Schedule 5 – Architectural Information

Contents:

Instructions for Completing Schedules 5A through 5E.

Schedule 5A  General Architectural Requirements
Schedule 5B  Adult Care Facility Architectural Certification
Schedule 5C  Final Architectural Certification
Schedule 5D  Adult Care Facility Architectural Matrix
Schedule 5E  Adult Care Facility Early Commencement of Construction Acknowledgement

Instructions

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

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

BUILDING CODE REFERENCES:
The following building codes apply:

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

ASSISTED LIVING RESIDENCE with EALR or SNALR certification
1. 2010 Building Codes of New York State applicable to I-1.
2. 2008 Building Codes of New York City applicable to I-1.

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

SCHEDULE INSTRUCTIONS:
The architectural schedule is required for the following projects:

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

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

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

1. Does the project require construction or renovation?
   a. If Yes, estimated start date of construction: ______________
   b. Estimated duration of construction: ______________

2. Provide a brief narrative description of the proposed site and building in the space below, including the following information:
   a. Location;
   b. Room configuration (e.g. private, shared, two bedroom, studio, private or shared bathrooms);
   c. Facility description (e.g. number of floors or description of wings, location of common areas, administration offices, residential units, and other amenities) and type of construction (e.g. brick, wood-frame, steel frame); and
   d. Describe unique features or finishes below.

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

4. Will the applicant seek approval as a SNALR?
   If Yes, answer each of the following questions in the space provided:
   a. If the SNALR unit is operated as part of a residence, does it provide self-contained leisure and dining room space?
      If No, explain how use of shared common areas is appropriate to the needs of all residents.

   b. Is outdoor space and walkways provided for residents of the SNALR unit?
      If Yes, described the space and fencing or barriers to prevent injury and elopement.

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

   d. Is the facility is of Type 5 (wood frame) construction?
      If Yes, are areas designated for the care of persons with dementia or memory impairment restricted to floor levels permitted by the Building Code of NYS or the Building Code of NYC for Type 5 construction for occupancy group I-1 or I-2?

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

   f. Operators of SNALR units must have and maintain control over the building in which the unit is located. Operators that do not have such control must have a written agreement with the appropriate parties to ensure that regulatory requirements can and will be met. State whether you have such control over the building. If you do not have control, submit a copy of the written agreement that ensures that regulatory requirements can and will be met.
NOTE: Construction, renovation, or building addition may not start until the Department of Health approves the architectural component of the Part I application. If the applicant wishes to start construction, renovation or building addition prior to Part I approval, it may submit an early commencement of construction request for Department review. An applicant that utilizes the early commencement process does so at its own risk and the Department makes no representation as to the ultimate issuance or timing of the application’s approval. The “Early Commencement of Construction” request form is found in Schedule 5E.
Project Information

Project Name ____________________________  Project Number ____________________________
Applicant Name ___________________________________________  Date ____________________________
Project Address ____________________________________________

Architectural Reviewer Information

☐ Registered Architect  ☐ Professional Engineer  ☐ Registered Architect  ☐ Professional Engineer
Primary Reviewer ____________________________________________  Third Party Reviewer ____________________________________________
Firm Name ____________________________________________  Firm Name ____________________________________________

Certificate of Need Application

☐ Licensed (Operating Certificate # ____________________________ )  ☐ Unlicensed

Facility Licensure Status

A. Licensure/Certification Request

Type
☐ AH  ☐ EHP  ☐ ALP  ☐ ALR  ☐ EALR  ☐ SNALR

Current # of Beds ____________  ____________  ____________  ____________  ____________  ____________
Proposed # of Beds ____________  ____________  ____________  ____________  ____________  ____________

B. Renovations

☐ Resident Rooms  ☐ Leisure Space
☐ Dining Area  ☐ Other ____________________________

Form Requested by Department of Health

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

Architectural Waiver

☐ Existing Waiver – Type/Approval Date ____________________________

Waiver Request – Type/Date submitted to Regional Office ____________________________

