shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Hospitals**, subsection 2.2-2.11 including the following amendment:

	Subsection 2.2-2.11.4.2 **-** Airborne infection isolation room(s) do not apply unless required by the ESC functional program
2.15-2.5 – 2.15-2.13	**Reserved**
2.15-4	**Patient Support Facilities**
2.15-4.1	**Laboratory Services**
	Laboratory services if provided shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Outpatient Facilities**, subsection 2.2-4.1.
2.15-4.2	**Pharmacy Services**
	Pharmacy services if provided shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Outpatient Facilities**, subsection 2.2-4.2.
2.15-4.3	**Food and Nutrition Services**
	Food and nutrition services are required for ESCs. The facility may provide onsite or third party contracted dietary services. All offered dietary services shall comply with Oregon Health Authority, Food Sanitation Administrative Rules, chapter 333, division 150 and other authorities having jurisdiction.
2.15-4.3.1	Third-party contracted dietary services: (1) Provisions shall be made to prevent contamination, keep hot and cold foods at required temperature ranges in transit and on site prior to consumption. (2) If ware washing is provided on site, either a three-compartment sink or commercial dishwasher shall be provided. (3) Nourishment area: (a) A sink, work counter, refrigerator, storage cabinets, and equipment for serving nourishment as required by the functional program; and (b) A hand-washing station that is located in the nourishment area. (c) A single hand-wash station in nourishment area may be provided if food prep is not required by the functional program.
2.15-4.3.2	Provision of on-site dietary services shall comply with the **2018, FGI, Guidelines for the Design and Construction of Hospitals,** subsection 2.1-4.3.
2.15-5	**General Support facilities**
2.15-5.1	**Sterile Processing**
	Sterile processing shall meet the minimum design requirements described in the **2018, FGI**, **Guidelines for Design and Construction of Outpatient Facilities**, subsection 2.2-4.3.
2.15-5.2	**Linen Services**
	Linen services shall meet the minimum design requirements described in the **2018, FGI**, **Guidelines for Design and Construction of Outpatient Facilities**, subsection 2.1-4.4.
2.15-5.3	**Materials Management**

	Materials management shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Outpatient Facilities**, subsection 2.1-5.1.
2.15-5.4	**Waste Management**
	Waste management shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Outpatient Facilities,** subsection 2.1-5.2.
2.15-5.5	**Environmental Services**
	Environmental services shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Outpatient Facilities**, subsection 2.1-5.3.
2.15-5.6	**Engineering and Maintenance Services**
	Engineering and maintenance services shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Outpatient Facilities**, subsection 2.1-5.4.
2.15-6	**Public and Administrative Areas**
	Public and administrative areas shall meet the minimum design requirements described in the **2018, FGI**, **Guidelines for Design and Construction of Outpatient Facilities**, section 2.1-6.
2.15-7	**Design and Construction Requirements**
	Design and construction shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Hospitals**, section 2.1-7.
2.15-8	**Building Systems**
	Building systems shall meet the minimum design requirements described in the **2018, FGI, Guidelines for Design and Construction of Hospitals**, section 2.1-8**,** including the following amendment:
	Subsection 2.1-8.3.3.1, paragraph (2) Extended Stay Centers shall provide fuel for emergency power to meet longest expected patient stay.

AMEND: 333-535-0015

RULE TITLE: Physical Environment

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-535-0015

Amends the physical environment requirements for hospitals. Stringent Facility Guidelines Institute (FGI) standards that create an unnecessary financial burden for improving existing conditions are being amended. Some terminology is also being updated for clarity. Adds requirements for outpatient psychiatric centers. Removes outdated effective dates.

RULE TEXT:

(1) Any person proposing to construct a new hospital, or proposing to make certain alterations or additions to an existing hospital, must, before commencing new construction, alterations, or additions, comply with OAR chapter 333, division 675 and these rules.

(2) Only the portion of an existing hospital that is being altered or renovated and any impacted ancillary areas required to ensure full functionality of the hospital must meet the requirements in sections (3) through (7) of this rule.

(3) An applicant or a licensed hospital must comply with the 2018, Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Hospitals, and the 2018, FGI, Guidelines for Design and Construction of Outpatient Facilities, adopted by reference, including all references to part, subpart, sections, subsections, paragraphs, subparagraphs and appendices except as specified in sections (4) through (7) of this rule. References in FGI to "and/or" mean "or."

(4) The following chapters, sections, paragraphs, subparagraphs or appendices of the 2018, FGI, Guidelines for Design and Construction of Hospitals are deleted in their entirety:

(a) Subsection A.1.2-2.1.2.1;

(b) Subsection 1.2-2.1.2.3;

(c) Section 1.2-8;

(d) Section 1.2-9;

(e) Paragraph (2)(b) in subsection 2.1-2.8.2.1;

(f) Subsection 2.1-2.8.10.2;

(g) Subparagraphs (2)(b)(vi) and (3)(b)(v) in subsection 2.1-5.1.2.2;

(h) Paragraph (b) in subsection A2.1-7.2.4;

(i) Paragraph (2) in subsection A2.1-8.3.3.1;

(j) Subsections 2.2-3.1.2 through 2.2-3.1.2.8;

(k) Subsection 2.2-3.1.8.17;

(l) Paragraph (4) in subsection A2.2-3.3.1.1;

(m) Paragraphs (1) and (2) in subsection 2.2-3.10.8.14;

(n) Chapter 2.3;

(o) Chapter 2.4; and

(p) Subsection 2.7-3.1.2.

(5) The following amendments or additions are made to the 2018, FGI, Guidelines for Design and Construction of Hospitals, as adopted and incorporated by reference. All references to part, subpart, sections, paragraphs, subparagraphs and appendices relate to the 2018, FGI, Guidelines for Design and Construction of Hospitals.

(a) Amend section 1.1-2 to read: "New Construction. Project submittal criteria shall comply with OAR chapter 333, division 675. Projects with any of the following scopes of work shall be considered new construction and shall comply with the requirements in the Guidelines for Design and Construction of Hospitals:"

(b) Amend subsection 1.1-3.1.1.2 to read: "Major renovation projects. Project submittal criteria shall comply with OAR chapter 333, division 675. Projects with either of the following scopes of work shall be considered a major renovation and shall comply with the requirements for new construction in the Guidelines for Design and Construction of Hospitals to the extent possible as determined by the authority having jurisdiction: (1) A series of planned changes and updates to

the physical plant of an existing facility. (2) A renovation project that includes modification of an entire building or an entire area in a building to accommodate a new use or occupancy."
(c) Amend subsection 1.1-3.1.2.1 to read: "Where major structural elements make total compliance impractical or impossible, exceptions shall be considered in accordance with the Oregon Administrative Rules specific to the physical environment of the type of hospital under consideration."
(d) Amend subsection 1.1-3.1.2.2 to read: "Minor renovation or replacement work shall be permitted to be exempted from the requirements in Section 1.1-3.1.1 (Compliance Requirements) provided they meet the criteria specified in OAR chapter 333, division 675 and do not reduce the level of health and safety in an existing facility."
(e) Amend subsection 1.1-3.1.4 to read: "Temporary Waivers. When parts of an existing facility essential to continued overall facility operation cannot comply with particular standards during a renovation project, a temporary waiver of those standards shall be permitted as determined by the authority having jurisdiction if patient care and safety will not be jeopardized as a result. Reference Oregon Administrative Rules specific to the physical environment of the type of hospital under consideration."
(f) Amend section 1.1-8 to include the following codes and standards:
(A) "ASHRAE 62.1: The Standards for Ventilation and Indoor Air Quality (2016)."
(B) "Building Industry Consulting Services International (BICSI) Standards (2018)."
(C) "NFPA 50: Standard for Bulk Oxygen Systems at Consumer Sites (2001)."
(D) "NFPA 99: Health Care Facilities Code (2012 as adopted by CMS)."
(E) "NFPA 101: Life Safety Code (2012 as adopted by CMS)."
(g) Amend paragraph (a) in subsection A1.2-2.1.1 to read: "(a) All projects, large and small, require a functional program to guide the design. The length and complexity of the functional program will vary greatly depending on project scope."
(h) Amend subsection 1.2-2.1.2.1 to read: "The governing body shall be responsible for having a functional program developed, documented, and updated. The governing body may delegate documentation of the functional program to consultants with subject matter expertise. The governing body shall review and approve the functional program."
(i) Add subsection 1.2-2.2.7.4 to read: "A description of the following: (a) Special design feature(s); (b) Occupant load, numbers of staff, patients, visitors and vendors; (c) Issue of privacy/confidentiality for patient; (d) In treatment areas, describe: (A) Types of procedures; (B) Design considerations for equipment; (C) Requirements where the circulation patterns are a function of asepsis control; and (D) Highest level of sedation, if applicable."
(j) Amend subsection 1.2-4.1.1.2 to read: "To support this goal, an interdisciplinary team shall develop a safety risk assessment (SRA). A copy of the SRA shall accompany instruction documents submitted to the Oregon Health Authority, Facility Planning and Safety program."
(k) Add paragraphs (1) through (4) and amend subsection 1.2-4.6.1 to read: "Behavioral and Mental Health Elements of the Safety Risk Assessment. The SRA report shall identify areas where patients at risk of mental health injury and suicide will be served. Elements of the assessment shall include but not be limited to: (1) A statement explaining the psychiatric population groups served; (2) A discussion of the capability for staff visual supervision of patient ancillary areas and corridors; (3) A discussion of the risks to patients, including self-injury, and the project solutions employed to minimize such risks; and (4) A discussion of building features and equipment, including items which may be used as weapons, that is intended to minimize risks to patients, staff and visitors."
(l) Amend paragraph (d) in subsection A1.2-5.4.5 to read: "(d) In facilities with multi-bed rooms, family consultation rooms or grieving rooms, in addition to family lounges, should be provided to permit patients and families to communicate privately."
(m) Amend 1.2-6.1.1 to read: "General. The planning and design of new hospitals and the retrofitting of existing hospitals shall conform to the Guidelines and all applicable codes and regulations with respect to exterior environmental sound and interior sound within all occupied building spaces. Documentation by a Licensed Acoustic Engineer of compliance with acoustic criteria, shall be accepted as equivalency to the requirements of Table 1.2-4 Noise Reduction Coefficient (NRC) and Table 1.2-6 Sound Transmission Class (STC.)"
(n) Amend paragraph (1) in subsection 2.1-2.3.1.1 to read: "(1) All patient care areas designated for care of patients of

size shall meet the requirements in this section. The Oregon Health Authority (Authority) will complete a review when specifically cross-referenced from a FGI facility type requirement section or when identified in the project submission documents."

(o) Amend subsection 2.1-2.4.1 to read: "The special patient care room requirements in this section shall apply to all facilities that provide these rooms. See facility chapters for other specific requirements. Requirements for other types of special patient care rooms are located in the facility chapters. Where monolithic ceilings are provided in airborne infection isolation (AII) rooms or seclusion rooms, the NRC standards listed in Table 1.2-4 are not required."

(p) Amend paragraph (2)(a) in subsection 2.1-2.8.2.1 to read: "(a) At least one hand-washing station shall be provided within 20 feet and not through a door. See section 2.1-7.2.2.8 (Hand-washing stations) for requirement."

(q) Amend paragraph (1) in subsection 2.1-2.8.7.3 to read: "(1) At least one hand-washing station shall be provided for every four patient care stations or fewer."

(r) Amend subparagraph (2)(d) in subsection 2.1-2.8.8.1 to read: "(d) Lighting. Task-specific lighting levels, measured at the worksurface only, for health care settings recommended in the U.S. Pharmacopeia-National Formulary shall be used to design lighting."

(s) In subsection 2.1-2.8.8.2:

(A) Amend the title to read: "Work areas for preparing and dispensing medication. Facilities shall be reviewed below for each area as applicable as either subparagraph (1) or as subparagraph (2) if only dispensing."

(B) Amend paragraph (1) to read: "(1) Medication preparation room or area"

(C) Amend subparagraph (1)(a) to read: "(a) This room or area shall be under direct or indirect (example, camera) visual control of the nursing staff."

(D) Amend subparagraph (1)(b) to read: "(b) This room or area shall contain the following:"

(E) Amend subparagraph (1)(b)(ii) to read: "(ii) Hand-washing station unless located within an operating room, c-section room, Class 3 imaging, or sterile core of surgical department. Where hand-washing station is omitted in the sterile core, a hand sanitation dispenser shall be provided."

(F) Amend subparagraph (1)(b)(iii) to read: "(iii) Lockable refrigerator where refrigerated medications are used."

