

CITY & COUNTY OF DENVER COMMUNITY PLANNING & DEVELOPMENT , BUILDING PERMIT POLICY		
Subject: RESIDENTIAL CARE/ASSISTED LIVING AND PERSONAL CARE FACILITIES		
Approved: Michael Roach, P.E., Building Official		
Number: IBC 310.3	Effective Date: September 30, 2008 Revised: October 14, 2011	Page: 1 of 9

Reference: **IBC 308.2, 310 and IBC Section 310.3 Amended**

Scope: This policy is intended to discuss provisions related to locating a Residential Care/Assisted Living or Personal Care Facility, a Group I-1, Group R-3, or Group R-4 Occupancy, within a building.

The 2009 International Building Code (IBC) defines a Residential Care/Assisted Living or Personal Care Facility as a building or part thereof housing persons on a 24-hour basis, who because of age, mental disability or other reason, live in a supervised residential environment that provides personal care services. The occupants are capable of responding to an emergency situation without physical assistance from staff. Residential Care/Assisted Living or Personal Care Facilities shall include, but are not limited to, the following:

Alcohol and Drug Abuse Rehabilitation	Developmentally Disabled	Residential Board and Care
Assisted Living	Group Homes	Social Rehabilitation
Congregate Care	Halfway House	
Convalescent Care	Residence for Elderly	

Provisions:

1. Group R Division 3 and Group R Division 4 Occupancies located within new or existing detached one- and two-family dwellings and multiple single-family dwellings (townhouses), conforming to the provisions of the 2009 International Residential Code (IRC), are allowed to limit compliance to that required by the IRC provided the building is protected by an automatic sprinkler system (IBC Section 903.2.8).
2. Group R Division 3 and Group R Division 4 Occupancies located within structures excluded from those defined in item No. 1 and Group I-1 Occupancies shall be regulated by the IBC.
 - (a) An automatic sprinkler system shall be provided throughout all such buildings. (IBC Sections 903.2.6 and 903.2.8)
 - (b) Every floor shall be provided with a minimum of two independent exits in accordance with IBC Section 1021. Only one exit shall be required in Group R occupancies when allowed by IBC Section 1021.2.
3. Applicants desiring to operate a Residential Care/Assisted Living Facility for less than three residents within a building classified as a Group R Occupancy, a detached one- and two-family dwelling, or within an individual unit of a townhouse, need not apply for a new Certificate of Occupancy to operate as long as they comply with all of the following conditions:
 - (a) Zoning approval is obtained for the Residential Care/Assisted Living Facility.
 - (b) Permits are obtained from CPD Permit & Inspection Services for all remodel work to be done to accommodate the facility.
4. For Residential Care/Assisted Living and Personal Care Facilities, the facility operator must:

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- (a) Develop a "Facility Personal Care Plan" which specifically establishes the services to be provided to the residents. Forms for the "Facility Personal Care Plan" are provided by the Zoning Administration and reproduced here as Exhibit 1.
- (b) Establish an "Evacuation Capability" by using the Table. "Facility and Resident Characteristics for Establishing Evacuation Capability" (Exhibit 2). The actual evacuation capability may be verified by the Fire Department after the building is occupied.

Additional Information:

Assisted living residences are licensed by the State of Colorado. The Colorado State Board of Health *Standards for Hospitals and Health Facilities, Chapter VII – General Licensure Standards* states "Assisted living residence" means any of the following:

102(6)(a) A residential facility that makes available to three or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident, room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that shall be available on a twenty-four-hour basis, but not to the extent that regular twenty-four hour medical or nursing care is required.

102(6)(b) A residential treatment facility for the mentally ill which is an assisted living residence similar to the definition under Section 1.102 (6)(a), except that the facility is operated and maintained for no more than sixteen (16) mentally ill individuals who are not related to the licensee and are provided treatment commensurate to the individuals' psychiatric needs which has received program approval from the Department of Human Services..