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

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

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

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

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

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

PRINT NAME

PROFESSIONAL NEW YORK STATE LICENSE NUMBER

BUSINESS ADDRESS

E-MAIL ADDRESS

Third Party Architect/Engineer

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

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

PRINT NAME

PROFESSIONAL NEW YORK STATE LICENSE NUMBER

BUSINESS ADDRESS

E-MAIL ADDRESS

Applicant Certification

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

SIGNATURE ___________________________ DATE ___________________________

TYPE OR PRINT NAME ___________________________ TITLE ___________________________

NOTARY (NOTARY MUST AFFIX STAMP OR SEAL) ___________________________ DATE ___________________________
To be submitted only if the Adult Care Facility Architectural Certification submitted to the Department of Health was based upon preliminary or schematic architectural plans.

Project Information

Project Name ___________________________ Project Number ________________

Applicant Name ___________________________ Date ________________________

Project Address ___________________________

Architectural Reviewer Information

☐ Registered Architect ☐ Professional Engineer

Primary Reviewer ___________________________

Firm Name ________________________________

Date _________________________________

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

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

PRINT NAME

PROFESSIONAL NEW YORK STATE LICENSE NUMBER

BUSINESS ADDRESS

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

<table>
<thead>
<tr>
<th>Type of Application</th>
<th>Primary Architect or Engineer</th>
<th>Third Party Architect or Engineer</th>
<th>Regional Office</th>
<th>Central Office</th>
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<td>B) Construction/Renovations</td>
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<td>Resident Safety Impacted</td>
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<td>exceeding routine</td>
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<td>Resident Safety Not Impacted</td>
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<td>C) Change of Operator/Owner **</td>
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<td>D) Property Transfer</td>
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<td>ACF with no existing ALP beds</td>
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</table>

Notes:  
* Construction includes the redesignation of any non-residential space into resident space.
  ** The Department of Health may request the submission of this form based on known concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR 1001.13

The Department of Health reserves the right to require additional information in order to make a final determination or recommendation.
This acknowledgment form is to be used when an applicant wishes to commence construction prior to Part One approval. This acknowledgment does not replace the Architectural Certification form. The applicant must still submit the Part One application and Architectural Certification form together with this acknowledgment.

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

Date received by the Department __________________________

Project Information

Project Name ___________________________________________ Project Number ______________
Applicant Name _________________________________________
Project Address _________________________________________

Facility Licensure Status

A. Licensure/Certification Request

   Type
   [ ] AH [ ] EHP [ ] ALP [ ] ALR [ ] EALR [ ] SNALR

   Proposed # of Beds ____________ ____________ ____________ ____________ ____________

B. Renovations

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

Architectural Review

Date of Current Architectural Certification: ________________
If an existing ACF, are there any approved architectural/environmental waivers? [ ] Yes [ ] No
   If Yes, attach copies of each waiver and indicate the total number of approved waivers: ________________
If construction will be performed in an occupied facility, attach the Resident Safety Plan submitted to the Regional Office. [ ] Attached # ________________ [ ] Not Applicable
Applicant Certification

The undersigned applicant understands and agrees that, notwithstanding the fact that upon acceptance of this acknowledgement, the NYS Department of Health will grant permission to commence construction on the above referenced project, that the project has not received either Part I or Part II approval and cannot commence operation of an adult care facility without both Part I and Part II approval. Applicant further acknowledges that filing this acknowledgement with the Department of Health neither entitles applicant to an expedited review nor assures applicant of the ultimate approval of the application. Applicant further acknowledges that it commences construction at its own risk and that the Department has made no representations as to the ultimate issuance or timing of the application’s approval. Applicant further acknowledges that the facility must be constructed in accordance with all applicable codes and regulations, and final approval will not be granted until a Final Architectural Certification is submitted.

SIGNATURE

DATE

TYPE OR PRINT NAME

TITLE

Notary Public (Signing required for the applicant)

STATE OF NEW YORK

County of ____________________________

Sworn before me this ______ day of ________, 20__

NOTARY