(G) Amend subparagraph (1)(c) to read: "(c) Where a medication preparation room or area is used to store one or more self-contained medication-dispensing units, the room shall be designed with space to prepare medication when the self-contained medication dispensing unit(s) are present."

(H) Amend subparagraph (2)(c) to read: "(c) A hand-washing station shall be located next to stationary medication-dispensing units or stations unless the medication-dispensing unit, station, or cart is located within an operating room, c-section room, Class 3 imaging, or sterile core of surgical department. Where hand-washing station is omitted in the sterile core, a hand sanitation dispenser shall be provided."

(t) Amend subsection 2.1-2.8.10.1 to read: "Ice-making equipment shall be of the self-dispensing type."

(u) Amend paragraph (1) in subsection 2.1-2.8.12.3 to read: "(1) Hand-washing station."

(v) Amend subsection 2.1-2.8.14.2 to read: "Environmental services room shall be a minimum of 35 square feet. Each environmental services room shall be provided with the following: (1) Service sink or floor-mounted mop sink; (2) Provisions for storage of supplies and housekeeping equipment; (3) Hand-washing station or hand sanitation dispenser."

(w) Amend subparagraph (1)(a) in subsection 2.1-4.1.2.6 to read: "(a) Terminal sterilization is not required for waste that is incinerated on-site or when services for regulated medical/bio-hazard waste disposal services will be contracted through a vendor."

(x) Add paragraph (3) to subsection 2.1-4.2.3.1 to read: "(3) Pharmacy clean/sterile compounding rooms accessed from an ante room need not comply with Table 1.2-4: Minimum Design Room-Average Sound Absorption Coefficients."

(y) Amend subsection 2.1-4.2.8.7 to read: "A hand-washing station(s) shall be provided within each separate room where open medication is prepared for administration except where prohibited by OAR chapter 855, division 045; USP 797 or USP 800. Where a hand-wash station is prohibited in the compounding room, a hand-wash station(s) shall be provided in an anteroom."

(z) Add paragraph (5) to subsection 2.1-4.3.1.3 to read: "(5) All offered dietary services shall comply with Oregon Health Authority Food Sanitation Rules, chapter 333, division 150 and other authorities having jurisdiction."
(aa) Add subparagraphs (2)(a) through (c) in subsection 2.1-5.2.2.2 to read: "(a) Washers/extractors. Washers/extractors shall be located between the soiled linen receiving and clean process areas. Washers/extractors shall provide a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes or include use of a chemical disinfectant; (b) Dryers; (c) Supply storage. Storage shall be provided for laundry supplies."
(bb) In subsection 2.1-5.4.1.3:
(A) Add subparagraphs (1)(a)(i) and (ii) to read: "(i) Wall base shall be integral and coved with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects. (ii) Shall have hand sanitation dispenser in or adjacent to interior regulated waste storage spaces."
(B) Amend subparagraph (2)(a) to read: "(a) Illumination per Illuminating Engineering Society of North America (IES) standards."
(C) Add paragraph (4) to read: "(4) Regulated waste management shall be in accordance with the requirements of OAR chapter 333, division 056."
(cc) Amend subsection 2.1-6.2.7.1 to read: "Storage. A designated area located out of the required corridor width and directly accessible to the entrance shall be provided for storage of at least one wheelchair."
(dd) Amend subparagraph (3)(b) in subsection 2.1-7.2.2.8 to read: "(b) For newly constructed or newly installed countertops that require a substrate, marine-grade plywood (or equivalent material) with an impervious seal shall be required. Existing countertops shall be fully sealed/caulked and in good repair."
(ee) Add paragraph (4) to subsection 2.1-7.2.2.11 to read: "(4) All imaging facilities and radiation producing equipment installations must comply with OAR chapter 333, divisions 100 through 123, and be licensed by the Oregon Health Authority, Radiation Protection Services program."
(ff) Add subsection 2.1-7.2.2.15 to read: "Work Surfaces: Work Areas. Where a work space, work area, work counter, or work surface is provided, it shall have a minimum of 4 square feet (.37 square meter) of contiguous clear surface for each person programmed to work in the space at the same time. A mobile cart meeting these requirements shall be permitted."
(gg) Add subparagraphs (xi) through (xvi) to subparagraph (7)(a) in subsection 2.1-7.2.3.1 to read: "(xi) Bathing and toilet rooms. (xii) Soiled workrooms and soiled hold rooms. (xiii) Environmental services rooms. (xiv) Pharmacy clean and anterooms. (xv) Emergency department trauma rooms. (xvi) Emergency department exam/treatment rooms."
(hh) Amend paragraph (2) in subsection 2.1-8.3.3.1 to read: "Stored fuel is required and storage capacity shall permit continuous operation for at least 96 hours. An Extended Stay Center shall provide fuel for emergency power to meet longest expected patient stay."
(ii) Amend subsection 2.1-8.3.5.2 to read: "Electronic health record system servers and centralized storage. This equipment shall be provided with an uninterruptible power supply and connected to the essential electrical system."
(jj) Amend paragraph (2) in subsection 2.1-8.4.2.5 to read: "(2) Heated potable water distribution system serving patient care areas shall be under constant recirculation to provide continuous hot water at each hot water outlet and shall meet the standards specified in Table A2.1-a."
(kk) In subsection 2.1-8.4.2.6:
(A) Amend subparagraph (1)(a) to read: "(a) Where sanitary or storm drainage piping is installed above the ceiling of, or exposed in, operating and delivery rooms, procedure rooms, trauma rooms, nurseries, central kitchens, sterile processing facilities, Class 2 and 3 imaging rooms, electronic mainframe rooms (TSERs and TECs), main switchgear and electrical rooms, electronic data processing areas, or electric closets, the piping shall have special provisions (e.g., double wall containment piping or oversized drip pans) to protect the space below from leakage and condensation."
(B) Add subparagraph (1)(c) to read: "(c) FM 1680 compliant no-hub couplings shall be acceptable in lieu of standards specified in paragraphs (a) and (b)."
(ll) Amend subparagraph (5)(a)(i) in subsection 2.2-2.2.4.4 to read: "(i) The ceiling shall be monolithic. The NRC standards listed in Table 1.2-4 are not required."

(mm) Add subparagraph (2)(c)(v) in subsection 2.2-2.2.4.6 to read: "(v) Hidden alcoves are prohibited."
(nn) Amend paragraph (3) in subsection 2.2-3.1.3.3 to read: "(3) The triage area, room or bay shall be a minimum of 80 square feet and shall include the following:"
(oo) Add paragraph (4) to subsection 2.2-3.1.4.2 to read: "Where monolithic ceilings are provided in airborne infection isolation (AII) rooms, secure holding rooms, or flex behavioral health rooms (flex between secure hold and regular treatment) and are located in the emergency department, the NRC standards listed in Table 1.2-4 are not required."
(pp) Amend subsection 2.2-3.1.4.3 to read: "Secure holding room. If psychiatric services are provided, a secure holding room shall be provided and it shall meet the following requirements. (1) The location of the secure holding room(s) shall facilitate staff observation and monitoring of patients in these areas. (2) The secure holding room shall have a minimum clear floor area of 60 square feet (5.57 square meters) with a minimum wall length of 7 feet (2.13 meters) and a maximum wall length of 11 feet (3.35 meters). (3) This room shall be designed to prevent injury to patients. (a) All finishes, light fixtures, vents and diffusers, and sprinklers shall be impact-, tamper-, and ligature-resistant. (b) There shall not be any electrical outlets, medical gas outlets, or similar devices. (c) There shall be no sharp corners, edges, or protrusions, and the walls shall be free of objects or accessories of any kind. (d) Patient room doors shall swing out and shall have hardware on the exterior side only. (e) A small impact-resistant view panel or window shall be provided in the door for discreet staff observation of the patient. (4) Door openings shall be provided in accordance with Section 2.1-7.2.2.3 (2)(a)(i) (Door openings—Minimum for patient rooms and diagnostic and treatment areas...)."
(qq) Amend paragraph (4) in subsection 2.2-3.1.8.2 to read: "(4) Visual observation of all traffic into and within the unit shall be provided from the nurse station through direct or indirect visual observation."
(rr) Amend subsection 2.2-3.1.8.12 to read: "A soiled workroom(s) shall be provided for the exclusive use of the emergency department in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room)."
(ss) Amend paragraph (4) in subsection 2.2-3.2.8.2 to read: "(4) Soiled workroom. A soiled workroom shall be provided in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room)."
(tt) Add subparagraphs (4)(a) through (c) to subsection 2.2-3.3.1.1 to read: "(a) Unrestricted area: Any area of the surgery department that is not defined as semi-restricted or restricted. These areas shall include a central control point for designated personnel to monitor the entrance of patients, personnel, and materials into the semi-restricted areas; staff changing areas; a staff lounge; offices; waiting rooms or areas; pre- and postoperative patient care areas; and access to procedure rooms (e.g., endoscopy procedure rooms, laser treatment rooms). Street clothes are permitted in these areas. Public access to unrestricted areas may be limited based on the facility's policy and procedures. (b) Semi-restricted area: Peripheral areas that support surgical services. These areas shall include storage for equipment and clean and sterile supplies; work areas for processing instruments; sterile processing facilities; hand scrub stations; corridors leading from the unrestricted area to the restricted area of the surgical suite; and entrances to staff changing areas, pre- and postoperative patient care areas, and sterile processing facilities. The semi-restricted area of the surgical suite is entered directly from the unrestricted area past a nurse station or from other areas. Semi-restricted areas have specific HVAC design requirements associated with the intended use of the space (see Part 3: ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities). Personnel in the semi-restricted area shall wear surgical attire and cover all head and facial hair. Access to the semi-restricted area shall be limited to authorized personnel and patients accompanied by authorized personnel. (c) Restricted area: A designated space contained within the semi-restricted area and accessible only through a semi-restricted area. The restricted area includes operating and other rooms in which operative or other invasive procedures are performed. Restricted areas have specific HVAC design requirements associated with the intended use of the space (see Part 3: ASHRAE/ASHE 170). Personnel in the restricted area shall wear surgical attire and cover head and facial hair. Masks shall be worn when the wearer is in the presence of open sterile supplies or of persons who are completing or have completed a surgical hand scrub. Only authorized personnel and patients accompanied by authorized personnel shall be admitted to this area."
(uu) Add paragraph (3) in subsection 2.2-3.3.2.1 to read: "(3) Procedure rooms where monolithic ceilings are required or provided, the NRC standards listed in Table 1.2-4 are not required."
(vv) In subsection 2.2-3.3.10.3:

