

Schedule 5 – Architectural Information

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Instructions

REGULATORY REFERENCES:

The following regulatory references apply to adult care facilities and assisted living:

- | | |
|--------------------|---|
| 18 NYCRR § 487.11 | Environmental Standards – Adult Home |
| 18 NYCRR § 488.11 | Environmental Standards – Enriched Housing |
| 18 NYCRR §494.7 | Environmental Standards – Assisted Living Program |
| 10 NYCRR § 1001.13 | Structural and Environmental Standards – Assisted Living Residences |

BUILDING CODE REFERENCES:

The following building codes apply:

ADULT HOME, ENRICHED HOUSING, ASSISTED LIVING PROGRAM

1. 2010 Building Codes of New York State applicable to I-1 or R-4 occupancy classification effective December 28, 2010.
2. 2008 Building Codes of New York City, applicable to I-1 or R-4 occupancy classification.

ASSISTED LIVING RESIDENCE with EALR or SNALR certification

1. 2010 Building Codes of New York State applicable to I-1.
2. 2008 Building Codes of New York City applicable to I-1.

Please note that local Building Code inspectors may require compliance with a different standard based on the resident population. The facility must comply with the strictest standard required by State regulation or local inspectors.

SCHEDULE INSTRUCTIONS:

The architectural schedule is required for the following projects:

- Establishment of a new ACF
- Conversion to an (1) ALR with EALR and/or SNALR; or (2) ALP
- All Construction Applications including increase in capacity with construction and renovations that make a structural change to the facility
- Change of Operator

An Architectural Certification (AC) is also required for many projects. The AC form and accompanying matrix (Schedule 5D) is attached hereto. Please consult the matrix to determine whether your project requires an Architectural Certification.

If there are any changes to the plans or the submitted Architectural Certification (Schedule 5B) is based on preliminary or schematic plans, the applicant must submit the Final Architectural Certification (Schedule 5C) once the construction is substantially completed.

Instructions: All applicants should complete the entire schedule.

1. Does the project require construction or renovation? Yes No

a. If Yes, estimated start date of construction: _____

b. Estimated duration of construction: _____

2. Provide a brief narrative description of the proposed site and building in the space below, including the following information:

a. Location;

b. Room configuration (e.g. private, shared, two bedroom, studio, private or shared bathrooms);

c. Facility description (e.g. number of floors or description of wings, location of common areas, administration offices, residential units, and other amenities) and type of construction (e.g. brick, wood-frame, steel frame); and

d. Describe unique features or finishes below.

3. According to the standards set forth in the accompanying Adult Care Facility Architectural Matrix, does this application require a submission of DOH Form ACF-Architectural Certification (Schedule 5B)? Yes No Attachment # _____

4. Will the applicant seek approval as a SNALR?

Yes No

If Yes, answer each of the following questions in the space provided:

a. If the SNALR unit is operated as part of a residence, does it provide self-contained leisure and dining room space?

If No, explain how use of shared common areas is appropriate to the needs of all residents. Yes No

b. Is outdoor space and walkways provided for residents of the SNALR unit?

If Yes, described the space and fencing or barriers to prevent injury and elopement. Yes No

c. Describe how windows are equipped to: (1) limit opening to not more than four inches; (2) comport with emergency egress requirements; and (3) prevent elopement and accidental falls.

d. Is the facility is of Type 5 (wood frame) construction? Yes No

If Yes, are areas designated for the care of persons with dementia or memory impairment restricted to floor levels permitted by the Building Code of NYS or the Building Code of NYC for Type 5 construction for occupancy group I-1 or I-2? Yes No

e. Describe the delayed egress system on all exit doors to the outside, or roof areas, as well as leading to other areas of the facility, unless prior approval of an alternative method for the prevention of resident elopement from the unit has been obtained from the Department. This description must address each requirement for delayed egress systems listed in the Dementia Guidelines for SNALRs.

f. Operators of SNALR units must have and maintain control over the building in which the unit is located. Operators that do not have such control must have a written agreement with the appropriate parties to ensure that regulatory requirements can and will be met. State whether you have such control over the building. If you do not have control, submit a copy of the written agreement that ensures that regulatory requirements can and will be met.

