

## DHCD, DBFR 2009 Code Change Process

### Workgroup 3 Sub-Workgroup Meeting -June 11, 2009

#### Healthcare/Assisted Living Facilities

#### DISCUSS DRAFT CODE CHANGES:

1. I-2 - No code changes deemed necessary. **(Page 4)**
2. I-1 - Draft code change of definition; state definition of assisted living care; and, licensure admittance (UAI) assessment and annual evaluation. **(Page 7)**
3. Residential Assisted Living Facilities - code change to amend definition with licensure assessment of admittance UAI. **(Page 11)**
4. R-4 - Draft code change regarding possible sprinklers at 6 residents instead of 9. **(Page 14)**
5. Discuss if any changes necessary for I-4. **(Page 15)**

#### DISCUSS POTENTIAL PROPOSED R-4 CODE CHANGES RELATED TO CHANGES IN THE DEFINITION ON RESIDENTS ADMITTED TO ASSISTED LIVING FACILITIES:

1. 2009 IBC changes: R-4 and I-1 - improved flame spread ratings (i.e. for floor coverings) and I-1 increased separation rating for accessory areas. Virginia requires attics to be sprinkled for I-1. **(No handout)**
2. 2009 USBC R-4 - possible code changes: R-4 attics sprinkled, CO alarms, arc-fault devices beyond bedrooms, sprinklers at 6 instead of 9 residents, persons needing assistance on grade access floors, some rated separation between floors or bedrooms. **(No handout)**

#### OTHER ISSUES FOR DISCUSSION:

1. Discuss SFPC IFC T405.2, Section 405 and Section 405 for possible fire drill changes. **(No handout)**
2. Discuss IBC Chapter 11, A117.1 accessibility for bathroom grab bars. **(Page 16)**
3. New Business
4. Adjournment

**2009 BHCD Regulatory Cycle Schedule and Meetings for the USBC, SFPC, VADR, VCS, MHSR and the IBSR:**

March 19, 2009: Work Group 2 Administrative, technical amendments from the 2006 regulations and the SFPC meets

March 23, 2009: BHCD approves the publication of the NOIRA's for each regulation.

March 26, 2009: Work Group 1 Energy meets:

April 2, 2009: Work Group 3 model codes technical amendments meets:

April 9, 2009: Work Group 4 International Residential Code meets:

April 23, 2009: Work Group 1 Energy meets:

April 30, 2009: Work Group 2 Administrative, technical amendments and the SFPC meets:

May 6, 2009: Work Group 3 model codes technical amendments meets:

May 13, 2009: Work Group 4 International Residential Code meets:

May 18, 2009: BHCD's Codes and Standards Committee meets 1<sup>st</sup> floor board room at DHCD approximately 11:00 to 4:00 following the regular scheduled BHCD meeting.

June 22, 2009: BHCD's Codes and Standards Committee meets 1<sup>st</sup> floor board room at DHCD at 9:30 to 4:00.:

July 27, 2009: BHCD and Fire Services Board hold public hearing at 9:30, Codes and Standards Committee at approximately 11:00 to 12:15 and at 1:00 the BHCD meets to approve the draft regulations. Meeting at VDHA in Innsbrook at 4224 Cox Road, 1<sup>st</sup> floor.

August to October, 2009: 60 day public comment period for the proposed USBC, SFPC and related regulations

November 16<sup>th</sup> to December 21<sup>st</sup>, 2009: BHCD's Codes and Standards Committee meets to consider public comments, carry-over code changes from the Work Groups 1-4 meetings and any new code changes. Work Groups to meet same time frames.

January 18<sup>th</sup> or 25<sup>th</sup>, 2010: BHCD and Fire Service Board hold 2<sup>nd</sup> public hearing.

February to April, 2010: Work Groups to meet.

March 1, 2010: Deadline for 2009 code changes.

May 17, 2010: BHCD's Codes and Standards Committee meets to consider all remaining code changes and approve the final regulations for submission to the full BHCD.

June 21, 2010: BHCD approve final regulations with input from the FSB.

Effective Date: September 30, 2010

**Board of Housing and Community Development (BHCD), Fire Services Board  
(FSB) and BHCD's Codes and Standards Committee  
2009 Regulatory Action and Meeting Dates**

**These dates are subject to change.**

**January 26, 2009:** BHCD presented with 2009 regulatory schedule.

**March 23, 2009:** BHCD approves Notice of Intended Regulatory Action (NOIRA).

**May 18, 2009:** BHCD's Codes and Standards Committee will meet from approximately 11:00 a.m. to 4:00 p.m. at DHCD, 1<sup>st</sup> floor board room (right after the BHCD board meeting that will be from 10:00 a.m. to 11:00 p.m.). Four Work Groups, advisory committees, Fire Services Code Committee and associations should have identified their 2009 code changes and gained consensus where possible.

**June 22, 2009:** BHCD's Codes and Standards Committee will meet to review non-consensus items at DHCD, 1<sup>st</sup> floor board room from 9:30 a.m. to 4:00 p.m.