(A) Amend paragraph (1) to read: "(1) A changing area that includes the following shall be provided for patients. (a) Toilet(s); (b) Space for changing or gowning."
(B) Add paragraph (3) to read: "(3) Individual, lockable storage shall be provided for patients' belongings."
(ww) In subsection 2.2-3.4.1.2, add the following paragraphs to read: "(1) Class 2 imaging shall include electrophysiology procedures and cardiac catheterization labs unless the facility chooses to identify and design them as Class 3 imaging. (2) Imaging Services for which an anesthesia machine is used only to immobilize the patient (for the benefit of the imaging exam) shall be permitted in Class 1 imaging rooms in which the following criteria are met: (a) Anesthesia is provided exclusively for the benefit of the patient (for example, to assuage anxiety or claustrophobia) or to combat patient motion that may interfere with exam results. (b) The imaging room shall provide a clearance of 4 feet around all sides of a freestanding imaging device, including a patient table/bed/couch, gantry, or assembly. Omission of this clearance shall be permitted on the side(s) of an imaging device that is mounted to/placed against a wall. (c) The imaging room meets the Class 2 electrical receptacle requirements of Table 2.1-1 (Electrical Receptacles for Patient Care Areas in Hospitals). (d) The imaging room meet the Class 2 nurse call requirements of Table 2.1-2 (Locations for Nurse Call Devices in Hospitals). (e) The imaging room meets the Class 2 medical gas and vacuum system requirements of Table 2.1-3 (Oxygen, Vacuum, Medical Air, WAGD, and Instrument Air Systems). (f) Compliance with NFPA 99 and ASHRAE 170 requirements for anesthetizing locations is required no matter the imaging classification. Conformance includes but is not limited to ASHRAE 170 article 7.1(a)(7), ASHRAE 170 Table 7.1 note m and p, NFPA 99 articles 5.1.5.16, 5.1.4.8.7, 5.1.9.3, 6.4.2.2.4.2, 6.3.2.2.11.1."
(xx) In subsection 2.2-3.4.1.3:
(A) Add subparagraph (1)(c)(i) to read: "(i) A minimum of 1 foot 6 inches between the view window and the outside partition edge shall be provided."
(B) Add subparagraph (1)(d) to read: "(d) The control room shall be physically separated from the Class 2 or Class 3 imaging room with walls and a door. The door shall not be required where the control room serves only one imaging room that is built, maintained, and controlled the same as the imaging room and does not contain system components identified in 2.2-3.4.2.5."
(yy) Amend subparagraph (1)(a) in subsection 2.2-3.4.2.5 to read: "(a) For Class 2 and Class 3 imaging rooms considered new construction or major renovation, the system component room shall not open into the imaging room or any restricted space."
(zz) In subsection 2.2-3.4.10.2:
(A) Amend paragraph (1) to read: "(1) Patient toilet rooms shall be immediately accessible to sub-waiting rooms or areas and patient changing rooms where provided."
(B) Amend subparagraph (3)(a) to read: "(a) Patient toilet rooms reserved for nuclear imaging patients shall be provided immediately accessible to sub-waiting rooms or areas and nuclear imaging rooms."
(aaa) Amend paragraph (2) in subsection 2.2-3.5.8.15 to read: "(2) Each examination room shall be equipped with a hand-washing station and a work counter."
(bbb) Amend subsection 2.2-3.10.2.4 to read: "Patient privacy. Space shall be available to accommodate provisions for patient privacy including when patients are examined or treated and body exposure is required. Privacy must be provided for the use of a bedpan or commode during dialysis, initiating and discontinuing treatment when the vascular access is placed in an intimate area, for physical exams, and for sensitive communications. There shall be sufficient numbers of privacy screens or other methods of visual separation available and used to afford patients full visual privacy when indicated."
(ccc) Add subparagraphs (1)(a) and (b) to subsection 2.2-3.10.2.5 to read: "(a) Wrist blade controls are not considered to be operable without the use of the hands. (b) Exception: Home training room hand-wash stations may be trimmed with residential style, ADA compatible controls."
(ddd) Add subsection 2.2-3.10.2.6 to read: "Body Fluid Disposal Sink. A fluid disposal sink shall be provided in each hemodialysis treatment area or room. Sink design including signage and location shall be constructed to prevent cross-contamination of the hand washing station."

(eee) Add subsection 2.2-3.10.2.7 to read: "Emergency Equipment. Emergency cart and equipment storage located close to the patient treatment area, readily accessible by staff, and not located in an exit path."
(fff) In subsection 2.2-3.10.3.2:
(A) Amend paragraph (3) to read: "(3) Separate sink with identifying signage that it is for fluid disposal."
(B) Add paragraph (4) to read: "(4) Emergency nurse call."
(ggg) Amend reference to subsections 2.2-3.10.4 – 2.2.3.10.7 to read:
(A) "2.2-3.10.4 Special Patient Care Rooms."
(B) "2.2-3.10.4.1 Isolation Room."
(C) "2.2-3.10.4.1.1 An isolation room shall be provided for Hepatitis B positive (HBV+) patients to prevent contact transmission of HBV+ blood spills and other body fluids. The isolation room shall meet the following requirements: (1) Provides a door and walls that go to the floor, but not necessarily the ceiling, and allows for visual monitoring of the patient; (2) Accommodates only one patient; (3) A hand washing station; and (4) A separate sink shall be provided within the isolation room for fluid disposal. Sink design including signage and location shall be constructed to prevent cross-contamination of the hand washing station."
(D) "2.2-3.10.4.1.2 The isolation room shall have a minimum clear floor area of 120 square feet."
(E) "2.2-3.10.4.1.3 The isolation room shall allow for direct observation of the patient by staff from a patient care staff station. Direct observation must include patient face and insertion point."
(F) "2.2-3.10.5 – 2.2-3.10.7 Reserved".
(hhh) Amend paragraph (2) in subsection 2.2-3.10.8.2 to read: "(2) The nurse station(s) shall be no higher than 3 feet 8 inches and be designed to provide direct visual observation of all individual dialysis treatment bays. Direct observation must include patient face and insertion point."
(iii) Amend subsection 2.2-3.10.8.12 to read: "Soiled holding room. A soiled holding room shall be provided in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room)."
(jjj) Amend subsection 2.2-3.10.8.14 to read: "An environmental services room shall be provided that meets the requirements in Section 2.1-2.8.14 (Environmental Services Room)."
(kkk) Amend subsection 2.2-3.10.8.19 to read: "An equipment repair and breakdown room shall be provided, and be equipped with the following: (1) Hand-washing station; (2) Treated water outlet for equipment maintenance and drain or clinical service sink for equipment connection and testing; (3) Work counter; (4) Storage cabinet."
(lll) Add paragraph (3) under subsection 2.2-3.11.2.1 to read: "(3) Where monolithic ceilings are provided in endoscopy procedure rooms, the NRC standards listed in Table 1.2-4 are not required."
(mmm) Amend subparagraph (1)(a) in subsection 2.2-3.11.10.3 to read: "(a) Patient changing areas. Provisions for storing patients' belongings. Individual, lockable storage shall be provided."
(nnn) Amend subparagraph (1)(c) in subsection 2.2-3.13.10.3 to read: "(c) Provisions for hanging patients' clothing and individual, lockable storage for securing valuables."
(ooo) Amend paragraph (1) in subsection 2.5-2.2.2.6 to read: "(1) Each patient shall have access to a toilet room without having to enter a corridor."
(ppp) Amend subsection 2.5-2.3.2.1 to read: "Capacity. (1) The maximum number of beds per room shall be one unless the necessity of a two-bed arrangement has been demonstrated. Two beds per room shall be permitted where approved by the authority having jurisdiction. (2) Where renovation work is undertaken and the present capacity is more than one bed, the maximum room capacity shall be two beds."
(qqq) Amend subsection 2.5-2.3.2.3 to read: "Patient toilet room. (1) Each patient shall have direct access to a toilet room. (2) One toilet room shall serve no more than two patient bedrooms and no more than four patients. (3) The toilet room shall contain a toilet and a hand-washing station. (4) Toilet room doors: (a) Where indicated by the safety risk assessment, toilet room doors shall be equipped with keyed locks that allow staff to control access to the toilet room. (b) Where a swinging door is used, the door to the toilet room shall swing outward or be double-acting."
(rrr) Amend subsection 2.5-2.3.4 to read: "Outdoor Areas. An outdoor activity area shall be provided with a minimum of 50 square feet per patient but not less than 400 total square feet, see Section 2.5-2.2.3 (General Psychiatric Patient

Care Unit—Outdoor Areas) for requirements."
(sss) Amend paragraph (1) in subsection 2.6-2.2.8.1 to read: "(1) The support areas noted shall be provided in or readily accessible to each patient care unit and meet the requirements in Section 2.2-2.2.8 (Support Areas for Medical/Surgical Patient Care Units) as amended in this section."
(ttt) Amend subsection 2.7-3.1.3.1 to read: "Children's hospitals shall have facilities for the services they provide that meet the requirements in Section 2.2-3.1.3 (Emergency Department) as amended by the children's hospitals-specific emergency department requirements in this section."
(uuu) Amend subsection 2.7-3.1.3.6 to read: "Treatment room. Treatment rooms shall meet the requirements in Section 2.2-3.1.3.6(5) (Pediatric treatment rooms)."
(vvv) Add subsection 2.8-1.1.1.4 to read: "This chapter shall not be reviewed for Class 1 imaging mobile/transportable medical units that are to be used for less than 180 calendar days in a consecutive 12-month period while the permanent equipment and imaging space is receiving renovation or replacement work. Interim life safety measures shall be implemented and made available for review and inspection upon request. Documents shall record the arrival date and removal date of the trailer. A copy of these record documents shall be with the trailer for duration of placement."
(www) Amend subsection 2.8-1.3.7.4 to read: "Applicable local and state requirements. All imaging facilities and radiation producing equipment installations must comply with OAR chapter 333, divisions 100 through 123, and be licensed by the Oregon Health Authority, Radiation Protection Services program."
(xxx) Amend subsection 2.8-3.1.2 to read: "All mobile/transportable medical units shall be provided with a hand-washing station in accordance with Section 2.1-2.8.7 (Hand-Washing Station). For Class 1 imaging units that are not already provided with a hand-washing station, a hand-sanitation dispenser shall be provided instead."
(6) The following chapters, sections, paragraphs, subparagraphs or appendices of the 2018, FGI, Guidelines for Design and Construction of Outpatient Facilities are deleted in their entirety:
(a) Subsection A1.2-2.1.2.1;
(b) Subsection 1.2-2.1.2.3;
(c) Section 1.2-8;
(d) Section 1.2-9;
(e) Paragraph (b) in subsection A2.1-3.6;
(f) Subsection 2.1-3.8.10.2;
(g) Subparagraphs (2)(b)(vi) and (3)(b)(v) in subsections 2.1-4.3.2.2;
(h) Paragraph (7) in subsection A2.1-7.2.2.8;
(i) Subsection 2.4-6.2.2 through A2.4-6.2.3;
(j) Subsection A2.7-3.1.1.4;
(k) Subsection A2.10-3.4.1; and
(l) Chapter 2.8;
(m) Subsection 2.11-3.2.7.1 through 2.11-3.2.7.5;
(n) Subsection 2.11-3.2.9.1 through 2.11-3.2.9.10; and
(o) Subsection 2.11-3.2.10.
(7) The following amendments or additions are made to the 2018, FGI, Guidelines for Design and Construction of Outpatient Facilities, as adopted and incorporated by reference. All references to part, subpart, sections, paragraphs, subparagraphs and appendices relate to the 2018, FGI, Guidelines for Design and Construction of Outpatient Facilities.
(a) Amend section 1.1-2 to read: "Project submittal criteria shall comply with OAR chapter 333, division 675. Projects with any of the following scopes of work shall be considered new construction and shall comply with the requirements in the Guidelines for Design and Construction of Outpatient Facilities:"
(b) Amend subsection 1.1-3.1.1.2 to read: "Major renovation projects. Project submittal criteria shall comply with OAR chapter 333, division 675. Projects with either of the following scopes of work shall be considered a major renovation and shall comply with the requirements for new construction in the Guidelines for Design and Construction of Outpatient Facilities to the extent possible as determined by the authority having jurisdiction: (1) A series of planned

changes and updates to the physical plant of an existing facility, (2) A renovation project that includes modification of an entire building or an entire area in a building to accommodate a new use or occupancy."
(c) Amend subsection 1.1-3.1.2.1 to read: "Where major structural elements make total compliance impractical or impossible, exceptions shall be considered in accordance with the Oregon Administrative Rules specific to the physical environment of the type of health care facility under consideration."
(d) Amend subsection 1.1-3.1.2.2 to read: "Minor renovation or replacement work shall be permitted to be exempted from the requirements in Section 1.1-3.1.1 (Compliance Requirements) provided they meet the criteria specified in OAR chapter 333, division 675 and do not reduce the level of health and safety in an existing facility."
(e) Amend paragraph (a) in subsection A1.2-2.1.1 to read: "(a) All projects, large and small, require a functional program to guide the design. The length and complexity of the functional program will vary greatly depending on project scope."
(f) Amend subsection 1.2-2.1.2.1 to read: "The governing body shall be responsible for having a functional program developed, documented, and updated. The governing body may delegate documentation of the functional program to consultants with subject matter expertise. The governing body shall review and approve the functional program."
(g) Add new subsection 1.2-2.2.7.4 to read: "A description of the following: (a) Special design feature(s); (b) Occupant load, numbers of staff, patients, visitors and vendors; (c) Issue of privacy/confidentiality for patient; (d) In treatment areas, describe: (A) Types of procedures; (B) Design considerations for equipment; (C) Requirements where the circulation patterns are a function of asepsis control; and (D) Highest level of sedation, if applicable; (e) For Outpatient Surgery facilities, the functional program must also describe: (A) Level of medical gas system per NFPA 99; and (B) Type of central electrical system."
(h) Amend subsection 1.2-4.1.1.2 to read: "To support this goal, an interdisciplinary team shall develop a safety risk assessment (SRA). A copy of the SRA shall accompany construction documents submitted to the Oregon Health Authority, Facility Planning and Safety program."
(i) Add paragraphs (1) through (4) and amend subsection 1.2-4.6.1 to read: "Behavioral and Mental Health Elements of the Safety Risk Assessment. The SRA report shall identify areas where patients at risk of mental health injury and suicide will be served. Elements of the assessment shall include but are not limited to: (1) A statement explaining the psychiatric population groups served; (2) A discussion of the capability for staff visual supervision of patient ancillary areas and corridors; (3) A discussion of the risks to patients, including self-injury, and the project solutions employed to minimize such risks; and (4) A discussion of building features and equipment, including items which may be used as weapons, that is intended to minimize risks to patients, staff and visitors."
(j) Amend subsection 1.2-6.1.1 to read: "General. The planning and design of new outpatient facilities and the retrofitting of existing outpatient facilities shall conform to the Guidelines and all applicable codes and regulations with respect to exterior environmental sound and interior sound within all occupied building spaces. Documentation by a Licensed Acoustic Engineer of compliance with acoustic criteria, shall be accepted as equivalency to the requirements of Table 1.2-4 NRC and Table 1.2-6 STC."
(k) Amend subsection 2.1-2.1.1.1 to read: "All patient care areas designated for care of patients of size shall meet the requirements in this section. The Authority will complete a review when specifically cross-referenced from a FGI facility type requirement section or when identified in the project submission documents."
(l) Add subparagraph (3)(f) to subsection 2.1-3.2.1.2 to read: "(f) Work counter that complies with 2.1-7.2.2.15 (Work Surfaces)."
(m) Add paragraph (3) to subsection 2.1-3.2.2.1 to read: "(3) Procedure rooms where monolithic ceilings are required or provided, the NRC standards listed in Table 1.2-4 are not required."
(n) Add paragraph (4) to subsection 2.1-3.2.2.7 to read: "(4) Provision for in-room storage of supplies and equipment used in procedure room. May be fixed cabinets or movable cart(s)."
(o) Amend paragraph (12) in subsection 2.1-3.2.2.8 to read: "(12) Soiled holding. A dedicated soiled hold room or space for holding soiled materials shall be provided that is separate from the clean storage area."
(p) Amend paragraph (4) in subsection 2.1-3.2.2.10 to read: "(4) Storage for patients' belongings. Provisions shall be made for securing patients' personal effects during procedures. Individual, lockable storage shall be provided."

