

**NEW YORK STATE DEPARTMENT OF HEALTH
MEDICAL RESPITE PROGRAM
PHYSICAL PLANT DESCRIPTION AND SAFETY PLAN**

PART 1 | CONTACT INFORMATION

Instructions. Provide all information requested below. The program **operator** is the entity responsible for the administrative and business functions of the medical respite program. The program **facility** is the physical space in which recipients obtain medical respite services. The **physical plant** is the infrastructure used to operate and maintain the facility (e.g., plumbing, heating, electrical, and fire safety systems).

1.1 MEDICAL RESPITE PROGRAM OPERATOR	
Legal Name <i>(Enter the name of your organization exactly as it appears on your Certificate or Articles of Incorporation.)</i>	
Doing Business As (DBA)/Assumed Name <i>(DBA/assumed name must be registered with the county clerk or NYS Department of State.)</i>	

1.2 MEDICAL RESPITE PROGRAM FACILITY		
Email Address	Telephone	Fax
Street Address		
City	Zip Code	County
Mailing Address <i>(If different from street address)</i>		
City	Zip Code	County

1.3 PRIMARY CONTACT FOR PHYSICAL PLANT AND SAFETY PLAN		
Primary Contact Full Name	Title	
Email Address	Telephone	Fax

1.4 ADDITIONAL CONTACTS FOR PHYSICAL PLANT AND SAFETY PLAN		
Additional Contact Full Name	Title	
Email Address	Telephone	Fax
Additional Contact #2 Full Name <i>(If applicable)</i>		Title
Email Address	Telephone	Fax

PART 2 | PROPERTY INFORMATION

2.1 BUILDING OWNER INFORMATION

Does the program operator own or lease the program facility?

Own *(Skip to section 2.2)*

Lease *(Provide lease and property owner details below; then proceed to section 2.2)*

How long has the program operator leased this property? _____ years, _____ months

When will the current lease expire? _____
(mm/dd/yyyy)

Name of Property Owner

Email Address

Telephone

Fax

Street Address

City

Zip Code

County

2.2 BUILDING CODE COMPLIANCE

To the best of the program operator's knowledge, does the facility currently have any building code violations?

Yes No

If **yes**, describe the building code violations and attach appropriate documentation.

2.3 OTHER PROGRAMS OPERATING ON PROPERTY

In general, a medical respite program must have exclusive use of its facility or its portion of a facility. If the medical respite program will share a facility with another program, the operator must demonstrate that the proposed use is not incompatible with the medical respite program, will not be detrimental to recipients, and complies with applicable local codes.

Are any other programs currently operating in the same facility as the medical respite program?

Yes No

If **yes**, describe the other program(s).

PART 3 | SPACE ANALYSIS

The medical respite program must operate *at or below* the capacity approved by the New York State Department of Health (DOH) at the time of certification. If the medical respite program wishes to increase its capacity, the operator must contact DOH for approval to do so. DOH will evaluate whether the medical respite program can operate at the requested capacity while maintaining compliance with applicable State regulations and guidance concerning, but not limited to: the physical plant; environmental standards; the proposed program of services; and staffing ratios within the medical respite.

3.1 SLEEPING AREAS AND BEDS

How many **sleeping areas** does the facility have in **total**? _____

Sleeping areas may be single occupancy or double occupancy. At least some sleeping areas should be accessible to people with disabilities. Fill out the grid below to show how many of the facility's sleeping areas meet each characteristic.

Type of sleeping area	# accessible to people with disabilities	# <i>not</i> accessible to people with disabilities	# total
Single occupancy			
Double occupancy			

All bedrooms or sleeping areas must:

- Open directly into exit corridors
- *Not* be shared by more than two recipients
- Meet minimum size requirements:
 - 80 square feet (single occupancy)
 - 60 square feet per recipient (double occupancy)

How many **beds** does the facility have in **total**? _____

How many of these **beds** are **fully accessible***? _____

**Fully accessible means the bed is located in a sleeping area that is accessible to people with disabilities, and the bed itself is accessible to people with disabilities (i.e., not a top bunk).*

Each individual bed must be at least 30 inches wide.

3.2 BATHROOMS

How many bathrooms total does the facility have designated for **recipient** use? _____

Counting among **all recipient** bathrooms in the facility, how many toilets, sinks, and showers/bathtubs are there? Fill out the grid below to show the quantity of each.

Bathroom feature	# accessible to people with disabilities	# <i>not</i> accessible to people with disabilities	# total
Toilet			
Sink			
Shower/bathtub			

- Bathrooms designated for recipient use may be individual or communal.
- The facility as a whole (**not** each individual bathroom) must have at least 1 toilet, 1 sink, and 1 shower/bathtub for every 4 recipients.

How many bathrooms total does the facility have designated for **staff** use? _____

PART 4 | PHYSICAL ENVIRONMENT

4.1 PROPERTY MANAGEMENT

Does the program operator contract with a property management organization for this facility?

- Yes *(Provide property management organization's contact information below and then proceed to section 4.2)*
- No *(Skip to section 4.2)*

Name

Email Address

Street Address

City

Zip Code

County

Describe the scope of the property management organization's responsibilities (e.g., facility operations, maintenance).

4.2 RENOVATIONS AND CAPITAL IMPROVEMENTS

What, if any, renovations or capital projects have recently been completed or are being planned for the facility?

Describe any conditions in the facility which must be addressed to ensure resident safety.

Are there any systems or areas in the facility that are currently not functioning **or** that have been taken offline within the last twelve months for a period greater than 48 hours? Yes No

If **yes**, explain.