**July 27, 2009:** BHCD will meet at VDHA, 4224 Cox Road (Innsbrook), 1<sup>st</sup> floor. BHCD and FSB Public Hearing at 9:30 a.m., Codes and Standards Committee following the hearing from approximately 11:00 a.m. to 12:15 p.m. and BHCD Board meeting at 1:00 p.m. to approve the 2009 proposed regulations.

**August, September, and October, 2009:** No meetings during this time as regulations are approved for publication and 60 days comment period.

**November 16<sup>th</sup> or December 21<sup>st</sup>, 2009:** BHCD's Codes and Standards Committee will meet to review public comments on the proposed regulations, carry-over code changes and new code changes.

**January 18<sup>th</sup> or 25<sup>th</sup>, 2010:** BHCD and FSB will hold a public hearing on the proposed regulations.

**March 1, 2010:** Deadline for new code changes.

**May 17, 2010:** BHCD's Codes and Standards Committee will meet to consider all code changes not approved, public comments or any new code changes and a final review of the regulations and approval to submit for the BHCD to approve.

**June 21, 2010:** BHCD approve final regulations with input from the FSB on the SFPC. Codes and Standards Committee will have a short meeting prior to the BHCD meeting.

**September 30, 2010:** Effective date of final regulations if approved by the OAG and Governor's Office.

(Updated March 27, 2009)

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF BUILDING AND FIRE REGULATION

Code Change Form for the 2009 Code Change Cycle

Code Change Number: 1

Proponent Information

(Check one):  Individual  Government Entity  Company

Name: draft

Representing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Proposal Information

Code(s) and Section(s): 2009 IBC 308.3 I-2

Proposed Change (including all relevant section numbers, if multiple sections): This occupancy shall include.....on a 24-hour basis for more than **five** persons who are not capable of self-preservation.

A facility such as the above with **five** or fewer shall be classified as Group R-3.....

Supporting Statement (including intent, need, and impact of the proposal):

Changes I-2 back to 5 from the 2009 IBC that went to 1. Next makes same change for R-3 or IRC (R-5). Will need to do coordinating with the R occupancies for licensed facilities and I-1 and I-4 as the USBC that has allowed 5 persons to be I-2 residents in R occupancies. Data to support change was limited.

Left 308.3.1 at 5 for child care facility.

Submittal Information

Date Submitted: \_\_\_\_\_

The proposal may be submitted by email as an attachment, by fax, by mail, or by hand delivery.

Please submit the proposal to:

DHCD DBFR TASO (Technical Assistance and Services Office)  
The Jackson Center

Email Address: [taso@dhcd.virginia.gov](mailto:taso@dhcd.virginia.gov)

Division 1.5  
Division 1.6

Organic peroxides, unclassified detonable  
Oxidizers, Class 4  
Unstable (reactive) materials, Class 3 detonable and Class 4

[F] 307.4 High-hazard Group H-2. Buildings and structures containing materials that pose a deflagration hazard or a hazard from accelerated burning shall be classified as Group H-2. Such materials shall include, but not be limited to, the following:

- Class I, II or IIIA flammable or combustible liquids which are used or stored in normally open containers or systems, or in closed containers or systems pressurized at more than 15 psi (103.4 kPa) gage.
- Combustible dusts
- Cryogenic fluids, flammable
- Flammable gases
- Organic peroxides, Class I
- Oxidizers, Class 3, that are used or stored in normally open containers or systems, or in closed containers or systems pressurized at more than 15 psi (103 kPa) gage
- Pyrophoric liquids, solids and gases, nondetonable
- Unstable (reactive) materials, Class 3, nondetonable
- Water-reactive materials, Class 3

[F] 307.5 High-hazard Group H-3. Buildings and structures containing materials that readily support combustion or that pose a physical hazard shall be classified as Group H-3. Such materials shall include, but not be limited to, the following:

- Class I, II or IIIA flammable or combustible liquids that are used or stored in normally closed containers or systems pressurized at 15 pounds per square inch gauge (103.4 kPa) or less
- Combustible fibers, other than densely packed baled cotton
- Consumer fireworks, 1.4G (Class C, Common)
- Cryogenic fluids, oxidizing
- Flammable solids
- Organic peroxides, Class II and III
- Oxidizers, Class 2
- Oxidizers, Class 3, that are used or stored in normally closed containers or systems pressurized at 15 pounds per square inch gauge (103 kPa) or less
- Oxidizing gases
- Unstable (reactive) materials, Class 2
- Water-reactive materials, Class 2

[F] 307.6 High-hazard Group H-4. Buildings and structures which contain materials that are health hazards shall be classified as Group H-4. Such materials shall include, but not be limited to, the following:

- Corrosives
- Highly toxic materials
- Toxic materials

[F] 307.7 High-hazard Group H-5 structures. Semiconductor fabrication facilities and comparable research and development areas in which hazardous production materials (HPM) are used and the aggregate quantity of materials is in excess of those listed in Tables 307.1(1) and 307.1(2) shall be classified

as Group H-5. Such facilities and areas shall be designed and constructed in accordance with Section 415.8.