(q) Amend subsection 2.1-3.2.3.8:
(A) Subparagraph (1)(b) to read: "(b) Sharing of these support areas with other clinical services in the facility shall be permitted. An ambulatory surgical center (ASC) that is Medicare-certified must be distinct from any other health care facility or office-based physician practice as required in 42 CFR 416.2 and 42 CFR 416.44(a)(2) and (b)"; and
(B) Paragraph (12) to read: "(12) Soiled workroom meeting requirements in 2.1-3.8.12. A room for holding soiled material shall be provided that is separate from the clean storage area."
(r) Amend paragraph (4) in subsection 2.1-3.2.3.10 to read: "(4) Storage for patients' belongings. Provisions shall be made for securing patients' personal effects during surgery. Individual, lockable storage shall be provided."
(s) Amend subsection 2.1-3.5.1.2 to read: "To differentiate the design and construction requirements needed to achieve the environmental controls and other requirements that support the amount of intervention to be provided, imaging rooms shall be classified as described in Table 2.1-5 (Classification of Room Types for Imaging Services). (1) Class 2 imaging shall include electrophysiology procedures and cardiac catheterization labs unless the facility chooses to identify and design them as Class 3 imaging. (2) Imaging Services for which an anesthesia machine is used only to immobilize the patient (for the benefit of the imaging exam) shall be permitted in Class 1 imaging rooms in which the following criteria are met: (a) Anesthesia is provided exclusively for the benefit of the patient (for example, to assuage anxiety or claustrophobia) or to combat patient motion that may interfere with exam results. (b) The imaging room shall provide a clearance of 4 feet around all sides of a freestanding imaging device, including a patient table/bed/couch, gantry, or assembly. Omission of this clearance shall be permitted on the side(s) of an imaging device that is mounted to/placed against a wall. (c) The imaging room meets the Class 2 electrical receptacle requirements of Table 2.1-1 (Electrical Receptacles for Patient Care Areas in Outpatient Facilities). (d) The imaging room meet the Class 2 nurse call requirements of Table 2.1-3 (Locations for Nurse Call Devices in Outpatient Facilities). (e) The imaging room meets the Class 2 medical gas and vacuum system requirements of Table 2.1-2 (Station Outlets for Oxygen, Vacuum, Medical Air, WAGD, and Instrument Air Systems in Outpatient Facilities). (f) Compliance with NFPA 99 and ASHRAE 170 requirements for anesthetizing locations is required no matter the imaging classification. Conformance includes but is not limited to ASHRAE 170 article 7.1(a)(7), ASHRAE 170 Table 7.1 note m and p, NFPA 99 articles 5.1.5.16, 5.1.4.8.7, 5.1.9.3, 6.4.2.2.4.2, 6.3.2.2.11.1."
(t) In subsection 2.1-3.5.1.3:
(A) Amend subparagraph (1)(c) to read: "(c) Shielded view window. The control alcove or room shall include a shielded view window designed to provide a full view of the examination/procedure table and the patient at all times, including a full view of the patient during imaging activities (e.g., when the table is tilted or the chest X-ray is in use). Where protected alcoves with view windows are required, a minimum of 1 foot 6 inches between the view window and the outside partition edge shall be provided."
(B) Amend subparagraph (1)(d) to read: "(d) The control room shall be physically separated from the Class 2 or Class 3 imaging room with walls and a door. The door shall not be required where the control room serves only one imaging room that is built, maintained, and controlled the same as the imaging room and does not contain system components identified in 2.1-3.5.2.5."
(u) Amend paragraph (3) in subsection 2.1-3.5.2.1 to read: "(3) Where imaging procedures meeting Class 3 criteria are performed, a room(s) that meets the requirements for the applicable imaging suite and for an operating room (see Section 2.1-3.2.3) shall be provided. These imaging rooms shall comply with the following: (a) Be sized to accommodate the personnel and equipment planned to be in the room during procedures. (b) Have a minimum clear floor area of 600 square feet (55.74 square meters) with a minimum clear dimension of 20 feet (6.10 meters). (c) Where renovation work is undertaken and it is not possible to meet the above minimum standards, these rooms shall have a minimum clear floor area of 500 square feet (46.50 square meters) with a minimum clear dimension of 20 feet (6.10 meters). (d) Fixed encroachments into the minimum clear floor area. Fixed encroachments shall be permitted to be included when determining the minimum clear floor area for an operating room as long as: (i) There are no encroachments into the sterile field. (ii) The encroachments do not extend more than 12 inches (30.5 centimeters) into the minimum clear floor area outside the sterile field. (iii) The encroachment width along each wall does not exceed 10 percent of the length of

that wall."
(v) Amend paragraph (1)(a) in subsection 2.1-3.5.2.5 to read: "(a) For Class 2 and Class 3 imaging rooms considered new construction or major renovation, the system component room shall not open into the imaging room or any restricted space."
(w) Add paragraph (5) to subsection 2.1-3.5.4.4 to read: "(5) Where patients change in the mammography room, privacy shall be provided."
(x) In subsection 2.1-3.5.10.2:
(A) Amend paragraph (1) to read: "(1) Patient toilet rooms shall be immediately accessible to sub-waiting rooms or areas and patient changing rooms where provided."
(B) Amend subparagraph (3)(a) to read: "(a) Patient toilet rooms reserved for nuclear imaging patients shall be provided immediately accessible to sub-waiting rooms or areas and nuclear imaging rooms."
(y) Add new subsection 2.1-3.6.2.4 to read: "Hybrid imaging/therapy systems. Where external beam radiation therapy systems are combined with a concurrent imaging option (for example, CT or MRI), the full design criteria for both contributing imaging/therapy devices shall be applied to the hybrid service."
(z) Amend subsection A2.1-3.6.8.16 to read: "Other support areas for radiation therapy. In addition to the optional support areas in the main text, the following support areas may be needed to support radiation therapy services: (a) Dosimetry equipment area or storage for calibration phantoms. (b) Workstation/nutrition station."
(aa) Add new subsection 2.1-3.6.8.17 to read: "Additional Support Areas. (1) Control room or area: (a) All external beam radiation therapy treatment and simulator rooms shall have a control room or area. (b) Control room shall have visual and audio contact with patient in the treatment room. Visual contact may be direct or by video link. (2) Treatment planning and record room, if provided, shall be sized to meet manufacturers' dosimetry system requirements. (3) Consultation room shall be provided for radiation therapy suite."
(bb) Amend subsection 2.1-3.8.2.5 to read: "Hand-wash station shall be provided within 20 feet, not through a door. See section 2.1-7.2.2.8 (Hand-washing stations) for requirements."
(cc) Amend paragraph (1) in subsection 2.1-3.8.7.3 to read: "(1) At least one hand-washing station shall be provided for every four patient care stations or fewer."
(dd) Amend subparagraph (2)(d) in subsection 2.1-3.8.8.1 to read: "(d) Lighting. Task-specific lighting levels, measured at the worksurface only, for health care settings recommended in the U.S. Pharmacopeia-National Formulary shall be used to design lighting."
(ee) Amend subsection 2.1-3.8.8.2 to read: "Work areas for preparing and dispensing medication. Facilities shall be reviewed below for each area as applicable as either subparagraph (1) or as subparagraph (2) if only dispensing. (1) Medication preparation room or area (a) This room or area shall be under direct or indirect (example, camera) visual control of the nursing staff. (b) This room or area shall contain the following: (i) work counter; (ii) Hand-washing station unless located within an operating room, Class 3 imaging, or sterile core of surgical department. Where hand-washing station is omitted in the sterile core, a hand sanitation dispenser shall be provided; (iii) Lockable refrigerator where refrigerated medications are used; (iv) Locked storage for controlled drugs; (v) Sharps containers, where sharps are used (c) Where a medication preparation room or area is used to store one or more self-contained medication dispensing units, the room shall be designed with space to prepare medication when the self-contained medication-dispensing unit(s) is present. (d) Where a medication preparation room is used to compound sterile preparations, it shall meet the requirements in USP-NF General Chapter <797> “Pharmaceutical Compounding—Sterile Preparations.”"
(ff) Amend subsection 2.1-3.8.10.1 to read: "Ice-making equipment shall be of the self-dispensing type."
(gg) Amend paragraph (1) in subsection 2.1-3.8.12.3 to read: "(1) Hand-washing station."
(hh) Amend paragraph (2) in subsection 2.1-4.1.2.3 to read: "(2) Additional hand-washing stations shall be provided within 20 feet of each workstation where specimens or reagents are handled."
(ii) Amend subparagraph (1)(a) in subsection 2.1-4.1.2.5 to read: "Terminal sterilization is not required for waste that is incinerated on-site or when services for regulated medical/bio-hazardous waste disposal services will be contracted through a vendor."

