

**Part 814**  
**GENERAL FACILITY REQUIREMENTS**

[Statutory Authority: Mental Hygiene Law Sections 19.07(e), 19.09(b), 19.21(b), 32.01, 32.07(a)]

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**§814.1 Legal base**

- (a) Section 19.07(e) of the Mental Hygiene Law authorizes the Office of Alcoholism and Substance Abuse Services (OASAS) to adopt standards including necessary rules and regulations pertaining to chemical dependence services.
- (b) Section 19.09(b) of the Mental Hygiene Law authorizes the commissioner to adopt regulations necessary and proper to implement any matter under his or her jurisdiction.
- (c) Section 19.21(b) of the Mental Hygiene Law requires the commissioner to establish and enforce certification, inspection, licensing and treatment standards for alcoholism, substance abuse, and chemical dependence facilities.
- (d) Sections 32.01 and 32.07(a) of the Mental Hygiene Law authorizes the Commissioner to adopt any regulation reasonably necessary to implement and effectively exercise the powers and perform the duties conferred by Article 32 of the Mental Hygiene Law.

**§814.2 Definitions**

- (a) “Residential” means services provided by programs certified pursuant to Parts 817, 819 or 820 of this Title.
- (b) “Supportive living” means free standing units certified pursuant to Part 819 and are equivalent to Part 820 residential services in a scatter-site setting.

- (c) “Inpatient services” means services provided by programs certified pursuant to Parts 816 or 818 of this Title.
- (d) “Facility certification” means a certification issued by the Office constituting an approved facility following inspection pursuant to this Part.
- (e) “Self-preserving” means a person is able to leave a building without assistance from another in the event of a fire emergency.
- (f) “Fire alarm system” shall mean hard-wired systems or free standing devices inclusive of, but not be limited to, smoke and heat detectors, sprinklers, kitchen fire suppression installations, extinguishers, visual and auditory warning devices.
- (g) “Ancillary space” means spaces for living, dining, social and counseling activities.
- (h) “Outpatient” shall mean services provided by programs certified pursuant to Parts 822, 823, or 825 of this Title.

**§814.3 Building codes**

- (a) All programs and facilities shall adhere to applicable building codes as appropriate. OASAS may refer any suspected violation to an authority with appropriate jurisdiction. Applicable building codes include, but are not limited to:
  - (1) Title 19 NYCRR, Chapter XXXIII, subchapter A, comprising the State Uniform Fire Prevention and Building Code (Building Code of New York State);
  - (2) Title 10 NYCRR Subpart 14-1, comprising the New York State Sanitary Code regarding food service establishments; and
  - (3) New York City Administrative Code, Title 27, Chapter I comprising the Building Code of the City of New York which shall apply exclusively for all facilities located in any of the five boroughs of the City of New York; and
  - (4) the Building Code of New York State applicable in all municipalities of the state outside of the five boroughs of the City of New York;
  - (5) any and all applicable local and state occupancy, use, building and zoning laws.
- (b) If there is a conflict between the applicable codes, rules, or regulations, then the most restrictive standard shall apply under the authority having appropriate jurisdiction.

**§814.4 Requirements for all facilities**

- (a) Repair and maintenance requirements. All facilities shall be maintained at all times in a state of repair which protects the health and safety of all occupants. The provision of maintenance shall be the responsibility of the governing authority of the provider of services. All facilities shall develop, maintain and follow a plan for maintenance that conforms to all applicable laws and ordinances which mandate safety, fire, health and sanitation requirements. All facilities shall be maintained in a clean and sanitary manner.
- (b) Safety and fire precaution requirements. (1) Fire drills shall be conducted at least quarterly for each shift. All such drills shall be held at times when the building is occupied.
  - (i) A written record shall be maintained indicating the time and date of each fire drill, the number of

participants at each drill and the length of time for each evacuation. Such written record shall be provided to the Office upon request;

(ii) Fire regulations and evacuation routes shall be posted in bold print on contrasting backgrounds and in conspicuous locations. Each diagram shall display primary and secondary means of egress from the posted location.