[F] 307.8 Multiple hazards. Buildings and structures containing a material or materials representing hazards that are classified in one or more of Groups H-1, H-2, H-3 and H-4 shall conform to the code requirements for each of the occupancies so classified.

## SECTION 308 INSTITUTIONAL GROUP I

308.1 Institutional Group I. Institutional Group I occupancy includes, among others, the use of a building or structure, or a portion thereof, in which people are cared for or live in a supervised environment, having physical limitations because of health or age are harbored for medical treatment or other care or treatment, or in which people are detained for penal or correctional purposes or in which the liberty of the occupants is restricted. Institutional occupancies shall be classified as Group I-1, I-2, I-3 or I-4.

308.2 Group I-1. This occupancy shall include buildings, structures or parts thereof housing more than 16 persons, on a 24-hour basis, who because of age, mental disability or other reasons, 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. This group shall include, but not be limited to, the following:

- Alcohol and drug centers
- Assisted living facilities
- Congregate care facilities
- Convalescent facilities
- Group homes
- Halfway houses
- Residential board and care facilities
- Social rehabilitation facilities

A facility such as the above with five or fewer persons shall be classified as a Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2. A facility such as above, housing at least six and not more than 16 persons, shall be classified as Group R-4.

308.3 Group I-2. This occupancy shall include buildings and structures used for medical, surgical, psychiatric, nursing or custodial care for persons who are not capable of self-preservation. This group shall include, but not be limited to, the following:

- Child care facilities
- Detoxification facilities
- Hospitals
- Mental hospitals
- Nursing homes

308.3.1 Definitions. The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

**CHILD CARE FACILITIES.** Facilities that provide care on a 24-hour basis to more than five children, 2½ years of age or less.

**DETOXIFICATION FACILITIES.** Facilities that serve patients who are provided treatment for substance abuse on a 24-hour basis and who are incapable of self-preservation or who are harmful to themselves or others.

**HOSPITALS AND MENTAL HOSPITALS.** Buildings or portions thereof used on a 24-hour basis for the medical, psychiatric, obstetrical or surgical treatment of inpatients who are incapable of self-preservation.

**NURSING HOMES.** Nursing homes are long-term care facilities on a 24-hour basis, including both intermediate care facilities and skilled nursing facilities, serving more than five persons and any of the persons are incapable of self-preservation.

**308.4 Group I-3.** This occupancy shall include buildings and structures that are inhabited by more than five persons who are under restraint or security. An I-3 facility is occupied by persons who are generally incapable of self-preservation due to security measures not under the occupants' control. This group shall include, but not be limited to, the following:

- Correctional centers
- Detention centers
- Jails
- Prerelease centers
- Prisons
- Reformatories

Buildings of Group I-3 shall be classified as one of the occupancy conditions indicated in Sections 308.4.1 through 308.4.5 (see Section 408.1).

**308.4.1 Condition 1.** This occupancy condition shall include buildings in which free movement is allowed from sleeping areas, and other spaces where access or occupancy is permitted, to the exterior via *means of egress* without restraint. A Condition 1 facility is permitted to be constructed as Group R.

**308.4.2 Condition 2.** This occupancy condition shall include buildings in which free movement is allowed from sleeping areas and any other occupied smoke compartment to one or more other smoke compartments. Egress to the exterior is impeded by locked *exits*.

**308.4.3 Condition 3.** This occupancy condition shall include buildings in which free movement is allowed within individual smoke compartments, such as within a residential unit comprised of individual *sleeping units* and group activity spaces, where egress is impeded by remote-controlled release of *means of egress* from such a smoke compartment to another smoke compartment.

**308.4.4 Condition 4.** This occupancy condition shall include buildings in which free movement is restricted from an occupied space. Remote-controlled release is provided to permit movement from *sleeping units*, activity spaces and other occupied areas within the smoke compartment to other smoke compartments.

**308.4.5 Condition 5.** This occupancy condition shall include buildings in which free movement is restricted from an occupied space. Staff-controlled manual release is provided to permit movement from *sleeping units*, activity spaces and other occupied areas within the smoke compartment to other smoke compartments.

**308.5 Group I-4, day care facilities.** This group shall include buildings and structures occupied by persons of any age who receive custodial care for less than 24 hours by individuals other than parents or guardians, relatives by blood, marriage or adoption, and in a place other than the home of the person cared for. A facility such as the above with five or fewer persons shall be classified as a Group R-3 or shall comply with the *International Residential Code* in accordance with Section 101.2. Places of worship during religious functions are not included.

**308.5.1 Adult care facility.** A facility that provides accommodations for less than 24 hours for more than five unrelated adults and provides supervision and *personal care services* shall be classified as Group I-4.

**Exception:** A facility where occupants are capable of responding to an emergency situation without physical assistance from the staff shall be classified as Group R-3.

**308.5.2 Child care facility.** A facility that provides supervision and personal care on less than a 24-hour basis for more than five children 2½ years of age or less shall be classified as Group I-4.