(jj) Add paragraph (2) in subsection 2.1-4.1.8.1 to read: "(2) Refrigeration for storage of reagents, controls and patient specimens as necessary."
(kk) Add paragraph (3) in subsection 2.1-4.2.3.1 to read: "(3) Pharmacy clean/sterile compounding rooms accessed from an ante room need not comply with Table 1.2-4: Minimum Design Room-Average Sound Absorption Coefficients."
(ll) Amend subsection 2.1-4.2.8.7 to read: "A hand-washing station(s) shall be provided within each separate room where open medication is prepared for administration except where prohibited by OAR chapter 855, division 045; USP 797 or USP 800. Where a hand-wash station is prohibited in the compounding room, a hand-wash station(s) shall be provided in an anteroom."
(mm) Amend paragraph (2) in subsection 2.1-4.3.2.4 to read: "(2) Clean/sterile medical/surgical supply receiving room or area. A room or area shall be provided for receiving/unpacking clean/sterile supplies received from outside the department or facility. This room or area may not be located inside clean storage."
(nn) Amend paragraph (1) in subsection 2.1-4.4.2.1 to read: "(1) This area shall be large enough to accommodate the following: (a) Washer/extractor(s). Washers/extractors shall provide a temperature of at least 160 degrees Fahrenheit for a minimum of 25 minutes or include use of a chemical disinfectant. (b) Dryer. (c) Supply storage. Storage shall be provided for laundry supplies. (d) Any plumbing equipment needed to meet the temperature requirements in Section 2.1-8.4.2.5(4) (Water temperature)."
(oo) Add subparagraphs (1)(b) through (1)(e) in subsection 2.1-5.2.1.3 to read: "(b) Wall base shall be integral and coved with the floor, tightly sealed to the wall, and constructed without voids that can harbor insects. (c) The regulated waste storage spaces shall have lighting and exhaust ventilation, be safe from weather, animals and unauthorized entry. (d) Regulated waste management shall be in accordance with the requirements of OAR chapter 333, division 056. (e) Refrigeration requirements for such holding facilities, if provided, shall comply with local and state regulations."
(pp) Amend subsection 2.1-5.3.1.2 to read: "Environmental services room provisions. Environmental services room shall be a minimum of 35 square feet. Each environmental services room shall be provided with the following: (1) Service sink or floor-mounted mop sink; *(2) Provisions for storage of supplies and housekeeping equipment; (3) Hand-washing station or hand sanitation dispenser."
(qq) Amend paragraph (2) in subsection 2.1-7.2.2.1 to read: "(2) Corridors used for stretcher and gurney transport shall have a minimum corridor or aisle width of 6 feet (1.83 meters). This requirement is not applicable to birth centers (see 2.4-7.2.1.1) or renal dialysis centers (see 2.10-3.2.1.5)."
(rr) In subsection 2.1-7.2.2.8:
(A) Amend subparagraph (1)(b) to read: "(b) The number and placement of hand sanitation dispensers shall be determined by an infection control risk assessment (ICRA)."
(B) Amend subparagraph (3)(b) to read: "For newly constructed or newly installed countertops that require a substrate, marine-grade plywood (or an equivalent material) with an impervious seal shall be required. Existing countertops shall be fully sealed/caulked and in good repair."(C) Add paragraph (8) to read: "(8) Mirrors are not permitted at scrub, clinical or other staff use hand-wash stations, with the exception of staff toilets."
(ss) Add paragraph (4) in subsection 2.1-7.2.2.11 to read: "(4) All imaging facilities and radiation producing equipment installations must comply with OAR chapter 333, divisions 100 through 123, and be licensed by the Oregon Health Authority, Radiation Protection Services program."
(tt) Add subsection 2.1-7.2.2.15 to read: "Work Surfaces. Work areas. Where a work space, work area, work counter, or work surface is provided, it shall have a minimum of 4 square feet (.37 square meter) of contiguous clear surface for each person programmed to work in the space at the same time. A mobile cart meeting these requirements shall be permitted."
(uu) Add subparagraphs (6)(a)(ix) through (xii) in subsection 2.1-7.2.3.1 to read: "(ix) Protective environment rooms; (x) Bathing and toilet rooms; (xi) Soiled workrooms and soiled hold rooms; (xii) Environmental services room; (xiii) Pharmacy clean and anterooms."
(vv) Add subparagraph (1)(c)(ix) in subsection 2.1-7.2.3.2 to read: "(ix) Bathing and toilet rooms."
(ww) Add paragraph (4) in subsection 2.1-8.2.1.2 to read: "(4) Extended Stay Centers".

(xx) Amend subsection 2.1-8.7.1 and add paragraph (2) to read: "(1) Where an outpatient facility is located on more than one floor or on a floor other than an entrance floor at grade level, at least one elevator shall be provided. (2) Installation and testing of elevators shall comply with the Oregon Elevator Code."
(yy) Add subsection A2.1-8.7.1 to read: "Consideration should be given to dedicating and separating elevator types by function, such as those for the public, patients, staff, and materials (for example, clean versus soiled flows), as the diverse uses affect both operational efficiency and cross-contamination and infection control issues."
(zz) Amend subsection 2.1-8.7.5.1 and add paragraph (2) to read: "(1) Elevator call buttons and controls shall not be activated by heat or smoke. (2) Each elevator, except those for material handling, shall be equipped with an independent keyed switch for staff use for bypassing all landing button calls and responding to car button calls only."
(aaa) Amend section 2.2-3.8.11.3 to read: "A clean workroom may be shared with other clinical services in the same building, in accordance with state and federal regulations."
(bbb) Amend subsection 2.2-3.10.2.2 to read: "This patient toilet room shall be permitted to serve waiting areas in clinics with five or fewer examination rooms."
(ccc) Amend paragraph (1) to subsection 2.2-4.3.3.1 to read: "(1) Provision of an area instead of a room shall be permitted to meet the requirements in sections 2.1-4.3.3.1 (A room for breakdown...) and 2.1-4.3.3.2 (A room for on-site storage...). Breakdown area may not be located in clean workroom or clean storage."
(ddd) Amend subsection 2.2-5.2.3 to read: "Location of storage for hazardous waste (red bag trash) and sharps shall be behind a closed door. An exam room shall not be used for cumulated storage of hazardous waste and sharps."
(eee) Amend subsection 2.4-1.2 to read: "Functional Program. See section 1.2-2 and 2.1-1.2 (Functional Program) for requirements."
(fff) Amend subsection 2.4-2.2.4 to read: "Privacy. Windows or doors within a normal sightline that would permit observation into the room shall be designed for mother and newborn privacy. See 2.1-3.1.2 (Patient Privacy) for additional requirements."
(ggg) Amend subsection 2.4-2.2.6 to read: "Bathrooms. Each birthing room shall have direct access to a private bathroom that meets the requirements in 2.1-3.10.2 (Patient Toilet Room(s)) and includes the following:"
(hhh) Amend subsection 2.4-2.2.6.1 to read: "Hand-washing station. See Section 2.1-7.2.2.8 (Hand-washing stations) and Section 2.1-8.4.3.2 (Hand-washing station sinks) for requirements."
(iii) Amend subsection 2.4-2.2.6.3 to read: "Shower or tub. See Section 2.1-8.4.3.3 (Showers and tubs) for requirements."
(jjj) Add subsection 2.4-2.2.7 to read: "Documentation and Charting. Accommodations for written or electronic documentation shall be provided in the birthing room or at a nurse station. See Section 2.1-3.8.3 (Documentation Area) for requirements."
(kkk) Amend subsection 2.4-2.8.7 to read: "Hand-Washing Stations. Hand-washing stations shall be located in, next to, or directly accessible to staff work area(s) and not through a door."
(lll) Amend subsection 2.4-2.8.10.2 to read: "Ice shall be served from self-dispensing ice-makers."
(mmm) Amend subsection 2.4-2.8.11 to read: "Clean Workroom or Clean Work Area. A clean work area or clean workroom shall be provided in accordance with Section 2.1-3.8.11 (Clean Workroom or Clean Supply Room)."
(nnn) Amend subsection 2.4-2.8.13.4 to read: "Emergency equipment storage. See Section 2.1-3.8.13.4 (Emergency equipment storage) for requirements."
(ooo) Amend subsection 2.4-2.8.14 to read: "Environmental Services Room. An environmental services room that meets the requirements in Section 2.1-5.3.1.2 (Environmental services room provisions) shall be provided for the exclusive use of the birth center."
(ppp) Amend reference to subsections 2.4-4.1 – 2.4-4.3 to read: "2.4-4.1 – 2.4-4.2 Reserved".
(qqq) Add subsection 2.4-4.3 to read: "Sterile Processing".
(rrr) Add subsection 2.4-4.3.1 to read: "Facilities for On-Site Sterile Processing. Where sterile processing is performed on-site, see Section 2.1-4.3 (Sterile Processing) for requirements."
(sss) Add subsection 2.4-4.3.2 to read: "Support Areas for Birthing Centers Using Off-Site Sterile Processing. For Birthing Centers where sterile processing services are provided off-site, see Section 2.1-4.3.3 (Support Areas for

Outpatient Facilities Using Off-Site Sterile Processing) for requirements."
(ttt) Add paragraph (3) in subsection 2.4-4.5.2.1 to read: "(3) Shall meet the requirements of the Oregon Food Sanitation Rules OAR 333-150-0000."
(uuu) Amend subsection 2.4-6.2 to read: "Public Areas. Public areas shall be provided in accordance with Section 2.1-6.2 (Public Areas)."
(vvv) Amend subsection 2.4-7.1 to read: "Building Codes. The birth center shall be permitted to fall under the business occupancy provisions of applicable life safety and building codes. Building design and construction shall comply with local, state, and federal guidelines."
(www) Amend subsection 2.4-7.2 to read: "Architectural Details and Surfaces. See Section 2.1-7.2 (Architectural Details, Surfaces, and furnishings) for requirements."
(xxx) Amend section 2.4-8 to read: "Building Systems. See Section 2.1-8 (Building Systems) for requirements."
(yyy) Amend subsection 2.4-8.3.1 to read: "Lighting. (1) The birthing room shall provide lighting capable of providing at least 70 foot-candles in the delivery and newborn care area(s). (2) Exam light(s) shall be provided for each birthing room."
(zzz) Amend subsection 2.4-8.7 to read: "Elevators. Where elevators are provided, elevator cars shall have minimum inside dimensions of 5 feet 8 inches (1.73 meters) wide by 7 feet 6 inches (2.29 meters) deep. Installation and testing of elevators shall comply with the Oregon Elevator Code."
(aaaa) Amend paragraph (1) in subsection 2.5-3.2.3.1 to read: "(1) A dedicated triage space. The triage space or bay shall be a minimum 80 square feet."
(bbbb) Amend subsection 2.5-3.2.3.3 to read: "Hand-washing station. The triage area(s) shall be directly accessible to a hand-washing station(s) that complies with Section 2.1-3.8.7 (Hand-Washing Station). Hand-wash stations shall be provided in each triage room if rooms are provided."
(cccc) Amend subsection 2.5-3.3.3.1 to read: "Visual observation of all traffic into and within the unit shall be provided from the nurse station through direct or indirect visual observation."
(dddd) Amend subsection 2.7-1.2.3 and add paragraph (2) to read: "Shared Services. (1) If the outpatient surgery facility is part of an acute care hospital or other medical facility, services shall be permitted to be shared to minimize duplication as acceptable to authorities having jurisdiction. (2) If the facility is an ASC: An ASC is a distinct entity and must be separate and distinguishable from any other health care facility or office-based physician practice. Medicare-certified ASCs are subject to specific requirements related to sharing spaces with another health care facility or office-based physician practice. An ASC that is Medicare-certified must be distinct from any other health care facility or office-based physician practice as required in 42 CFR 416.2 and 42 CFR 416.44(a)(2) and (b)."
(eeee) Add subsection 2.7-3.1.1.5 to read: "Areas in the outpatient surgery facility. (1) Unrestricted area: Any area of the surgery facility that is not defined as semi-restricted or restricted. These areas shall include a central control point for designated personnel to monitor the entrance of patients, personnel, and materials into the semi-restricted areas; staff changing areas; a staff lounge; offices; waiting rooms or areas; pre- and postoperative patient care areas; and access to procedure rooms (e.g., endoscopy procedure rooms, laser treatment rooms). Street clothes are permitted in these areas. Public access to unrestricted areas may be limited based on the facility's policy and procedures. (2) Semi-restricted area: Peripheral areas that support surgical services. These areas shall include storage for equipment and clean and sterile supplies; work areas for processing instruments; sterile processing facilities (if on-site sterile processing is provided); hand scrub stations; corridors leading from the unrestricted area to the restricted area; and entrances to staff changing areas, pre- and postoperative patient care areas, and sterile processing facilities. The semi-restricted area is entered directly from the unrestricted area past a nurse station or from other areas. Semi-restricted areas have specific HVAC design requirements associated with the intended use of the space (see Part 3: ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities). Personnel in the semi-restricted area shall wear surgical attire and cover all head and facial hair. Access to the semi-restricted area shall be limited to authorized personnel and patients accompanied by authorized personnel. (3) Restricted area: A designated space contained within the semi-restricted area and accessible only through a semi-restricted area. The restricted area includes operating and other rooms in which operative or other

