



Facilities Planning & Safety Unit

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Site Inspection Check List for:

Special Inpatient Care Facility (SICF)-OAR 333-071-0100 to 0130

PR# _____ Date: _____ Inspector: _____

Provider: _____

Project: _____

Address: _____

Present at Site Inspection: _____

Intended Occupancy Date: _____

Required **PRIOR** to Approved Inspection:

RECEIVED?

YES NO NA

Certificate of Occupancy (CO) from governing jurisdiction

☐ ☐ ☐

MEP Close-Out verification (if required)

☐ ☐ ☐

SITE INSPECTION:

INTERIOR = Verify that the facility is or has installed:

OVERALL:

YES NO NA

☐ ☐ ☐ The building shall be kept clean and in good repair. 333-071-0105 (12)

☐ ☐ ☐ Measures shall be taken to prevent the entry of rodents, flies, mosquitoes, and other insects. Adequate measures shall include but are not limited to preetning their entry through doors, windows, or other outside openings.
333-071-0120 (3)

☐ ☐ ☐ Provisions shall be made for the proper disposal of all refuse.
333-071-0120 (1)

- ☐ ☐ ☐ All garbage and refuse shall be stored and disposed of in a manner that will not create a nuisance or a public health hazard and by method approved by the local health officer. 333-071-0120 (2)
- ☐ ☐ ☐ Rehabilitation centers must provide handicap accessibility for the patient's activities of daily living. 333-071-0105 (13)
- ☐ ☐ ☐ Degree of security required shall be as determined by the program, but operation of such shall be restricted to inhibit possible tendency for escape, suicide, and to limit potential for self-inflicted injury.
333-071-0105 (9)
- ☐ ☐ ☐ Where glass fragments may create a hazard, safety glazing and/or appropriate security measures are recommended. 333-071-0105 (10)
- Each facility is required to have: 333-071-0105 (11) (a)(b)(c)(d)(e)(f)(g)(h)
- ☐ ☐ ☐ An administrative center or nurses station
- ☐ ☐ ☐ Storage for administrative supplies
- ☐ ☐ ☐ Charting facilities for nurses & doctors
- ☐ ☐ ☐ Toilet room for staff
- ☐ ☐ ☐ Janitor Closet
- ☐ ☐ ☐ Equipment Room (May be combined with clean supply room if space allows for both functions.)
- ☐ ☐ ☐ A hand washing facility shall be available in or in a reasonable proximity to each toilet room and in close proximity to the administrative center or nurses station. 333-071-0130 (2)
- ☐ ☐ ☐ Telephone communication to summon help in case of fire or other emergency shall be available. 333-071-0125 (1)
- ☐ ☐ ☐ The walls and floors shall be of a durable and cleanable composition necessary to maintain a sanitary environment appropriate to the use of the area.
333-071-0120 (4)

COMMON AREAS

EXAMINATION ROOM(s):

YES NO NA

- ☐ ☐ ☐ A room shall be available for examination and treatment of patients. May be omitted if the unit is connected to or a part of a general hospital.
333-071-0105 (4)

DETOXIFICATION ROOM(s):

YES NO NA

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A minimum of one detoxification room is needed in facilities for the treatment of alcoholism and drug abuse. 333-071-0105 (8) |
| Room to include: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Located to allow direct observation by nursing staff |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows to be security type and can only be opened by keys or tools under staff control |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjoining or closely available toilet and hand washing lavatory for detoxification patients only. |

PHYSICAL THERAPY:

YES NO NA

If Physical Therapy Services are provided by the facility, the following elements shall be present: 333-071-0105 (6)(a)(b)(c)(d)(e)(f)

Treatment Area:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | It shall have space and equipment for thermotherapy, diathermy, ultrasonic and hydrotherapy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cubicle curtain around each individual treatment area |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hand Washing facilities (one lavatory or sink may serve more than one cubicle) |

Exercise Area:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage for clean linen, supplies, and equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Space for equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage for soiled linen and equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service Sink |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wheelchair & stretcher storage |

OCCUPATIONAL THERAPY:

YES NO NA

Therapy areas shall include: 333-071-0105 (7)(a)(b)(c)

- | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage for supplies and equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Treatment area |

CONSULTATION ROOM(s):

YES NO NA

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Separate consultation rooms are necessary to support the program needs of the facility. Consultation may be performed in the examination/treatment room when the number of alcohol treatment beds is less than 16.
333-071-0105(5) |
|--------------------------|--------------------------|--------------------------|---|

GROUP THERAPY ROOM(s):

YES NO NA

- ☐ ☐ ☐ A room or space for group therapy activities is required, if applicable.
333-071-0105 (3)