**Exception:** A child day care facility that provides care for more than five but no more than 100 children 2½ years or less of age, where the rooms in which the children are cared for are located on a *level of exit discharge* serving such rooms and each of these child care rooms has an *exit* door directly to the exterior, shall be classified as Group E.

## SECTION 309 MERCANTILE GROUP M

**309.1 Mercantile Group M.** Mercantile Group M occupancy includes, among others, the use of a building or structure or a portion thereof, for the display and sale of merchandise and involves stocks of goods, wares or merchandise incidental to such purposes and accessible to the public. Mercantile occupancies shall include, but not be limited to, the following:

- Department stores
- Drug stores
- Markets
- Motor fuel-dispensing facilities
- Retail or wholesale stores
- Sales rooms

**309.2 Quantity of hazardous materials.** The aggregate quantity of nonflammable solid and nonflammable or noncombustible liquid hazardous materials stored or displayed in a single *control area* of a Group M occupancy shall not exceed the quantities in Table 414.2.5(1).

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF BUILDING AND FIRE REGULATION

Code Change Form for the 2009 Code Change Cycle

Code Change Number: 3

Proponent Information

(Check one):  Individual  Government Entity  Company

Name: draft

Representing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Proposal Information

Code(s) and Section(s): 2009 IBC 308.2 I-1

Proposed Change (including all relevant section numbers, if multiple sections):

308.2 I-1. This occupancy shall include..... (i) The occupants are capable of responding to an emergency situation without physical assistance from staff. (ii) **Occupants shall be permitted to reside in these facilities that comply with the admittance criteria (UAI) and annual evaluations of the Virginia Department of Social Services that allows ambulatory to be defined as resident who use canes, walkers, wheel chairs and prosthetic devices and residents that can be given a single verbal command.**

A facility such as the above with five or fewer **occupants**/persons shall be classified as a Group R-3 or shall comply with the International Residential Code (R-5)

A facility such as above, housing at least six and not more than 16 persons, shall be classified as Group R-4.

Supporting Statement (including intent, need, and impact of the proposal):

Allows in I-1 residents that are permitted by the licensure agencies to be in I-1 and R-4 facilities that can have some assistance. Fire data shows these facilities are safe. There were a few 2009 IBC code changes that made these R's and I-1's even more safe and there maybe a few other code changes that might be worthy of consideration in the 2009 USBC and the 2012 IBC. Would need to make this change with the R-4 occupancy and the definition of residential assisted living facilities.

Some possible improved building code requirements could be CO alarms, arc-fault devices, residents needing some assistance be on a grade level floors, perhaps some ratings between floor levels or between bedrooms?

Submittal Information

Date Submitted: \_\_\_\_\_

The proposal may be submitted by email as an attachment, by fax, by mail, or by hand delivery.

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF BUILDING AND FIRE REGULATION

Code Change Form for the 2009 Code Change Cycle

Code Change Number: 3

Proponent Information

(Check one):  Individual  Government Entity  Company

Name: draft

Representing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Proposal Information

Code(s) and Section(s): 2009 IBC 308.2 I-1

Proposed Change (including all relevant section numbers, if multiple sections):

308.2 I-1. This occupancy shall include..... The occupants are capable of responding to an emergency situation without physical assistance from staff. **Occupants shall be permitted to reside in these facilities that comply with the admittance criteria and annual evaluations of the Virginia Department of Social Services that allows ambulatory to be defined as resident who use canes, walkers, wheel chairs and prosthetic devices and residents that can be given a single verbal command?**

A facility such as the above with five or fewer **occupants/persons** shall be classified as a Group R-3 or shall comply with the International Residential Code (R-5)

A facility such as above, housing at least six and not more than 16 persons, shall be classified as Group R-4.

Supporting Statement (including intent, need, and impact of the proposal):

Allows in I-1 residents that are permitted by the licensure agencies to be in I-1 and R-4 facilities that can have some assistance. Fire data shows these facilities are safe. There were a few 2009 IBC code changes that made these R's and I-1's even more safe and there maybe a few other code changes that might be worthy of consideration in the 2009 USBC and the 2012 IBC. Would need to make this change with the R-4 occupancy and the definition of residential assisted living facilities.

Some possible improved building code requirements could be CO alarms, arc-fault devices, residents needing some assistance be on a grade level floors, perhaps some ratings between floor levels or between bedrooms?

Submittal Information

Date Submitted: \_\_\_\_\_

The proposal may be submitted by email as an attachment, by fax, by mail, or by hand delivery.

§ 63.1-172. Definitions.

As used in this article, unless the context requires a different meaning:

"Administrator" means any person meeting the qualifications for administrator of an assisted living facility, pursuant to regulations promulgated by the Board. Any person meeting the qualifications for a licensed nursing home administrator under § 54.1-3103 shall be deemed qualified to (i) serve as an administrator of an assisted living facility and (ii) serve as the administrator of both an assisted living facility and a licensed nursing home, provided the assisted living facility and licensed nursing home are part of the same building.