Schedule 5A - General Architectural Requirements

NOTE: Construction, renovation, or building addition may not start until the Department of Health approves the architectural component of the Part I application. If the applicant wishes to start construction, renovation or building addition prior to Part I approval, it may submit an early commencement of construction request for Department review. An applicant that utilizes the early commencement process does so at its own risk and the Department makes no representation as to the ultimate issuance or timing of the application's approval. The "Early Commencement of Construction" request form is found in Schedule 5E.

Adult Care Facility Common Application

Adult Care Facility Architectural Certification

Project Information

Project Name _____ Project Number _____
Applicant Name _____ Date _____
Project Address _____

Architectural Reviewer Information

[] Registered Architect [] Professional Engineer [] Registered Architect [] Professional Engineer
Primary Reviewer _____ Third Party Reviewer _____
Firm Name _____ Firm Name _____

Certificate of Need Application

[] Licensed (Operating Certificate # _____) [] Unlicensed

Facility Licensure Status

A. Licensure/Certification Request

Type [] AH [] EHP [] ALP [] ALR [] EALR [] SNALR
Current # of Beds _____
Proposed # of Beds _____

B. Renovations

[] Resident Rooms [] Leisure Space
[] Dining Area [] Other _____

Form Requested by Department of Health

[] Check here only if the Department of Health has requested the submission of this form based on concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR Section 1001.13 as well as applicable State and local laws, regulations and ordinances.

Architectural Waiver

[] Existing Waiver – Type/Approval Date _____
[] Waiver Request – Type/Date submitted to Regional Office _____

This certification does not relieve persons who prepare and submit plans of the responsibilities and obligations which they would otherwise have with regard to the preparation of plans, nor shall it relieve the municipality of its obligations to review all plans in the manner prescribed by law.

This certification is being submitted to facilitate the Adult Care Facility Certification of Need review and subsequent formal plan approval. It is understood that an electronic copy of final Construction Documents on CD or flash drive must be submitted for all projects.

Schedule 5B - Adult Care Facility Architectural Certification

Primary Architect/Engineer

I have ascertained that, to the best of my knowledge, information and belief, the submitted plans are in accordance with the functional program for the referenced project and in accordance with known concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR Section 1001.13 as well as applicable State and local laws, regulations and ordinances.

Is the certification being made upon preliminary or schematic architectural plans? Yes No

If Yes, when the final architectural plans are subsequently produced, the primary architect/engineer must submit a copy of such final plans for the project along with the "Final Architectural Certification" in order for the applicant to receive an operating certificate.

Architect/Engineer Stamp

SIGNATURE OF APPLICANT'S REGISTERED ARCHITECT OR PROFESSIONAL ENGINEER & DATE

PRINT NAME

PROFESSIONAL NEW YORK STATE LICENSE NUMBER

BUSINESS ADDRESS

E-MAIL ADDRESS

Third Party Architect/Engineer

I have ascertained that, to the best of my knowledge, information and belief, the submitted plans are in accordance with the functional program for the referenced project and in accordance with known concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR Section 1001.13 as well as applicable State laws and regulations.

Architect/Engineer Stamp

SIGNATURE OF APPLICANT'S REGISTERED ARCHITECT OR PROFESSIONAL ENGINEER & DATE

PRINT NAME

PROFESSIONAL NEW YORK STATE LICENSE NUMBER

BUSINESS ADDRESS

E-MAIL ADDRESS

Applicant Certification

The undersigned applicant understands and agrees that, notwithstanding this architectural certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to verify any changes made by the Registered Architect or Professional Engineer as required by the Department to comply with the above- mentioned applicable State and local laws, regulations and ordinances.

SIGNATURE

DATE

TYPE OR PRINT NAME

TITLE

NOTARY (NOTARY MUST AFFIX STAMP OR SEAL)

DATE

To be submitted only if the Adult Care Facility Architectural Certification submitted to the Department of Health was based upon preliminary or schematic architectural plans.