invasive procedures are performed. Restricted areas have specific HVAC design requirements associated with the intended use of the space (see ANSI/ASHRAE/ASHE 170: Ventilation of Health Care Facilities). Personnel in the restricted area shall wear surgical attire and cover head and facial hair. Masks shall be worn when the wearer is in the presence of open sterile supplies or of persons who are completing or have completed a surgical hand scrub. Only authorized personnel and patients accompanied by authorized personnel shall be admitted to this area."
(ffff) Add paragraphs (1) and (2) to subsection 2.9-3.2.1 to state: "(1) The endoscopy procedure room shall meet the requirements in Section 2.1-3.2.2 (Procedure Room) as amended in this section. (2) Where monolithic ceilings are provided in Endoscopy Procedure Rooms, the NRC standards listed in Table 1.2-4 are not required."
(gggg) Amend 2.9-3.10.3.2 to read: "Provisions shall be made for securing patients' personal effects. Individual, lockable storage shall be provided."
(hhhh) Add subsection 2.10-1.1.4 to read: "Fire suppression sprinkler systems are required in Medicare certified dialysis facilities housed in multi-story buildings construction Types II(000), III(200), or V(000), as defined in the 2012 edition of NFPA 101 Life Safety Code, Table 21.1.6.1, and those housed in high-rise buildings over 75 feet in height."
(iiii) Amend subsection 2.10-3.1 to read: "Examination Room. Where an exam room is provided, it shall meet the requirements in Section 2.1-3.2.1 (Examination room)."
(jjjj) Add subsection 2.10-3.2.1.4 to read: "Emergency Equipment. Emergency cart and equipment storage shall be located close to the patient treatment area, readily accessible by staff, and not located in an exit path. Emergency equipment shall also comply with 2.1-3.8.13.4 (Emergency equipment storage)."
(kkkk) Add subsection 2.10-3.2.1.5 to read: "Emergency transport of patient. Corridors, doorways, and stairways serving the unit shall be sized to allow at least one exit route for emergency medical personnel to transport a patient by stretcher to an ambulance. The identified corridor(s) shall be 44 inches minimum clear and any doors within the identified route shall have a minimum 42 inches door leaf width."
(llll) Add subsection 2.10-3.2.1.6 to read: "Patient Scale. Provide dedicated space for a patient scale."
(mmmm) Amend subsection 2.10-3.2.4 to read: "Patient Privacy. Space shall be available to accommodate provisions for patient privacy including when patients are examined or treated and body exposure is required. Privacy must be provided for the use of a bedpan or commode during dialysis, initiating and discontinuing treatment when the vascular access is placed in an intimate area, for physical exams, and for sensitive communications. There shall be sufficient numbers of privacy screens or other methods of visual separation available and used to afford patients full visual privacy when indicated."
(nnnn) Amend subsection 2.10-3.2.5.1 to read: "Hand-washing stations shall be provided in accordance with Section 2.1-3.8.7 (Hand-Washing Station). (1) Hand-washing stations shall be trimmed with fittings that are operable without use of the hands. Note: wrist blade controls are not considered to be operable without the use of the hands. (2) Exception: Home training room hand-wash stations may be trimmed with residential style controls."
(oooo) Add subsection 2.10-3.2.6 to read: "Body Fluid Disposal Sink".
(pppp) Add subsection 2.10-3.2.6.1 to read: "A fluid disposal sink shall be provided in each hemodialysis treatment area or room. Sink design including signage and location shall be constructed to prevent cross-contamination of the hand washing stations."
(qqqq) Amend subsection 2.10-3.3.2.3 to read: "Separate sink with identifying signage that it is for fluid disposal".
(rrrr) Add subsection 2.10-3.3.2.4 to read: "Emergency nurse call".
(ssss) Amend subsection 2-10-3.4.1 to read: "Airborne Infection Isolation (AII) Room. If the ICRA calls for an airborne infection isolation (AII) room, an AII rooms shall be provided."
(tttt) Amend subsection 2.10-3.4.1.3 to read: "The AII room shall allow for direct observation of the patient by staff during treatment. Direct observation must include patient face and insertion point."
(uuuu) Add subsection 2.10-3.4.2 to read: "Isolation Room".
(vvvv) Add subsection 2.10-3.4.2.1 to read: "An isolation room shall be provided for Hepatitis B positive (HBV+) patients to prevent contact transmission of HBV+ blood spills and other body fluids. The room shall meet the following requirements: (1) Provides a door and walls that go to the floor, but not necessarily the ceiling, and allows for visual

monitoring of the patient; (2) Accommodates only one patient; (3) A hand washing station; and (4) A separate sink shall be provided within the isolation room for fluid disposal. Sink design and location shall be constructed to prevent cross-contamination of the hand washing station."
(wwww) Add subsection 2.10-3.4.2.2 to read: "The isolation room shall have a minimum clear floor area of 120 square feet."
(xxxx) Add subsection 2.10-3.4.2.3 to read: "The isolation room shall allow for direct observation of the patient by staff from a patient care staff station. Direct observation must include patient face and insertion point."
(yyyy) Amend subsection 2.10-3.8.2.2 to read: "The nurse station(s) shall be no higher than 3 feet 8 inches, designed to provide direct visual observation of all dialysis patient care stations. Direct observation must include patient face and insertion point."
(zzzz) Amend subsection 2.10-5.2 to read: "Waste Management. See Section 2.1-5.2 (Waste Management) for requirements. Hand-washing station or hand sanitizer shall be provided within or adjacent to biohazardous waste storage area."
(aaaaa) Amend reference to 2.10-6.3.1 – 2.10-6.3.2 to read: "2.10-6.3.1 Reserved".
(bbbbb) Add subsection 2.10-6.3.2 to read: “Interview Space. See Section 2.1-6.3.2 (Interview space) for requirements)."
(ccccc) Amend section 2.10-7 to read: "Architectural Details, Surfaces, and Furnishings. See Section 2.1-7 (Architectural Details, Surfaces, and furnishings) for requirements."
(ddddd) Add subsection 2.10-8.3.1 to read: "General. For electrical system requirements, see Section 2.1-8.3 (Electrical Systems) and additional requirements in this section."
(eeeee) Add subsection 2.10-8.3.2 to read: "Reserved."
(fffff) Add subsection 2.10-8.3.3 to read: "Emergency Electrical Power. (1) Provisions shall be made to allow connection to an alternate power source. The point of connection shall be immediately accessible to the exterior. The alternate power source shall provide on-going power for the lighting and continued provision of dialysis services. (2) Power may be provided by an on-site generator or by means of a hitching post for connection to a portable generator provided under contract by others. Hitching post, if provided, must be located to allow connection without the need to leave a door or doors open during use."
(ggggg) Add reference to subsections 2.10-8.3.4 – 2.10-8.3.5 to read: "Reserved."
(hhhhh) Add subsection 2.10-8.3.6 to read: "Electrical Receptacles. One of the eight required receptacles shall be a dedicated GFI circuit on emergency power for the dialysis machine. Hospital grade electrical outlets shall be provided for all dialysis equipment connections."
(iiiii) Amend subsection 2.11-3.2.1.1 to read: "Space for a clear path of escape for staff. Furniture shall be selected and placed so that the staff member is always between the patient and the escape path or by providing two exit doors."
(jjjjj) Amend subsection 2.11-3.2.1.2 to read: "A staff assist device to communicate with other staff, internal or external, when assistance is needed. Integrated communication systems (such as Vocera) are acceptable."
(kkkkk) Amend subsection 2.11-3.2.4 to read: "Consultation Room(s) These rooms are used for one-on-one counseling or therapy."
(lllll) Amend subsection 2.11-3.2.4.2 to read: "Each consultation room shall include a staff assist device to allow staff to communicate with other staff members, internal or external, when assistance is needed. Integrated communication systems (such as Vocera) are acceptable."
(mmmmm) Amend subsection 2.11-3.2.5.2 to read: "Staff assist device. Each group room shall include a staff assist device to allow staff to communicate with other staff members, internal or external, when assistance is needed. Integrated communication systems (such as Vocera) are acceptable."
(nnnnn) Amend subsection 2.11-3.2.7 to read: “Seclusion Rooms are not allowed in outpatient psychiatric centers.”
(ooooo) Amend paragraph (2) in subsection 2.11-3.2.8.2 to read: "(2) This toilet room shall be permitted to be shared by patients using other activity spaces."
(ppppp) Amend subsection 2.11-3.2.9 to read: “Electroconvulsive Therapy is not allowed in outpatient psychiatric centers.”

(qqqqq) Amend subsection 2.11-3.8.8 to read: "Where provided, see section 2.1-3.8.8 (Medication Safety Zones) for requirements."
(rrrrr) Amend subsection 2.11-3.8.9 to read: "Where provided, location of a kitchenette(s) by the large group room(s) shall be permitted."
(sssss) Amend subsection 2.11-3.8.11 to read: "Clean Workroom or Work Area or Clean Supply Room or Area - Where an exam room is provided, a clean workroom or work area meeting the requirements of 2.1-3.8.11.2 (Clean Workroom) or a clean supply room or area meeting the requirements of 2.1-3.8.11.3 (Clean Supply Room) shall be provided. Use of an area instead of a room shall be allowed providing area is under direct staff supervision or that storage is lockable."
(ttttt) Amend subsection 2.11-3.8.12 to read: "Soiled Holding Room – Where an examination room is provided or when biohazardous waste is generated, a soiled holding room meeting the requirements of 2.1-3.8.12 (Soiled Workroom or Soiled Holding Room) shall be provided."
(uuuuu) Amend subsection 2.11-3.8.13 to read: "Where an exam room is included, patient wheelchair storage shall be provided in accordance with Section 2.1-3.8.13.3 (Wheelchair storage and parking space)."
(vvvvv) Amend subsection 2.11-5.2 to read: "Waste Management - See Section 2.1-5.2.1 (Waste Collection and Storage Facilities) for requirements. Section 2.1-5.2.1.3 only required when an examination room provided or biohazardous waste is generated."
(wwwww) Amend subsection 2.11-6.2.3.1 to read: "The waiting area shall be under staff control."
(xxxxx) Amend subsection 2.11-6.2.3.2 to read: "Where the outpatient psychiatric center has a dedicated pediatrics service, a separate, controlled area for pediatric patients shall be provided unless temporal separation is provided between adult and pediatric services (not seen at same or possible overlapping times)."
(yyyyy) Amend subsection 2.11-7.1.2 to read: "Observation of all public areas, including corridors, shall be provided."
(zzzzz) Amend subsection 2.11-7.1.2.1 to read: "This can be accomplished by electronic surveillance."
(aaaaaa) Amend subsection 2.12-1.2.1.2 to read: "Support areas may be shared in accordance with state and federal regulations."
(bbbbbb) Add 2.13-1.1.1.4 to read: “This chapter shall not be reviewed for Class 1 imaging mobile/transportable medical units that are to be used for less than 180 calendar days in a consecutive 12-month period while the permanent equipment and imaging space is receiving renovation or replacement work. Interim life safety measures shall be implemented and made available for review and inspection upon request. Documents shall record the arrival date and removal date of the trailer. A copy of these record documents shall be with the trailer for duration of placement."
(cccccc) Amend subparagraph (1)(b) in subsection 2.13-1.1.2.1 to read: "A single-patient exam room for specialty clinical services as described in Section 2.1-3.2 (Clinical Service Rooms)."
(dddddd) Amend subsection 2.13-1.3.7.4 to read: “Applicable local and state requirements. All imaging facilities installations must comply with OAR chapter 333, divisions 100 through 123, and be licensed by the Oregon Health Authority, Radiation Protection Services program."
(eeeeee) Amend subsection 2.13-3.1.2 to read: "All mobile/transportable medical units shall be provided with a hand-washing station in accordance with Section 2.1-3.8.7 (Hand-Washing Station). For Class 1 imaging units that are not already provided with a hand-washing station, a hand-sanitation dispenser shall be provided instead."

STATUTORY/OTHER AUTHORITY: ORS 441.060

STATUTES/OTHER IMPLEMENTED: ORS 441.060

ADOPT: 333-675-0100

RULE TITLE: Applicability

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0100
Adds an applicability rule for clarity.

RULE TEXT:
The purpose of OAR 333-675-0100 through OAR 333-675-0240 (these rules) is to prescribe the process for, and when a facility is required to, submit to the Oregon Health Authority (Authority) plans and specifications for alterations or additions to facilities, or for new construction approval. Pursuant to ORS 441.060, these rules apply to any Authority or Oregon Department of Human Services (ODHS) licensee or prospective applicant for health care facilities, long term care facilities, assisted living facilities, and residential care facilities.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

ADOPT: 333-675-0105

RULE TITLE: Definitions

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0105
Adds a definition rule. Many definitions were previously embedded within rule text.