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"Assisted living facility" means any congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance (scheduled and unscheduled) for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting, except (i) a facility or portion of a facility licensed by the State Board of Health or the Department of Mental Health, Mental Retardation and Substance Abuse Services, but including any portion of such facility not so licensed; (ii) the home or residence of an individual who cares for or maintains only persons related to him by blood or marriage; (iii) a facility or portion of a facility serving infirm or disabled persons between the ages of eighteen and twenty-one, or twenty-two if enrolled in an educational program for the handicapped pursuant to § 22.1-214, when such facility is licensed by the Virginia Department of Social Services as a child-caring institution under Chapter 10 (§ 63.1-195 et seq.) of this title, but including any portion of the facility not so licensed; and (iv) any housing project for seniors or the disabled that provides no more than basic coordination of care services and is funded by the U.S. Department of Housing and Urban Development, including but not limited to, U.S. Department of Housing and Urban Development Sections 8, 202, 221(d) (3), 221(d) (4), 231, 236, or 811 housing, by the U.S. Department of Agriculture, or by the Virginia Housing Development Authority. Included in this definition are any two or more places, establishments or institutions owned or operated by a single entity and providing maintenance or care to a combined total of four or more aged, infirm or disabled adults.

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"Assisted living care" means a level of service provided by an assisted living facility for adults who may have physical or mental impairments and require at least a moderate level of assistance with activities of daily living.

to moderate

"Independent physician" means a physician who is chosen by the resident of the assisted living facility and who has no financial interest in the assisted living facility, directly or indirectly, as an owner, officer, or employee or as an independent contractor with the residence.

"Maintenance or care" means the protection, general supervision and oversight of the physical and mental well-being of the aged, infirm or disabled individual.

"Qualified assessor" means an entity contracting with the Department of Medical Assistance Services to perform nursing facility pre-admission screening or to complete the uniform assessment instrument for a home and community-based waiver program, including an independent physician contracting with the Department of Medical Assistance Services to complete the uniform assessment instrument for residents of assisted living facilities, or any hospital which has contracted with the Department of Medical Assistance Services to perform nursing facility pre-admission screenings.

"Residential living care" means a level of service provided by an assisted living facility for adults who may have physical or mental impairments and require only minimal assistance with the activities of daily living. The definition of "residential living care" includes the services provided by independent living facilities that voluntarily become licensed.

**§ 63.2-1705. Compliance with Uniform Statewide Building Code.**

A. Buildings licensed as assisted living facilities, adult day care centers and child welfare agencies shall be classified by and meet the specifications for the proper Use Group as required by the Virginia Uniform Statewide Building Code.

B. Buildings used for assisted living facilities or adult day care centers shall be licensed for ambulatory or nonambulatory residents or participants. Ambulatory means the condition of a resident or participant who is physically and mentally capable of self-preservation by evacuating in response to an emergency to a refuge area as defined by the Uniform Statewide Building Code without the assistance of another person, or from the structure itself without the assistance of another person if there is no such refuge area within the structure, even if such resident or participant may require the assistance of a wheelchair, walker, cane, prosthetic device, or a single verbal command to evacuate. Nonambulatory means the condition of a resident or participant who by reason of physical or mental impairment is not capable of self-preservation without the assistance of another person.

(1981, c. 275, § 63.1-174.1; 1986, c. 430; 1989, c. 173; 1991, c. 532; 1992, c. 356, § 63.1-194.4; 1993, cc. 957, 993; 1998, c. 552; 2002, c. 747.)

**Cross references.** - As to the Uniform Statewide Building Code, see § 36-97 et seq.

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF BUILDING AND FIRE REGULATION

Code Change Form for the 2009 Code Change Cycle

Code Change Number: \_\_\_\_\_

Proponent Information

(Check one):  Individual  Government Entity  Company

Name: draft

Representing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Proposal Information

Code(s) and Section(s): 2009 IBC 310.2 Residential Care/Assisted Living Facilities

Amend the 2<sup>nd</sup> sentence "The occupants are capable of responding to an emergency situation without physical assistance from staff or occupants shall be permitted to reside in these facilities that comply with the admittance criteria and annual evaluations of the Department of Social Services (UAI) that allows ambulatory to be defined as residents who use canes, walkers, wheel chairs and prosthetic devices and residents that can be given a single verbal command."

Supporting Statement (including intent, need, and impact of the proposal):

Changes

Submittal Information

Date Submitted: \_\_\_\_\_

The proposal may be submitted by email as an attachment, by fax, by mail, or by hand delivery.

Please submit the proposal to:

DHCD DBFR TASO (Technical Assistance and Services Office)  
The Jackson Center  
501 N. 2nd Street  
Richmond, VA 23219-1321

Email Address: [taso@dhcd.virginia.gov](mailto:taso@dhcd.virginia.gov)  
Fax Number: (804) 371-7092  
Phone Numbers: (804) 371-7140 or (804) 371-7150



## SECTION 310 RESIDENTIAL GROUP R

**310.1 Residential Group R.** Residential Group R includes, among others, the use of a building or structure, or a portion thereof, for sleeping purposes when not classified as an Institutional Group I or when not regulated by the *International Residential Code* in accordance with Section 101.2. Residential occupancies shall include the following:

**R-1** Residential occupancies containing *sleeping units* where the occupants are primarily transient in nature, including:

- Boarding houses (transient)
- Hotels (transient)
- Motels (transient)

*Congregate living facilities* (transient) with 10 or fewer occupants are permitted to comply with the construction requirements for Group R-3.