The Colorado Department of Public Health and Environment currently requires compliance with the following National Fire Protection Association (NFPA) Life Safety Code Requirements:

- (a) New Residential Board and Care Occupancies, Chapter 32, NFPA 101 (2003)
- (b) Existing Residential Board and Care Occupancies, Chapter 33, NFPA 101, (2003), or
- (c) NFPA 101A - Guide on Alternative Approaches to Life Safety (2004)

In general NFPA 101 requires all residential board and care occupancies to be protected throughout by an automatic sprinkler system. Existing buildings or portions thereof converted to a residential board and care occupancy must comply with the provisions for new residential board and care occupancies (Section 32.1.1.1). A conversion of an existing residential or health care occupancy to a residential board and care occupancy is given some relief from the general requirements of Chapter 32 (Section 32.1.1.4). Two examples are:

- (1) Fire sprinkler protection is not required in conversions serving eight (8) or fewer occupants, when the occupants as a group have the ability to move reliably to a point of safety within three (3) minutes (Section 32.2.3.5.2).
- (2) 28-inch doors are allowed, rather than 32-inch, in the path of egress travel (Section 32.2.2.5.1.2).

The NFPA defines small residential board and care occupancies as those providing sleeping accommodations for sixteen (16) or fewer residents; large, more than sixteen (16) residents.

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Exhibit 1

FACILITY PERSONAL CARE PLAN

ANY FACILITY THAT PROVIDES PERSONAL CARE SHALL PROVIDE THE FOLLOWING INFORMATION.

PERSONAL CARE. "Personal care" means protective care of residents who do not require chronic or convalescent medical or nursing care. Personal care involves responsibility for the safety of the resident while inside the building. Personal care may include daily awareness by the management of the resident's functioning and whereabouts, making and reminding a resident of appointments, the ability and readiness for intervention in the event of a resident experiencing a crisis, supervision in the areas of nutrition and medication, and actual provision of transient medical care.

1. ADDRESS OF FACILITY: _____
2. NAME OF FACILITY: _____
3. TYPE OF FACILITY: _____
4. OWNER OF FACILITY: _____
ADDRESS: _____
PHONE#: _____
5. RESIDENTS – Physical and mental condition:
 - a. MAXIMUM NUMBER PROVIDED FOR: _____
 - b. AGE RANGE OF RESIDENTS: _____
 - c. NUMBER USING WALKERS: _____
 - d. NUMBER LIMITED TO WHEELCHAIRS: _____
 - e. NUMBER CONFINED TO BED: _____
 - f. TYPE AND DEGREE OF ANY PHYSICAL IMPAIRMENT WHICH RESIDENTS MAY HAVE (include any that are deaf or blind and how many): _____

 - g. TYPE AND DEGREE OF ANY MENTAL IMPAIRMENT WHICH RESIDENTS MAY HAVE: _____

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6. SERVICES:

a. LIST BASIC SERVICES PROVIDED FOR RESIDENTS:

b. LIST ASSISTANCE AND/OR CARE PROVIDED FOR RESIDENTS: _____

c. LIST SPECIFIC TRAINING, COUNSELING OR REHABILITATION SERVICES PROVIDED FOR RESIDENTS:

7. SOURCE OF RESIDENT REFERRALS:

a. LIST AGENCIES:

b. PRIVATE REFERRALS: _____

c. SERVICES EXPECTED FROM REFERRAL AGENCIES:

8. EVACUATION CAPABILITY – (see page 6 of 9):

9. PLEASE INCLUDE A PRELIMINARY COPY OF YOUR EMERGENCY AND FIRE EVACUATION PLANS.

10. STAFF – Training and number of:

a. NUMBER OF STAFF ON DUTY EACH SHIFT AND HOURS OF EACH SHIFT: _____

b. SKILLS AND/OR PROFESSIONAL TRAINING REQUIRED OF STAFF: _____

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11. BUILDING:

- a. YEAR CONSTRUCTED: _____
- b. PRESENT BUILDING CODE OCCUPANCY CLASSIFICATION: _____
- c. IS THE PROPOSED USE A CHANGE OF OCCUPANCY? _____
- d. NUMBER OF FLOORS: _____
- e. NUMBER OF BEDROOMS ON EACH FLOOR: _____
- f. NUMBER OF RESIDENTS ON EACH FLOOR: _____
- g. NUMBER OF EXITS FROM EACH FLOOR: _____
- h. ARE EXITS LOCKED TO CONFINE RESIDENTS?: _____
- i. FIRE PROTECTION – (smoke detectors, sprinklers, fire alarm systems, etc.): _____

Name of Applicant	Address	Phone Number
Signature of Applicant	Title	Date

RETURN TO: ZONING ADMINISTRATION
201 W. Colfax Ave. Dept 205
DENVER CO 80202

Zoning Classification of Facility _____

Zoning Approval "Yes" "No" Date: _____ By: _____

AFTER APPROVAL BY ZONING, Submit two (2) copies with the construction plans to:

BUILDING INSPECTION
201 W. COLFAX AVE. DEPT. 205
DENVER, CO 80202
PHONE NO. (720) 865-2705

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Exhibit 2

EVACUATION CAPABILITY

The evacuation capability of the residents and staff is a function of both the ability of the residents to evacuate and the assistance provided by the staff. When a facility is occupied, the evacuation capability is determined by having the Denver Fire Department conduct a fire drill, observing the reactions of the staff and residents and, when practical, timing the duration of total evacuation. (Total evacuation is not practical when residents are bedridden or otherwise confined).

When a facility is in the planning stage, obviously the building is not built or occupied and a fire drill cannot be conducted. In this case, it is the responsibility of the facility owner or his representative to determine approximately how long it would take the residents and staff to evacuate the building. In doing this, any physically and/or mentally impaired condition the prospective residents may have should be taken into account.

Evacuation capability in all cases is based on the time of day or night when evacuation of the facility would be most difficult (i.e., sleeping residents or fewer staff present).

Translation of fire drill times to evacuation capability is determined as follows: (a) 3 minutes or less, PROMPT; (b) over 3 minutes but not in excess of 13 minutes, SLOW; and (c) more than 13 minutes, IMPRACTICAL.

(The above has been condensed from the National Fire Protection Association Life Safety Code 101).

Please write in your evacuation capability at item #8 of Facility Personal Care. Plan (Exhibit 1).

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Exhibit 2 (cont'd)

Facility Address _____

FACILITY AND RESIDENT CHARACTERISTICS FOR ESTABLISHING EVACUATION CAPABILITY			
EACH CATEGORY THAT APPLIES TO THIS FACILITY MUST BE INITIALED IN THE INITIAL BOX. THE EVACUATION CAPABILITY CLASSIFICATION WILL BE DETERMINED BY THE MOST RESTRICTIVE CONDITION IN ANY ONE CATEGORY.			
E.C. FACILITY	PROMPT 3 mins. or Less	SLOW More than 3 mins. not in excess of 13 min	IMPRACTICAL More than 13 min.
DESCRIPTION	Covers a broad range of housing options for persons who are functionally and socially independent most of the time.	Provides a living arrangement which integrates shelter and services for those person who are frail, chronically mentally or physically ill, socially maladjusted and require 24-hour supervision. Applies to adults and children.	Provides living arrangement which integrates shelter with psychosocial and rehab services for persons who require 24 hour supervision.
PRIMARY SERVICES	-A- <ul style="list-style-type: none"> • Segregated building • Environmental security • Administrator may coordinate services for residents (i.e., transportation, housekeeping, etc.) • Creating opportunities for socialization 	-B- A Plus: <ul style="list-style-type: none"> • Meals • Transportation • Housekeeping Assistance • Assistance with activities or daily living • Medication monitoring • 24-hour protective oversight 	-C- A and B plus: <ul style="list-style-type: none"> • 24-hour supervision
MOBILITY	I. Capable of moving about independently. Able to seek and follow directions. Able to evacuate independently in an emergency.	I. Capable of ;moving about independently. Able to seek and follows directions. Able to evacuate independently in an emergency; OR II. Ambulatory with cane/walker. Independent with wheelchair but needs help in an emergency; OR III. Mobile but may require escort/assistance due to confusion, poor vision, weakness or moor motivation; OR IV. Requires occasional assistance to move about but usually independent.	I May require assistance with transfers from bed, chair, toilet. OR II Requires transfer and transport assistance. Requires turning and positioning in bed and wheelchair.
NUTRITION	I. Able to prepare own meals. Eats meals without assistance.	I. May require assistance getting to dining room and/or requires minimal assistance such as opening cartons or other packages, cutting food or preparing trays.	I. May be unable or unwilling to go to dining room. May be dependent on staff for eating/feeding needs; OR II. Totally dependent on staff for nourishment