Project Information

Project Name _____ Project Number _____
 Applicant Name _____ Date _____
 Project Address _____

Architectural Reviewer Information

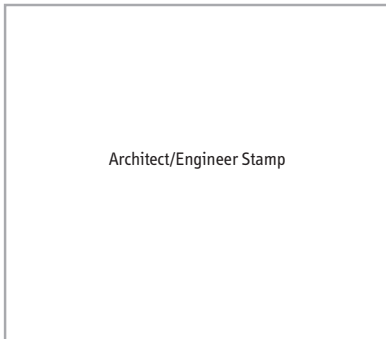
Registered Architect Professional Engineer

Primary Reviewer _____

Firm Name _____

Date _____

I am the project architect for the above referenced project for which I signed an Adult Care Facility Architectural Certification dated _____ that stated that my certification was being provided upon preliminary or schematic architectural plans. Accompanying this certification is a copy of the final building plans in pdf format, which I have ascertained that, to the best of my knowledge, information and belief, are in accordance with the functional program for the referenced project and in accordance with known concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR Section 1001.13 as well as applicable State and local laws, regulations and ordinances.



SIGNATURE OF APPLICANT'S REGISTERED ARCHITECT OR PROFESSIONAL ENGINEER & DATE

PRINT NAME

PROFESSIONAL NEW YORK STATE LICENSE NUMBER

BUSINESS ADDRESS

E-MAIL ADDRESS

This chart provides information regarding the required participants in determining from an architectural perspective if a Certificate of Need (CON) meets all applicable State and local laws, regulations and ordinances.

Type of Application		Primary Architect or Engineer	Third Party Architect or Engineer	Regional Office	Central Office	Not Required	
Unlicensed Facility	Construction*	●	●	●	●		
	No Construction	●	●	●	●		
Licensed Facility	A) Change in Capacity	Construction	●	●	●	●	
		No Construction**			●	●	
	B) Construction/Renovations exceeding routine maintenance and repair	Resident Safety Impacted	●	●	●	●	
		Resident Safety Not Impacted	●		●	●	
		C) Change of Operator/Owner **			●	●	
	D) Property Transfer					●	
ACF with existing ALP beds	Construction	●	●	●	●		
	No Construction			●	●		
ACF with no existing ALP beds	Construction	●	●	●	●		
	No construction	●		●	●		
	F) ALR Only					●	
	G) ALR with EALR/and or SNALR	Construction	●	●	●	●	
		No Construction	●		●	●	

Notes: * Construction includes the redesignation of any non-residential space into resident space.

** The Department of Health may request the submission of this form based on known concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR 1001.13

The Department of Health reserves the right to require additional information in order to make a final determination or recommendation.

Adult Care Facility Common Application

Early Commencement of Construction Acknowledgment

This acknowledgment form is to be used when an applicant wishes to commence construction prior to Part One approval. This acknowledgment does not replace the Architectural Certification form. The applicant must still submit the Part One application and Architectural Certification form together with this acknowledgment.

Submission of this acknowledgement together with a completed Architectural Certification will result in a response from the Department of Health within 60 days. The Department's response will either articulate any concerns that resulted from the project manager's initial review of the application that must be addressed prior to commencing construction or will allow the applicant to commence construction of the project, subject to the terms and conditions herein.

Date received by the Department _____

Project Information

Project Name _____ Project Number _____

Applicant Name _____

Project Address _____

Facility Licensure Status

A. Licensure/Certification Request

Type AH EHP ALP ALR EALR SNALR

Proposed # of Beds _____

B. Renovations

Resident Rooms Leisure Space
 Dining Area Other _____

Architectural Review

Date of Current Architectural Certification: _____

If an existing ACF, are there any approved architectural/environmental waivers? Yes No

If Yes, attach copies of each waiver and indicate the total number of approved waivers: _____

If construction will be performed in an occupied facility, attach the Resident Safety Plan submitted to the Regional Office. Attached # _____ Not Applicable