**R-2** Residential occupancies containing *sleeping units* or more than two *dwelling units* where the occupants are primarily permanent in nature, including:

- Apartment houses
- Boarding houses (nontransient)
- Convents
- Dormitories
- Fraternities and sororities
- Hotels (nontransient)
- Live/work units
- Monasteries
- Motels (nontransient)
- Vacation timeshare properties

*Congregate living facilities* with 16 or fewer occupants are permitted to comply with the construction requirements for Group R-3.

**R-3** Residential occupancies where the occupants are primarily permanent in nature and not classified as Group R-1, R-2, R-4 or I, including:

- Buildings that do not contain more than two *dwelling units*.
- Adult care facilities that provide accommodations for five or fewer persons of any age for less than 24 hours.
- Child care facilities that provide accommodations for five or fewer persons of any age for less than 24 hours.
- Congregate living facilities* with 16 or fewer persons.

Adult care and child care facilities that are within a single-family home are permitted to comply with the *International Residential Code*.

**R-4** Residential occupancies shall include buildings arranged for occupancy as residential care/assisted living facilities including more than five but not more than 16 occupants, excluding staff.

Group R-4 occupancies shall meet the requirements for construction as defined for Group R-3, except as otherwise provided for in this code or shall comply with the *International Residential Code* provided the building is protected by an *automatic sprinkler system* installed in accordance with Section 903.2.7.

**310.2 Definitions.** The following words and terms shall, for the purposes of this section and as used elsewhere in this code, have the meanings shown herein.

**BOARDING HOUSE.** A building arranged or used for lodging for compensation, with or without meals, and not occupied as a single-family unit.

**CONGREGATE LIVING FACILITIES.** A building or part thereof that contains sleeping units where residents share bathroom and/or kitchen facilities.

**DORMITORY.** A space in a building where group sleeping accommodations are provided in one room, or in a series of closely associated rooms, for persons not members of the same family group, under joint occupancy and single management, as in college dormitories or fraternity houses.

**PERSONAL CARE SERVICE.** The 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.

**RESIDENTIAL CARE/ASSISTED LIVING FACILITIES.** A building or part thereof housing persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment which provides *personal care services*. The occupants are capable of responding to an emergency situation without physical assistance from staff. This classification shall include, but not be limited to, the following: residential board and care facilities, assisted living facilities, halfway houses, group homes, congregate care facilities, social rehabilitation facilities, alcohol and drug abuse centers and convalescent facilities. *clzo*

**TRANSIENT.** Occupancy of a *dwelling unit* or *sleeping unit* for not more than 30 days.

## SECTION 311 STORAGE GROUP S

**311.1 Storage Group S.** Storage Group S occupancy includes, among others, the use of a building or structure, or a portion thereof, for storage that is not classified as a hazardous occupancy.

**311.2 Moderate-hazard storage, Group S-1.** Buildings occupied for storage uses that are not classified as Group S-2, including, but not limited to, storage of the following:

- Aerosols, Levels 2 and 3
- Aircraft hangar (storage and repair)
- Bags: cloth, burlap and paper
- Bamboos and rattan
- Baskets
- Belting: canvas and leather
- Books and paper in rolls or packs
- Boots and shoes
- Buttons, including cloth covered, pearl or bone
- Cardboard and cardboard boxes
- Clothing, woolen wearing apparel
- Cordage
- Dry boat storage (indoor)
- Furniture

#15  
9-16  
1-16  
6-16

maximum of 5 guest room sleeping units provided for the transient occupants are permitted to be classified as either Group R-3 or R-5 provided that smoke alarms are installed in compliance with Section 907.2.10.1.2 for Group R-3 or Section 313.1 of the *International Residential Code* for Group R-5.

**R-4 Residential occupancies** shall include buildings arranged for occupancy as residential care/assisted living facilities including more than five but not more than 16 occupants, excluding staff.

Group R-4 occupancies shall meet the requirements for construction as defined for Group R-3, except as otherwise provided for in this code, or shall comply with the *International Residential Code* with the additional requirement to provide an automatic sprinkler system in accordance with Section 903.2.7. 9 -

**Exception:** Group homes licensed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services or the Virginia Department of Social Services that house no more than eight persons with one or more resident counselors shall be classified as Group R-2, R-3, R-4 or R-5. Not more than five of the persons may require physical assistance from staff to respond to an emergency situation. D.H.

**R-5 Residential occupancies** in detached one- and two-family dwellings, townhouses and accessory structures within the scope of the *International Residential Code*, also referred to as the "IRC."