SOCIAL/DINING AREA:

YES NO NA

- ☐ ☐ ☐ If social space and space for patient dining is necessary to support the program needs, then it must be: 333-071-0105 (2)
- ☐ ☐ ☐ 30 SF per patient

RESTROOMS:

YES NO NA

- ☐ ☐ ☐ Toilet facilities shall be conveniently located to serve patients and provide for individual privacy. 333-071-0130 (1)(a)
- ☐ ☐ ☐ Partitions between fixtures shall be provided when there are multiple toilet and/or bathing facilities. These partitions shall be at least 6' in height and provide for privacy closure. 333-071-0130 (4)
- ☐ ☐ ☐ Adequate hand washing facilities must be provided for the total facility population:
333-071-0130 (2)
Must Include:
- ☐ ☐ ☐ Hot and cold running water
- ☐ ☐ ☐ Soap
- ☐ ☐ ☐ Single use sanitary towels
- ☐ ☐ ☐ Bathing facilities for patients shall be provided to include at least one shower or tub for each 12 beds serving patient rooms not containing bathing facilities directly adjoining the room. 333-071-0130 (3)
- ☐ ☐ ☐ A separate men's and women's toilet facility shall be provided at a rate of one per eight patient beds. 333-071-0130 (1)(a)
- ☐ ☐ ☐ Rehabilitation Centers shall make available special bathing facilities for the physically disabled. 333-071-0130 (3)

Hospice Facility: 333-071-0130 (1)(b)

- ☐ ☐ ☐ Each patient shall have access to a toilet room without entering the general corridor area.
- ☐ ☐ ☐ One toilet room shall serve no more than 4 beds and no more than two patient rooms.

Toilet room shall contain:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lavatory |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lavatory may be omitted from a toilet room which serves a single bed room if the patient room contains a lavatory. |

LAUNDRY:

YES NO NA

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provisions shall be made for the proper cleaning of linen and other washable goods.
333-071-0120 (1) |
|--------------------------|--------------------------|--------------------------|---|

If linen is to be processed on the site the following shall be provided:

333-071-0105 (11)(i)(A)(i)(ii)(iii)(iv)(v)

Laundry must have:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Commercial type equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment must be residential |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Be able to process 7 days need |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hand washing facility shall be provided |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soiled linen receiving, holding & sorting area |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage for laundry supplies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean linen inspection and mending room or area |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean linen storage, issuing, and holding room or area |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cart sanitizing facilities and cart storage area. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sanitizing facilities may be combined with those required for dietary facilities |

If linen is processed off-site, the following shall be provided:

333-071-0105 (11)(B)(i)(ii)(iii)

Laundry must have:

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soiled linen holding room |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clean linen receiving, holding, inspection and storage room(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cart sanitizing facilities and cart storage area |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The sanitizing facilities may be combined with those required for dietary facilities. |

RESIDENT ROOMS/UNITS:

YES NO NA

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In the care of rehabilitation centers, a minimum of 80 SF of floor space per bed is required in semi-private rooms and wards. 333-071-0105(1)(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In all other SICF, a minimum of 70 SF of floor space per bed is required in semi-private rooms and wards. 333-071-0105(1)(b) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 100 SF of floor space shall be provided in private rooms.
333-071-0105(1)(c) |

☐ ☐ ☐ No more than 4 beds shall be placed in each patient room.
333-071-0105(1)(d)

☐ ☐ ☐ All rooms shall be entered from an exit corridor. 333-071-0105(1)(e)

☐ ☐ ☐ All patient rooms shall have one or more windows. 333-071-0105 (1)(f)

☐ ☐ ☐ Window shall be fitted so as to provide natural ventilation or a mechanical ventilation system to shall be provided. 333-071-0105 (1)(f)

Room shall have space for: 333-071-0105(1)(g)

☐ ☐ ☐ Clothing

☐ ☐ ☐ Toilet articles

☐ ☐ ☐ Personal belongings

Each room shall provide: 333-071-0100 (1)

☐ ☐ ☐ A good bed

☐ ☐ ☐ Mattress and Pillow with a protective cover

☐ ☐ ☐ Necessary bed coverings

☐ ☐ ☐ Appropriate furniture

Freestanding Hospice Facilities shall also provide the following:
333-071-0100 (2)(a)(b)(c)

☐ ☐ ☐ A bedside table and chair

☐ ☐ ☐ A reading light

☐ ☐ ☐ An electronically operated call system which registers at the nurse's station. The call system cord shall be secured in a manner which will prevent the patient from injuring him/herself with it.