(iii) Programs certified by OASAS and co-located in a general hospital, as defined by Article 28 of the Public Health Law, may follow a fire drill schedule established and conducted by the hospital.

(2) There must be at least one communication device on each floor of each building identified for emergency use.

(3) Documentation evidencing the annual training of all employees in the classification and proper use of fire extinguishers and the means of rapid evacuation of the building must be maintained on site for review upon request.

(4) Annual inspections and testing of the required fire alarm system, including battery operated smoke detectors, fire extinguishers, emergency lighting systems, illuminated exit signs, environmental controls, and heating and cooling systems shall be conducted. The maintenance and testing of hard wired (permanently installed) fire alarm systems, fire extinguishers, and heating systems must be conducted by a certified vendor. Documentation of all such inspections and testing must be maintained on site for review upon request.

(c) General building requirements. All facilities are required to comply with the following; supportive living facilities and residential reintegration services in a scatter-site setting are exempt from the provisions of paragraphs (1) through (6) below:

(1) Spaces where counseling occurs must afford privacy for both staff and patients.

(2) Bedroom and bathroom facilities must be made available to afford privacy for males and females.

(3) A designated area must be made available for the locked storage and maintenance of patient records. Location, design and equipment must be appropriate to secure records from traffic, theft and unauthorized access as well as environmental damage. Patient records must be retained for six years after the date of discharge or last contact, or three years after the patient reaches the age of eighteen, whichever time period is longer.

(4) A designated support area must be made available in conjunction with living units for housekeeping and janitorial staff, supplies and equipment.

(5) Offices or work areas must be made available to facilitate effective supervision and monitoring of patients.

(6) An area for the proper storage, preparation and use or dispensing of medications medical supplies and first aid equipment must be made available. Storage of all medications must be provided for in accordance with the requirements set forth in Title 21 of the Code of Federal Regulations, Part 1301 regarding security requirements for controlled substances and Title 10 NYCRR, Part 80 regarding institutional dispensers of controlled substances. Syringes and needles must be properly and securely stored.

(7) All beds must be furnished with a clean and functional mattress;

(8) Sleeping areas that contain more than one bed must provide a minimum of 60 square feet per occupant. Rooms that have two or more beds in use on or before June 3, 2002, will be permitted to continue with not less than 40 square feet per occupant until a major relocation or major renovation of OASAS certified treatment space occurs, or there is a change in the type or capacity of service certified at the present location;

(9) Ancillary space of 60 square feet per occupant must be provided. Services commencing before June 3, 2002 will be permitted to continue with not less than 40 square feet per occupant until a major relocation or major renovation to OASAS certified treatment space occurs, or there is a change in the type or

capacity of service certified at the present location.

(d) Facilities where clients are not served by an OASAS certified provider or constitute an administrative site only will not be subject to routine facilities inspections.

#### **§814.5 Facility certification**

(a) After the facility is inspected and found to be in compliance, such facility will be issued a facility certification that will remain valid until changes in the character or use of the existing facility are made, or at the conclusion of a recertification review. In addition to provisions of section 814.3 of this Part, facility certification will include verification of the following subdivisions:

(b) Floor plans. Current and accurate facility floor plans which include the following information shall be maintained on site and provided to OASAS upon request:

- (1) room locations and dimensions;
- (2) room functions;
- (3) fire/evacuation routes;
- (4) smoke and/or heat detector systems;
- (5) fire alarm pull box locations;
- (6) fire extinguisher locations;
- (7) emergency light locations;
- (8) location of fire hose/standpipe systems; and
- (9) sanitary facilities, including:
  - (i) the number of sinks, showers/tubs and toilets per room;
  - (ii) the intended use of the facilities by the patients, staff, men, and women; and
  - (iii) location of handicapped accessible fixtures and accessories.

(c) Medical space. Certified programs providing on-site medical examinations (others as needed), must have an area designed for the conduct of on-site medical examinations which at a minimum:

- (1) is private;
- (2) is equipped and furnished suitable for required examinations;
- (3) is equipped with a hand wash sink with hot and cold water supply;
- (4) has the capacity to store and properly dispose of medical waste;
- (5) is consistent with a written policy and procedure for such storage.