RULE TEXT:
The following definitions are provided to facilitate consistency in the interpretation and application of OAR chapter 333, division 675. Some of these terms may have a broader definition in other contexts, but the definitions provided here reflect the use of the terms regarding the built environment review and approval process. For words that do not appear here, refer to the Webster's Third New International Dictionary (unabridged 2002).
(1) "Addition" means an increase in building area, aggregate floor area, building height or number of stories of a structure.
(2) "Alteration" means the modification of any space including the installation of any additional equipment.
(3) "Assisted living facility" has the meaning given that term in OAR 411-054-0005.
(4) "Change of use" means a change in the purpose of a licensed facility or space within a licensed facility.
(5) "Conversion projects" means initial licensure of an existing built structure, when a building is converted from one licensure classification to another, when an existing licensed facility is seeking an endorsement, or when increasing the acuity or hazard level of an existing licensed space.
(6) "Equivalency" means an alternative means of providing equal or greater degree of safety and accommodation.
(7) "Existing" means an already licensed facility, building, or space.
(8) "Health care facility" has the meaning given that term in ORS 442.015.
(9) "Long term care facility" has the meaning given that term in ORS 442.015.
(10) "New construction" means projects where the scope of work includes any one of the following:
(a) Site preparation for and construction of entirely new structures and systems;
(b) Structural additions to existing facilities that result in an increase of occupied floor area; or
(c) Build out of existing shelled space.
(11) "Renovation" has the same meaning as "alteration" defined in section (2) of this rule.
(12) "Residential care facility" has the meaning given that term in OAR 411-054-0005.
(13) "Scope of work" means the room, department, floor or building where construction, change of use, or initial licensure is occurring and requires that the entire space within the scope meets current rule, including required support spaces and building systems which may be required for that scope. Existing support spaces which are currently licensed are not required to meet current rule unless work is to be completed in that space, however, those spaces may be required to be identified during review.
(14) "Technically infeasible" means a change to a facility that has little likelihood of being accomplished because the existing conditions require the removal or alteration of existing physical or facility constraints.
(15) "Temporary" means a building, structure, mobile and transportable unit, service area, or building system that is not intended to remain in place for a period of more than 180 calendar days in any consecutive 12-month period.
(16) "These rules" means OAR 333-675-0100 through OAR 333-675-0240.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

AMEND: 333-675-0110

RULE TITLE: Project Submission and Review

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-675-0110 (Renumbered from OAR 333-675-0000)
Updates outdated information and clarifies the facility types that are subject to plan review submission requirements. Doubles the monetary threshold for purposes of when alteration plans are subject to review. Modifies terminology to align with Facility Guidelines Institute (FGI) standards. Clarifies when projects are subject to plans review and modifies the monetary threshold for when projects must be submitted.

RULE TEXT:
(1) Any person proposing to make certain alterations or additions to an existing health care facility, long term care facility, assisted living facility, or residential care facility, or to construct new facilities must, before commencing such alteration, addition or new construction, submit these projects to the Oregon Health Authority (Authority), Public Health Division, Facilities Planning and Safety program, for plans approval or recommendations with respect to compliance with rules authorized by ORS 441.025, 443.420 and for compliance with National Fire Protection Association standards when the facility is also to be Medicare or Medicaid certified.
(2) Project plans and specifications must be submitted for review and approval to the Authority when the project conforms to one or more of the following criteria:
(a) When a new structure or addition to an existing structure is proposed, regardless of cost;
(b) When alterations to a building wing or service area, or a building system serving it, exceeds either 25 percent of equivalent replacement cost, $100,000 for a licensed health care facility project subject to review by the Authority, or $50,000 for a licensed long term care facility, assisted living facility, or residential care facility project subject to review by the Oregon Department of Human Services (ODHS);
(c) When a clinically related health or ancillary service or a clinical support service is to be initiated or relocated within the facility; or when changes in the use of rooms or corridors within such areas will occur, regardless of cost;
(d) When a licensed facility receives a built environment citation or fire and life safety citation issued by the Authority, ODHS, or Oregon State Fire Marshal;
(e) When an existing building is to be converted for first time use as a licensed facility, when an existing licensed facility is seeking an endorsement of an existing license, or when an existing licensed facility is seeking to change its usage from one licensure classification to another having differing physical requirements;
(f) When any residential care facility or assisted living facility completes work that meets the definition of 'remodel' under OAR 411-054-0005; or
(g) When a licensed facility makes any modifications addressed within the Centers for Medicare and Medicaid Services regulation of the 2012 edition of the National Fire Protection Association (NFPA) 101 – Life Safety Code or the 2012 edition of the NFPA 99 – Health Care Facilities Code, regardless of cost.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.060, 443.450, 443.860, 443.886, 441.025

STATUTES/OTHER IMPLEMENTED: 441.060, 443.450, 443.860, 443.886, ORS 410.070

ADOPT: 333-675-0115

RULE TITLE: Project Submission Review Not Required

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0115
Identifies a process for applicants to request a "No Review Required" submission. Identifies minimum documentation requirements and Oregon Health Authority staff responsibilities in processing requests and making a determination.

RULE TEXT:
(1) Where project review is required per OAR 333-675-0110, applicants may request a 'No Review Required' letter by submitting the following information:
(a) Description of work;
(b) Valuation of work; and
(c) Schematic plan or location identification when applicable.
(2) The Oregon Health Authority (Authority) will consider the scope of work description, coordinate follow up questions or rule compliance attestations, and determine if the project plan review process is necessary. The Authority will issue 'No Review Required' letters for record if such determination can be made.
(3) Such requests and determinations may include:
(a) Projects or temporary accommodations that do not support or impact patient or resident care, staff safety, or infection control;
(b) Like-for-like replacement projects considered identical in intentions and function;
(c) Emergency replacement or repair work which are not identical to original equipment or construction;
(d) Rules that do not exist for a planned project type;
(e) Plans that have been previously approved for a similar or identical project as long as the built environment rules have not changed;
(f) When project cost exceeds plan review valuation threshold due to infrastructure work but does not have associated rule.
(4) If the Authority determines that the project plan review process or only portions of the plan review process need to be completed, the project sponsor shall coordinate all further submittal and approval requirements with the Authority in accordance with these rules.
(5) 'No review required' letters are facility location and project specific and are not transferable.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

ADOPT: 333-675-0120

RULE TITLE: Functional Program Requirements

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0120
Moves language from former OAR 333-675-0000 regarding functional program requirements into this new rule for clarity. Clarifies the functional program requirements by facility type.

RULE TEXT:
The project sponsor must supply for each project a brief written narrative functional program for the facility.
(1) The functional program for a hospital, psychiatric hospital, or a special inpatient care facility classified as a rehabilitation hospital shall comply with the requirements of the 2018, Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Hospitals, section 1.2-2 as amended in OAR chapter 333, division 535.
(2) The functional program for an ambulatory surgery center, extended stay center, or outpatient renal dialysis center shall comply with the 2018, FGI, Guidelines for Design and Construction of Outpatient Facilities, section 1.2-2 as amended in OAR chapter 333, division 535.
(3) The functional program for a special inpatient care facility classified as a freestanding hospice facility or a substance use disorder treatment facility shall comply with the 2018, FGI, Guidelines for the Design and Construction of Residential Health, Care and Support Facilities, section 1.2-2 as amended in OAR chapter 333, division 071.
(4) The functional program for a freestanding birthing center, special inpatient care facility classified as a religious institution, long term care facility, assisted living facility, or residential care facility shall include the following information:
(a) The purpose of the project;
(b) Department relationships and flow of patients, clients or residents, staff, visitors and supplies;
(c) Size and function of each space;
(d) Description of those services necessary for the complete operation of the facility;
(e) Special design feature(s);
(f) Occupant load, numbers of staff, patients, clients or residents, visitors and vendors; and
(g) Issues of privacy or confidentiality for patient, client or resident.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

ADOPT: 333-675-0130

RULE TITLE: Major Project Changes

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0130
Moves language from former OAR 333-675-0000 regarding projects that constitute a major change and requirements to submit to the Oregon Health Authority for review.

RULE TEXT:
(1) Revised plans and specifications for major project changes must be submitted for review and approval by the Oregon Health Authority prior to initiation of related work when changes significantly affect:
(a) The arrangement or use of rooms in a clinically related health or ancillary service or a clinical support service;
(b) The provision of mechanical, electrical and plumbing systems, or fire safety design shown on plans; or
(c) Major additions or reductions to the project area or bed capacity.
(2) When a major project change affects subsection (1)(a), (b), or (c) of this rule and after initial construction document review is completed in accordance with OAR 333-675-0180, the project shall be submitted as a new project and the previous project will be closed.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

ADOPT: 333-675-0140

RULE TITLE: Time Period for Review

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675- 0140
Clarifies the time frame for the Oregon Health Authority (Authority) to issue comments to project sponsors once all required material and appropriate fees are collected. Specifies that if time frames cannot be met, the Authority must notify project sponsors of the approximate date when the review will be completed.

RULE TEXT:
(1) The Oregon Health Authority (Authority) will issue schematic design (SD) review comments or construction document (CD) review comments to project sponsors within 15 business days of receipt of all required materials and the appropriate review fee.
(2) For projects with a valuation exceeding $20,000,000 the Authority will issue SD review comments or CD review comments to project sponsors within 30 business days of receipt of all required materials and the appropriate review fee.
(3) When circumstances do not allow for review to be completed within the time periods specified in sections (1) or (2) of this rule, the Authority will inform the project sponsor of the approximate date such review will be completed.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

ADOPT: 333-675-0150

RULE TITLE: Expiration of Projects

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0150
Moves language from former OAR 333-675-0000 clarifying requirements for when the Oregon Health Authority will close a project from consideration based on inactivity or lack of communication.

RULE TEXT:
(1) Project plans submitted in accordance with these rules will be considered inactive and closed if:
(a) Finalized construction drawings and specifications are not submitted for review and approval within 365 calendar days of the project's schematic plans submission date;
(b) A plan of correction is not submitted for review and approval within 90 calendar days of the construction document review date;
(c) A Project Substantial Completion Notice is not received within 550 calendar days of the Notice of Construction Document approval date;
(d) A Project Substantial Completion Notice is not submitted for a phased construction project within 550 calendar days of the last completed phased inspection date; or
(e) A plan of correction is not submitted for review and approval within 90 calendar days of receipt of the Project Inspection Report for the project.
(2) The Oregon Health Authority will notify the project sponsor 15 business days prior to closing any project and may grant one or more extensions for additional periods of time not exceeding 90 calendar days each, based on relevant information provided by the project sponsor.
(3) A project sponsor may request to reopen a project after it has been closed. The project sponsor must submit a new fee in accordance with OAR 333-675-0230, Table 1 and verify the accuracy of all previously submitted materials before review resumes. The project will be subject to any new rules in effect at the time that the new fee is received.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

ADOPT: 333-675-0160

RULE TITLE: Early Design Assistance

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0160
Clarifies that a project sponsor may request from the Oregon Health Authority an early design conference to seek assistance and guidance. Specifies who may attend the conference. Allows project sponsors to submit written guidance questions in lieu of a conference.

RULE TEXT:
(1) A project sponsor may request an early design assistance conference by contacting the Oregon Health Authority (Authority) by electronic mail and asking for assignment. A proposed agenda and any necessary exhibits shall be included identifying the items and areas where assistance and guidance is requested. The Authority may schedule an early design assistance conference based upon staffing availability.
(2) The early design assistance conference will be attended by Authority staff and the project architect or engineer. Other attendees may include, but are not limited to, the owner's representative, staff from the licensing agency having jurisdiction, representatives from the Building Code agency having jurisdiction, an Oregon State Fire Marshal representative, and other interested parties, as arranged by the project sponsor.
(3) In lieu of a formal early design assistance conference, specific guidance questions can be submitted by the project sponsor by contacting the Authority by electronic mail and asking for assignment. The response guidance will be returned based upon staffing availability.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

ADOPT: 333-675-0170

RULE TITLE: Schematic Design Review

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0170
Moves language from former OAR 333-675-0000 clarifying the schematic design (SD) review requirements and process. Specifies documentation requirements and that electronic submission is required.

RULE TEXT:
Schematic design documents may be submitted to the Oregon Health Authority (Authority) for review and comment prior to the production of construction documents. Schematic design review is optional.
(1) Schematic design documents submitted for review must include each of the items listed below, as applicable to the project:
(a) A completed application on a form prescribed by the Authority and a review fee of at least one-third of the amount required by OAR 333-675-0230, Table 1;
(b) Functional program as required by OAR 333-675-0120; and
(c) Project documents to scale where applicable, including:
(A) Drawing title showing the name and address of the project and the project sponsor who created the documents including their business identity where applicable;
(B) Site plan, if available and applicable, showing site features necessary for review;
(C) Floor and reflected ceiling plan(s), if available and applicable, showing the intended title or use of each room or area, plumbing fixtures, equipment, furnishings, doors, windows and exits. For patient or client rooms, resident bedrooms or apartments, include intended license capacity and type for each room and apartment; and
(D) Phasing plan, if available and applicable.
(E) Additional schematic design documents may be provided at the design team's discretion for clarification of design intent and scope.
(2) Review of the schematic design plans submission will not begin until the required items are received by the Authority.
(3) Electronic files of project documents shall be submitted in portable document format (pdf) unless otherwise coordinated with the Authority to use another format.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860

ADOPT: 333-675-0180

RULE TITLE: Construction Documents Review

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0180
Moves language from former OAR 333-675-0000 clarifying the construction document (CD) review requirements and process. Specifies documentation requirements and that electronic submission is required. Identifies Oregon Health Authority responsibilities in identifying needed corrections or approval.