Add Section 310.3 to the IBC to read:

**310.3 Group R-5.** The construction of Group R-5 structures shall comply with the IRC. The amendments to the IRC set out in Section 310.6 shall be made to the IRC for its use as part of this code. In addition, all references to Section 101.2 in the IBC relating to the construction of such structures subject to the IRC shall be considered to be references to this section.

Add Section 310.3.1 to the IBC to read:

**310.3.1 Additional requirements.** Methods of construction, materials, systems, equipment or components for Group R-5 structures not addressed by prescriptive or performance provisions of the IRC shall comply with applicable IBC requirements.

Add Section 310.4 to the IBC to read:

**310.4 Family day homes.** Family day homes where program oversight is provided by the Virginia Department of Social Services shall be classified as Group R-2, R-3 or R-5.

**Note:** Family day homes may generally care for up to 12 children. See the DHCD Related Laws Package for additional information.

Add Section 310.5 to the IBC to read:

**310.5 Radon-resistant construction in Group R-3 and R-4 structures.** Group R-3 and R-4 structures shall be subject to the radon-resistant construction requirements in Appendix F in localities enforcing such requirements pursuant to Section R324 of the IRC.

Add Section 310.6 to the IBC to read:

**310.6 Amendments to the IRC.** The following changes shall be made to the IRC for its use as part of this code.

1. Add the following definitions to Section R202 to read:

**AIR-IMPERMEABLE INSULATION.** An insulation having an air permeance equal to or less than 0.02 L/s-m<sup>2</sup> at 75 Pa pressure differential tested according to ASTM E 2178 or E 283.

**SUBSOIL DRAIN.** A drain that collects subsurface water or seepage water and conveys such water to a place of disposal.

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF BUILDING AND FIRE REGULATION

**Code Change Form for the 2009 Code Change Cycle**

Code Change Number: \_\_\_\_\_

Proponent Information

(Check one):  Individual  Government Entity  Company

Name: draft

Representing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Proposal Information

Code(s) and Section(s): 2009 IBC 310.1 R-4

Proposed Change (including all relevant section numbers, if multiple sections):  
R-4 "the additional requirement to provide an automatic sprinkler system in accordance with Section 903.2.7"  
Virginia licensed R-4 facilities are sprinkled at 9 while the IBC it is 6 residents. Should we consider it to be at 6 as 5 or less can be IRC and do we do the attics?

Supporting Statement (including intent, need, and impact of the proposal):  
  
Changes

Submittal Information

Date Submitted: \_\_\_\_\_

The proposal may be submitted by email as an attachment, by fax, by mail, or by hand delivery.

Please submit the proposal to:

DHCD DBFR TASO (Technical Assistance and Services Office)  
The Jackson Center  
501 N. 2nd Street  
Richmond, VA 23219-1321

Email Address: [taso@dhcd.virginia.gov](mailto:taso@dhcd.virginia.gov)  
Fax Number: (804) 371-7092  
Phone Numbers: (804) 371-7140 or (804) 371-7150



VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF BUILDING AND FIRE REGULATION

Code Change Form for the 2009 Code Change Cycle

Code Change Number: 2

Proponent Information

(Check one):  Individual  Government Entity  Company

Name: draft

Representing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Proposal Information

Code(s) and Section(s): 2009 IBC 308.5 I-4

Proposed Change (including all relevant section numbers, if multiple sections): A facility such as the above with five or fewer shall be classified as Group R-3.....

308.5.1 adult care facility. Do we need to change?

308.5.2 no change

Supporting Statement (including intent, need, and impact of the proposal):

Submittal Information

Date Submitted: \_\_\_\_\_

The proposal may be submitted by email as an attachment, by fax, by mail, or by hand delivery.

Please submit the proposal to:

DHCD DBFR TASO (Technical Assistance and Services Office)

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Fax Number: (804) 371-7092

Phone Numbers: (804) 371-7140 or (804) 371-7150

**Rodgers, Emory (DHCD)**

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**From:** Rodgers, Emory  
**Sent:** Wednesday, May 13, 2009 8:53 AM  
**To:** 'Eddy, Carrie (VDH)'; Tomberlin, Guy  
**Cc:** Hodge, Vernon  
**Subject:** RE: conference call with Marsha Mazz

The 50% is the same in our USBC IBC Chapter 11 as is item 2. Technically, we don't enforce ADA or FHAG but the USBC/IBC/ANSI 117.1. On plans # ok for ADA but would reference the IBC 1107.5.2.1 for I-2 nursing homes. On guidelines will start with goal by end of month. For us it is really IBC Chapter 11 which we discussed and is in this summary and the A117.1 standard reviewing and any 2009 IBC changes.

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**From:** Eddy, Carrie (VDH) [mailto:Carrie.Eddy@vdh.virginia.gov]  
**Sent:** Wednesday, May 13, 2009 8:40 AM  
**To:** Tomberlin, Guy  
**Cc:** Rodgers, Emory; Hodge, Vernon  
**Subject:** conference call with Marsha Mazz

Guy! Good morning!