4.3 ABATEMENT

Has a lead abatement been completed at this facility?

Yes No

If **yes**, when? _____

Has an asbestos abatement been completed at this facility?

Yes No

If **yes**, when? _____

4.4 FACILITY FEATURES

Does the facility have laundry equipment (washers and dryers) on site for recipients to use? Yes No

Are reasonable accommodations provided for recipients who are unable to do their laundry? Yes No

If **no** to either of these questions, how will laundry service be provided to recipients?

Does the facility have a commercial kitchen? Yes No

If **no**, how will meal service be provided to recipients?

Does the facility have phones on site for residents to use at no cost? Yes No

Does the facility have high-speed internet on site for residents to use at no cost? Yes No

Does the facility have space for recipients to meet privately with staff or external service providers? Yes No

Does the facility have adequate space for storing recipient medications that require refrigeration? Yes No

Are hazardous or toxic chemicals secured in a storage area that residents cannot access? Yes No

PART 5 | EMERGENCY/DISASTER RESPONSE PLAN

Please submit an emergency/disaster response plan for the medical respite program. The program may develop an original emergency/disaster response plan or expand on the sample Emergency Preparedness and Disaster Response Plan included in the DOH medical respite [toolkit](#). All emergency/disaster response plans must include an evacuation floor plan with any areas of refuge identified. Additionally, the plan must address, at a minimum, the actions to be taken by program staff in response to all scenarios identified below:

- There is an environmental or physical plant issue that could cause immediate harm to recipients in the building, such as fire, flood, or power outage.
- Recipients require evacuation assistance during an emergency; include process for maintaining an up-to-date list of recipients and the type of assistance required, and where this list is kept.
- The program must immediately notify DOH by both email and telephone upon occurrence of any of the following:
 - There is a heating, water, or electrical failure that is more than four hours in duration;
 - An environmental hazard such as lead paint or asbestos is discovered; or
 - A defect is discovered in the physical plant or structure of the facility and the defect may threaten the health and well-being of recipients.
- A program recipient behaves inappropriately in a manner that:
 - Poses an imminent risk of death or serious physical harm to the recipient or others;
 - Directly impairs the well-being, care or safety of the recipient or any other recipient or staff, or substantially interferes with the orderly operation of the medical respite program, as a result of repeated instances of inappropriate behavior;
 - Requires a referral for emergency psychiatric services, or to an adult protective agency, law enforcement agency, or similar entity; or
 - Exhibits possible signs of opioid overdose that requires immediate attention.

PART 6 | FIRE SAFETY COMPLIANCE

Instructions. Use the inventory checklist below to identify all fire safety features currently installed in the program facility. DOH or its contractor will verify the presence of these features during an on-site inspection.

<p>Annunciator Panel/Fire Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Local <input type="checkbox"/> Supervised <input type="checkbox"/> Sprinkler</p> <p><input type="checkbox"/> Smoke Detectors</p> <p><input type="checkbox"/> Carbon Monoxide</p> <p><input type="checkbox"/> Pull Stations</p> <p><input type="checkbox"/> Fire Dampers</p>	<p>Monitored Fire Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Company:</p> <p>Address of Company:</p> <p>Date of last inspection:</p>
<p>Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Wet <input type="checkbox"/> Units/Dorms</p> <p><input type="checkbox"/> Partial <input type="checkbox"/> Dry <input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Combination <input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>	<p>Monitored Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Company:</p> <p>Address of Company:</p> <p>Date of last inspection:</p>
<p>Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Hard Wired <input type="checkbox"/> Units/Dorms</p> <p><input type="checkbox"/> Battery Operated <input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Supervised <input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>	<p>Carbon Monoxide Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Hard Wired <input type="checkbox"/> Units/Dorms</p> <p><input type="checkbox"/> Battery Operated <input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Supervised <input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>
<p>Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Units/Dorms</p> <p>Quantity: <input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>	<p>Interior Fire Alarms/Pull Boxes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Local <input type="checkbox"/> Units/Dorms</p> <p><input type="checkbox"/> Supervised <input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>

PART 6 | FIRE SAFETY COMPLIANCE (CONTINUED)

<p>Emergency Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Hard Wired <input type="checkbox"/> Units/Dorms</p> <p><input type="checkbox"/> Battery Operated <input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>	<p>Exit Signage <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Hard Wired <input type="checkbox"/> Units/Dorms</p> <p><input type="checkbox"/> Battery Operated <input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>
<p>Evacuation Plans <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Units/Dorms</p> <p><input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>	<p>Strobe Lights <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Hard Wired <input type="checkbox"/> Units/Dorms</p> <p><input type="checkbox"/> Battery Operated <input type="checkbox"/> Offices</p> <p><input type="checkbox"/> Corridors</p> <p><input type="checkbox"/> Stairwells</p> <p><input type="checkbox"/> Basements</p> <p><input type="checkbox"/> Common Areas</p>
<p>Voice Communication (Fire & Safety) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Fire Panel <input type="checkbox"/> Walkie Talkies</p> <p><input type="checkbox"/> Hallway Speakers <input type="checkbox"/> Cell Phones</p> <p><input type="checkbox"/> Intercom <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Bullhorn</p>	<p>Other Fire Safety Devices <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Fire Suppression System in Kitchen <input type="checkbox"/> Self-closing Fire Doors</p> <p><input type="checkbox"/> Fire Escapes <input type="checkbox"/> Panic Hardware on Exit Doors</p> <p><input type="checkbox"/> Sandpipe System <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Interior Enclosed Stairwells</p> <p><input type="checkbox"/> Fire Doors</p>