RULE TEXT:
(1) Finalized construction drawings and specifications must be submitted for review and approval to the Oregon Health Authority (Authority). Each submission must be accompanied by payment of the review fee outlined in OAR 333-675-0230, Table 1 and a completed application on a form prescribed by the Authority. Construction prior to receiving Notice of Construction Document Approval may result in costly modifications.
(2) Construction document submissions must include each of the items listed below, as applicable to the project:
(a) Project documents to scale where applicable, including:
(A) Drawing title showing the name and address of the project and the project sponsor who created the documents including their business identity where applicable, and the name and address of the Oregon licensed architect or engineer, stamped and signed when the project will require an architect or engineer's stamp according to ORS 671.025. If unstamped materials are submitted and found to be inadequate, the Authority may reject the submission and request revised materials. Upon receipt of the revised materials, the project will be re-dated;
(B) Detailed site plan and civil drawings if applicable, showing site features necessary for review;
(C) Where applicable: floor plans, equipment plans, reflected ceiling plans, elevations, details, door and room finish schedules. These documents shall include the intended title or use of each room or area, plumbing fixtures, equipment, furnishings, doors, windows and exits. For patient or client rooms, resident bedrooms or apartments, include intended licensed capacity and type for each room and apartment;
(D) Complete mechanical, plumbing and electrical drawings, low voltage drawings, information system drawings, nurse call system, security and alarm drawings;
(E) Fire and Life Safety plan of entire floor(s) with project area(s) identified, including building code, occupancy classifications, construction type(s), locations and ratings of smoke barriers, fire walls and other significant structural features affecting compliance to the required codes. Construction documents shall also include rated wall and ceiling assembly details, door rating schedules, fire stopping details, and other details necessary to describe the Fire and Life Safety plan; and
(F) Other documents necessary to complete the project;
(b) Project manual including specifications, schedules, and reports as applicable;
(c) Functional program as described in OAR 333-675-0120, if not previously submitted; and
(d) If a schematic design plan review was completed in accordance with OAR 333-675-0170, a copy of responses to review comments.
(3) Review of the submission will not begin until the required items are received by the Authority.
(4) Electronic files of project documents must be submitted in portable document format (pdf) unless otherwise coordinated with the Authority for using another file format.
(5) When a project involves fast track design and construction methods, design build contracts, or other alternatives which do not allow for submission of full construction documents at the same time, the Authority may allow for such irregularities; but it is the responsibility of the project sponsor to seek approval of such submission methods prior to the Authority issuing a Notice of Construction Document Approval.
(6) After completion of construction document review, the Authority will provide the project sponsor with written review comments or a Notice of Construction Document Approval. The project sponsor must submit a written plan of correction response for each open comment identified by the Authority including method(s) being used for their

correction. When the Authority determines that a satisfactory response has been received by the project sponsor, including revised drawings as appropriate, a Notice of Construction Document Approval will be issued by the Authority.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886

AMEND: 333-675-0200

RULE TITLE: Required Notification and Inspection Prior to Taking Occupancy

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-675-0200 (Renumbered from OAR 333-675-0020)
Clarifies requirements relating to notifying the Oregon Health Authority (Authority) prior to taking occupancy of project review areas. Specifies that notices received less than three calendar weeks in advance of occupancy may be accommodated based on the availability of Authority staff. Removes references to "Facility Planning and Safety" and replaces with Oregon Health Authority or Authority. Clarifies documentation that must be made available to Authority staff for final project inspection.

RULE TEXT:
(1) Notification by the project sponsor prior to taking occupancy of project review areas including temporary accommodations reviewed by the Oregon Health Authority (Authority) must be made to the Authority by filing a "Project Substantial Completion Notice" at least three calendar weeks in advance of occupancy. Notification made less than three calendar weeks may be accommodated based on the availability of Authority staff.
(a) A "Project Substantial Completion Notice" form is sent to the project architect with the "Notice of Construction Document Approval."
(b) Authority staff may conduct an inspection of projects in conjunction with licensure staff or unilaterally.
(c) When deficiencies or incomplete items are found by the Authority or the Authority's contracted review teams, the applicant will be notified of such issues within three business days following the exit of the inspection.
(d) Upon correction of deficiencies, a "Notice of Final Project Approval" will be issued by the Authority. The applicant shall complete any subsequent licensure steps prior to occupancy.
(2) Project sponsors or their consultants shall make the following available prior to or as part of a final project inspection, as applicable to the project:
(a) Documentation of approval from the local Building Code agency having jurisdiction, such as a Certificate of Occupancy, construction permit with all items signed off or letter or electronic mail of final project approval from the local authority having jurisdiction;
(b) Mechanical, engineering and plumbing (MEP) closeout documentation when required by the adopted built environment rules and any standards adopted by reference;
(c) Fire life safety systems accepting testing results or permit sign off when required by the adopted built environment rules and any standards adopted by reference; and
(d) Other documentation, as requested by the Authority, to confirm compliance with rules or applicable codes.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.060, 443.450, 443.860, 443.886, 441.025

STATUTES/OTHER IMPLEMENTED: 441.060, 443.450, 443.860, 443.886, ORS 410.070

AMEND: 333-675-0210

RULE TITLE: When Plans Are Not Submitted as Required

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-675-0210 (Renumbered from OAR 333-675-0030)
Makes minor changes to terms for clarity. Updates rule number reference.

RULE TEXT:
When a project is implemented that required prior submission of plans in accordance with OAR 333-675-0110, but such plans were not submitted, the Oregon Health Authority (Authority) will require submission of plans and the applicable review fee and may initiate inspection of any completed construction in cooperation with the applicable licensure program staff, or Oregon State Fire Marshal. When a project area has been occupied without Authority approval, the applicable licensure and certification program will also be notified.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.060, 443.450, 443.860, 443.886, 441.025

STATUTES/OTHER IMPLEMENTED: 441.060, 443.450, 443.860, 443.886, ORS 410.070

AMEND: 333-675-0220

RULE TITLE: Optional Reviews

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-675-0220 (Renumbered from OAR 333-675-0040)
Makes minor changes to terms for clarity. Clarifies facility types for purposes of optional review of the project for conformance to long-term care standards. Updates rule number reference.

RULE TEXT:
(1) When a project sponsor is not required by rule to file finalized construction drawings and specifications but wishes to do so to reduce the risk of noncompliance with licensure or fire and life safety standards, the project sponsor may request an optional review by submitting an application on a form prescribed by the Oregon Health Authority and a review fee according to Table 1 of OAR 333-675-0230.
(2) When a party proposing construction of a long-term care facility, assisted living facility, or residential care facility wishes to also obtain an optional review of the project for conformance to nursing home, memory care endorsement, or increased occupancy standards, any additional optional reviews may be obtained by paying the review fee according to OAR 333-675-0230, Table 1.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.060, 443.450, 443.860, 443.886, 441.025

STATUTES/OTHER IMPLEMENTED: 441.060, 443.450, 443.860, 443.886, ORS 410.070

AMEND: 333-675-0230

RULE TITLE: Construction Project Review Fees

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Amend OAR 333-675-0230 (Renumbered from OAR 333-675-0050)
Clarifies language relating to project costs for new construction and requirements for tax assessed value for existing building conversion for purposes of identifying accurate fee. Updates rule number references.

RULE TEXT:
(1) Submission of plans and specifications for project review must be accompanied by payment of a fee according to the schedule contained in Table 1. When schematic plans have previously been reviewed and part of the review fee has been paid, the fee submission shall be only for the amount yet unpaid.
(a) New construction. Estimated construction costs provided by project sponsors must coincide with amounts reported to the Certificate of Need Program, equal actual building contract amounts, or if neither is applicable, be within the average building cost guidelines of the International Code Council, Building Valuation Data for the project type planned.
(b) Existing building conversion. When an existing structure, not presently a licensed or endorsed health care facility, long term care facility, assisted living facility, or residential care facility, is requesting licensure, requesting a change in license classification, or seeking endorsement, the review fee shall be based on approximate existing value of the structure, plus any renovation costs when applicable. Approximate value, for purposes of this rule, is calculated as tax assessed value of the structure plus estimated renovation costs. Where tax assessed value is unavailable, then the valuation will be within the average building cost guidelines of the International Code Council, Building Valuation Data for the project type planned.
(c) Existing building alteration. When an existing licensed space is seeking to make alterations or proposing a change of use without changing the licensure classification, the estimated construction costs shall be used to calculate the existing building remodel cost.
(2) If major project changes occur during the plan review process in accordance with OAR 333-675-0130, or construction that alters the design or increases the construction cost of the project, the plan review fee will be reassessed according to OAR 333-675-0230, Table 1.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 443.450, 441.060

STATUTES/OTHER IMPLEMENTED: ORS 441.060

TABLE 1
(OAR 333-675-0230)

Range of Estimated Project Costs and Fee Schedule HEALTH CARE FACILITIES			
From	To	Fee	
$ -	$1,999	$470	
$2,000	$4,999	$630	
$5,000	$9,999	$780	
$10,000	$19,999	$940	
$20,000	$29,999	$1,090	
$30,000	$39,999	$1,250	
$40,000	$49,999	$1,560	
$50,000	$99,999	$2,330	
$100,000	$249,999	$3,880	
$250,000	$574,999	$5,330	
$575,000	$999,999	$7,260	
$1,000,000	$2,999,999	$9,680	
$3,000,000	$5,999,999	$13,310	
$6,000,000	$9,999,999	$15,830	
$10,000,000	$29,999,999	$22,200	
$30,000,000	$49,999,999	$27,160	
$50,000,000	$69,999,999	$31,040	
$70,000,000 and above		$31,040	+ 0.06% of project costs above $70 million
Optional fee for multiphase projects only, per inspection fee		$1,200	

See page 2 for Estimated Project Costs and Fee Schedule for RESIDENTIAL CARE/ASSISTED LIVING FACILITY

Range of Estimated Project Costs and Fee Schedule
RESIDENTIAL CARE/ASSISTED LIVING FACILITY

From	To	Fee	
$ -	$1,999	$313	
$2,000	$4,999	$420	
$5,000	$9,999	$520	
$10,000	$19,999	$627	
$20,000	$29,999	$727	
$30,000	$39,999	$833	
$40,000	$49,999	$1,040	
$50,000	$99,999	$1,553	
$100,000	$249,999	$2,587	
$250,000	$574,999	$3,553	
$575,000	$999,999	$4,840	
$1,000,000	$2,999,999	$6,453	
$3,000,000	$5,999,999	$8,873	
$6,000,000	$9,999,999	$10,553	
$10,000,000	$29,999,999	$14,800	
$30,000,000	$49,999,999	$18,107	
$50,000,000	$69,999,999	$20,693	
$70,000,000 and above		$20,693	+ 0.04% of project costs above $70 million
Optional fee for multiphase projects only, per inspection fee		$800	

ADOPT: 333-675-0240

RULE TITLE: Waivers

NOTICE FILED DATE: 11/25/2024

RULE SUMMARY: Adopt OAR 333-675-0240
Establishes a process for allowing a licensed health care facility to request a waiver from rule. Specifies the information and documentation that must be submitted for consideration. Clarifies that a facility may not implement a waiver without first obtaining approval from the Oregon Health Authority (Authority). Allows the Authority to waive a rule during an emergency.

RULE TEXT:
(1) While a licensed health care facility is required to maintain continuous compliance with the built environment rules regulated by the Oregon Health Authority (Authority), these requirements do not prohibit the use of alternative concepts, methods, procedures, techniques, equipment, facilities, or the conducting of pilot projects or research. A request for a waiver from these rules must be submitted to the Authority on a form prescribed by the Authority.
(2) Upon finding that the facility has satisfied the conditions of this rule, the Authority may grant a waiver.
(3) A facility may not implement a waiver or exception request until it has received written approval from the Authority.
(4) During an emergency, the Authority may waive a rule that a facility is unable to meet, for reasons beyond the facility's control. If the Authority waives a requirement under these rules, it shall issue an order, in writing, specifying which rules are waived, which facilities are subject to the order, and how long the order shall remain in effect.

STATUTORY/OTHER AUTHORITY: ORS 410.070, 441.025, 441.060, 443.450, 443.860, 443.886

STATUTES/OTHER IMPLEMENTED: ORS 410.070, 441.060, 443.450, 443.860, 443.886