Following is my best shot at the call yesterday. Emory (ER) and Vernon (VH) will be able to fill in on the specific ANSI/ICC/IBC etc code citation. Those were way beyond me.

However, the gist is as follows:

1. The ADA requires only that at least 50% of the resident bathrooms be handicapped accessible, with the 18" from the center line and grab bars. The reminder can be 'modified.'
2. Another cog in all this is that HUD 'claims' nursing facilities (NF) under its fair housing requirements. However, I understood that HUD does not require the same 18"/grab bar scenario as does the ADA. Only that if the toilet is next to the wall in the bathroom, then it must be 18" from the center line with grab bars. However, there is no standard that requires the toilet to the next to a wall. it can be placed between the lavatory and the tub, for instance. (Did I get that right? ER/VH)
3. According to the ANSI safe harbor 'rule' there is room for accommodation with toilet placement. I agree with ER on this that its a business decision for the NF owner, but, the means are there for some flexibility.
4. If the business decision is to provide for some modification, then the architect should be marking on the plans which bathrooms are "ADA" bathrooms so that the building official can assure compliance as required.
5. On the national level there is activity:
  - 5.1 The nat'l AIA has a group working on this issue (The Mr.. Paul referral from Marsha yesterday) and is trying to 'hammer out' all the kinks;
  - 5.2 The Access Board has also made some recommendations to the ADA standards for the DOJ, who has yet to make any decision on this.
  - 5.3 Some states have adopted a 'zero-lift' policy meaning that only mechanical lifting is allowed. If that was adopted, the problem might well be solved.

Next steps for VDH/DHCD:

1. We agreed that there is already sufficient flexibility in the various codes to allow flexibility, and that its a business decision as to whether the owner wants to go in that direction.

## 4.1 NURSING FACILITIES

- (2) Clear access to one side of the bed shall be provided along 75 percent of its length.
- (3) Mechanical and fixed equipment shall not obstruct access to any required element.
- (4) These guidelines shall allow arrangement of furniture that may reduce these access provisions, without impairing access provisions for other occupants.

### 2.2.3 Layout

Beds shall be no more than two deep from windows in new construction and three deep from windows in renovated construction.

### 2.2.4 Window(s)

Each room shall have a window that meets the requirements of Section 4.1-8.2.2.4.

## APPENDIX

**A2.2.7.2** A mirror for resident use shall be provided in the toilet room.

**A2.2.7.4** While ADAAG, UFAS, and ANSI accessibility standards were all developed with the intention of providing greater access for individuals with disabilities, their standards are based upon assumed stature and strength, whereby dimensional and grab bar requirements are intended to facilitate wheelchair-to-toilet transfers by individuals with sufficient upper body strength and mobility to effect such a transfer. The typical nursing home resident is unlikely to have such capabilities, thus requiring the assistance of one or more staff. Insufficient clearance at the side of the toilet can restrict staff mobility and access, and can result in injury. There are ongoing efforts aimed at educating regulators and advisory panels to the difficulties caused by inappropriate standards required within environments serving frail and geriatric populations.

Alternative grab bar configurations should address the following scenarios:

- a. When a resident is capable of independent transfer facilitated by the grab bar and side-wall location required by accessibility standards, a removable/temporary wall structure and grab bar can be installed alongside the toilet.
- b. When a resident requires partial assistance in transfer, fold-down grab bars on one or both sides of the toilet would facilitate such transfers.

### 2.2.5 Resident Privacy

Visual privacy shall be provided for each resident in multiple-bed rooms. Design for privacy shall not restrict resident access to the toilet, room entrance, window, or other shared common areas in the resident room.

### 2.2.6 Hand-Washing Station

A hand-washing station shall be provided in each resident room. Omission of this station shall be permitted in a single-bed or two-bed room when a hand-washing station is located in an adjoining toilet room that serves that room only.

### 2.2.7 Toilet Room

Each resident shall have access to a toilet room without the need to enter the corridor area.

**2.2.7.1** One toilet room shall serve no more than two residents in new construction and no more than four beds or two resident rooms in renovation projects.

**\*2.2.7.2** The toilet room shall contain a water closet and hand-washing station and (where permitted) a horizontal surface for the personal effects of each resident.

**2.2.7.3** Doors to toilet rooms may be hinged or, where local requirements permit, sliding or folding doors may be used, provided adequate provisions are made for acoustic privacy and resident safety.

**\*2.2.7.4** Toilets used by residents shall be provided sufficient clearance on both sides of the water closet to enable physical access and maneuvering by staff, who may have to assist the resident in wheelchair-to-water closet transfers and returns. Where independent transfers are feasible, alternative grab bar configurations shall be permitted.

### 2.2.8 Resident Storage Locations

Each resident shall be provided a separate wardrobe, locker, or closet.

**2.2.8.1** This storage shall have minimum clear dimensions of 1 foot 10 inch (55.88 centimeters) depth by 1 foot 8 inch (50.80 centimeters) width.

**2.2.8.2** A clothes rod and shelf shall be provided at heights accessible to the resident. Accommodations shall