#### **§814.6 Additional facility certification requirements for all inpatient and residential facilities**

(a) The following additional requirements are applicable to sleeping and living spaces in all inpatient and residential facilities:

(1) Sleeping accommodations:

- (i) Sleeping areas that contain one bed must provide a minimum of 80 square feet per occupant.
- (ii) Sleeping areas that contain more than one bed must provide a minimum of 60 square feet per occupant. Rooms that have two or more beds in use on or before June 3, 2002, will be permitted to continue with not less than 40 square feet per occupant until a major relocation or major renovation of OASAS certified treatment space occurs, or there is a change in the type or capacity of service certified at the present location.

(iii) In cases where there is dormitory type use, the maximum capacity shall be 24 residents.

(iv) Bunk beds shall not be allowed in facilities providing chemical dependence inpatient withdrawal and stabilization services, chemical dependence inpatient rehabilitation services, or residential stabilization elements.

(v) Nursing stations, where applicable, must be located in close proximity to sleeping areas.

(vi) Closets or wardrobes must be provided in all occupied bedrooms for each individual's clothing and personal property.

(2) Spaces for living, dining, social and counseling activities:

(i) Ancillary space of 60 square feet per occupant must be provided. Services commencing before June 3, 2002 will be permitted to continue with not less than 40 square feet per occupant until a major relocation or major renovation to OASAS certified treatment space occurs, or there is a change in the type or capacity of service certified at the present location.

(ii) Separate storage areas for clean linen and laundry and for soiled linen and laundry must be made available.

(iii) Sanitary facilities must be provided and must consist of, at a minimum, one toilet, one sink and one tub or shower for each ten beds.

(b) Clients admitted into a residential program must have the capability of self-preservation. If the client is not capable of self preservation they should be referred to a Part 816.6 Medically Managed Withdrawal & Stabilization Services or other program equipped for the appropriate level of care.

#### **§814.7 Additional facility certification requirements for supportive living facilities or residential reintegration in a scatter-site setting**

(a) The following additional requirements are applicable to all supportive living facilities or residential reintegration in a scatter-site setting:

(1) The maximum number of unrelated occupants must comply with the applicable building codes, local laws and zoning ordinances.

(2) All cooking and sleeping areas shall be monitored by functioning smoke detectors or a certified fire detection system; all cooking areas must also be equipped with functioning fire extinguishers.

(3) Each living unit must have an area for sleeping, eating, living, and cooking, and a bathroom consisting of, at a minimum, a toilet, a sink, and a shower and/or tub.

#### **§814.8 Additional facility certification requirements for all outpatient facilities**

(a) The following additional requirements are applicable to all outpatient facilities:

(1) A waiting area, appropriate to the type of certified service, that is sized and furnished for the comfort, convenience, and confidentiality of persons waiting for services, and that may be supervised to control access to the facility, prevent entry by unauthorized persons, and ensure confidentiality pursuant to federal law;

(2) Space for provision of individual and group treatment appropriate to the type of certified service.

(3) Space for provision of medical services appropriate to the type of certified service.

**§814.9 Shared facilities and integrated outpatient services**

- (a) Providers sharing space with any other corporate entity must develop a written space use policy or plan in co-operation with such entity to ensure compliance with federal and state laws applicable to alcohol and drug abuse patients.
- (b) Space use policies or plans must describe strategies to protect patient confidentiality including, but not limited to, the following:
  - (1) configuration of common waiting rooms;
  - (2) ingress and egress;
  - (3) verbal or visual identification of patients;
  - (4) maintenance and/or sharing of records;
  - (5) dual purpose use of same space;
  - (6) identification and/or limitation of meeting spaces for confidential meetings; and
  - (7) control of treatment area during treatment hours;
  - (8) compliance with the provisions of Part 825 Integrated Outpatient Services, as applicable.

**§814.10 Space alterations**

- (a) A governing authority proposing alterations to its physical space utilized for chemical dependence services, including requests for additional space, changes in space designations and/or other alterations, must obtain prior written approval from OASAS no less than 60 days before implementing the change.