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			(includes reminders to eat and/or feeding.
HYGIENE	I. Independent in all care including bathing and personal laundry	I. May require assistance with bathing or hygiene; OR II. May require assistance, initiation, structure or reminders. Resident completes the task.	I. May be dependent on staff for all personal hygiene.
HOUSE KEEPING	I. Independent in performing housekeeping functions (includes making bed, vacuuming, cleaning and laundry)	I. Housekeeping and laundry services provided; OR II. May need assistance with heavy housekeeping, vacuuming, laundry and changing linens.	I. Housekeeping and laundry services provided.
DRESSING	I. Independent, and dressed appropriately.	I. May require occasional assistance with shoe laces, slippers, etc., and/or medical appliances or garments; OR II. May require reminders, initiation or motivations. Resident completes the task.	I. May be dependent on staff for dressing.
TOILETING	I. Independent and completely continent; OR II. May have incontinence, colostomy or catheter, but independent in caring for self through proper use of materials/supplies	I. Same as Independent Living; OR II. May have occasional problem with incontinence, colostomy or catheter, and may require assistance in caring for self through proper use of materials/supplies.	I. May have problem with incontinence, colostomy/catheter; OR II. May be dependent and unable to communicate needs
MEDICATIONS	I. Responsible for self administration of all medications.	I. Able to self-administer medications. Facility staff may remind and monitor the actual process; OR II. May arrange for family or home health agency to establish a medication administration system. Staff may remind and monitor; OR III. Facilities staffed by RNs and LPNs who can administer medications to residents.	I. Medications administered by licensed personnel.
MENTAL STATUS	I. Oriented to person, place and time; AND II. Memory is intact, but has occasional forgetfulness without consistent pattern of memory loss; AND III. Orientation to time and place or person may be	I. May require occasional direction or guidance in getting from place to place; OR II. May have difficulty with occasional confusion which may result in anxieties, social withdrawal or depression; OR III. Orientation to time or place or person may be minimally impaired.	I. Judgment is likely to be poor and the resident may not attempt tasks which are not within capabilities; OR II. May require strong orientation and reminder program. May need guidance in getting from place to

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	minimally impaired.		place; OR III. Disoriented to time, place and person; OR IV. Memory is severely impaired. Usually unable to follow directions.
BEHAVIORAL STATUS	<p>I. Deals appropriately with emotions and uses available resources to cope with inner stress; AND</p> <p>II. Deals appropriately with other residents and staff.</p>	<p>I. Deals appropriately with emotion and uses available resources to cope with inner stress; AND</p> <p>II. Deals appropriately with other residents and staff; OR</p> <p>III. May require periodic intervention from staff to facilitate expression of feelings in order to cope with inner stress; OR</p> <p>IV. May require periodic intervention from staff to resolve conflict with others in order to cope with situation stereo.</p>	<p>I. May require regular intervention from staff to facilitate expression of feelings and to deal with periodic outbursts of anxiety or agitation; OR</p> <p>II. Maximum staff intervention is required to manage behavior. Resident may be a physical danger to self or others; OR</p> <p>III. Expectations are unrealistic and approach to staff is uncooperative.</p>

END OF DOCUMENT