



Requirements for Design, Space, and Equipment in Family Care Homes

Section 6.1

Every Family Care Home (FCH), including those certified only to provide respite services, must meet certain standards to ensure the health and safety of individuals living in the home. Once an operating certificate is issued by the Office for People With Developmental Disabilities (OPWDD), it is the responsibility of the Sponsoring Agency to ensure that the established safety standards are maintained throughout the duration of the operating certificate.

General Maintenance and Safety Standards

To ensure the safety and welfare of individuals living in FCHs, the following requirements must be met:

- a. A fire and safety inspection must be completed annually by an OPWDD Safety & Security Officer (SSO). The inspection must be completed using the OPWDD approved review instrument.
- b. Homes must be sufficient in size to provide adequate and proper living accommodations for all parties in the household. (See Space Standards section below)
- c. The overall household composition and living accommodations will be evaluated to determine any impact on an individual receiving services in a FCH. This may include but is not limited to impacts on fire evacuation and on the quality of care and supervision provided to an individual receiving Family Care services.
- d. No individual's bedroom can be in the attic, hallway, or a room used for other than bedroom purposes.
- e. Primary access and exit from the individual's bedroom must be to a hall, corridor, or other general activity area and not through a bathroom or another bedroom.
- f. Adequate bathing and toileting facilities must be provided and kept sanitary and in working order. These areas must provide for personal privacy.
- g. Dining space must be adequate in size and equipped to adequately provide for the family group to be seated during meals.
- h. Any bedroom occupied by an individual receiving services should have natural light and insect screens.
- i. Each individual's bedroom must afford privacy and be sufficient in size to contain the following furnishings, provided by the Family Care Provider (FCP):
 - i. A suitable bed. Cots, futons and convertible sleep furniture may not be used.
 - ii. A dresser that is accessible to the individual for personal articles.
 - iii. A closet or wardrobe space.
- j. The home must have and maintain active telephone service so that both the FCP and the individual have access to a phone, especially for emergencies. Cellular and/or landline services may be used. If cellular service is unreliable at a location, landline phone service will be required. If only landline service is used, the landline must function during a power outage.

- k. The home must have safe, continuous and unobstructed exits from the interior of the home to the exterior of a street or to a yard, courtyard, or passageway leading to an open public area. A landlocked courtyard must have unrestricted access to a location which is at least 30 feet away from the building. There must be safe, continuous, and unobstructed access to the designated meeting place as identified in the fire evacuation plan.
- l. All ramps, doors, handrails, elevator controls, telephones, and similar devices installed for use by individuals with physical disabilities must be maintained in an operable/useable condition.
- m. All door handles must be properly installed to allow for privacy and prevent locking from the outside.
- n. The home must be clean and well maintained.
- o. The use of portable or temporary space heaters as a sole source of heat is prohibited. Temporary use must be approved in advance by the Developmental Disabilities State Operations Office (DDSOO) Director or designee.
- p. Any hazardous conditions (e.g., overloaded power strips, loose flooring, electrical connections/wiring, generator transfer switches) that present a threat to an individual's safety or welfare must be repaired in a timely manner.
- q. The FCP must ensure the annual maintenance and cleaning of any heating, alternative heating (such as wood stoves), cooling, or air filtration system. A record of the maintenance and cleaning must be available to verify inspection.
- r. All equipment used for heating, lighting, and cooking must be safe, appropriate, and be Underwriters Laboratory (UL) approved.
- s. All dangerous household products, flammable liquids, chemicals, toxic items, and highly combustible material must be stored in a safe manner.
- t. The FCP must notify the Sponsoring Agency immediately of the anticipated or actual termination of any service vital to the continued safe operation of the home or health of the individuals living in the home. This includes, but is not limited to: telephone, electricity, gas, fuel, water, septic system, heating, air conditioning, smoke or heat detectors, or sprinkler system.
- u. For homes certified after May 21st, 2019 must have mechanical or natural ventilation.
- v. All mechanical appliances that require venting must be vented to the outside (e.g. dryer vents, range hoods, fireplaces).
- w. Dryer vents must be metal or flexible metal and UL approved for its use.
- x. For emergency purposes, house numbers must be visible from the street.

The FCP must promptly apply remedial measures to correct any issues and to remain in compliance with standards described in this policy.

Space Standards

At the initial certification of a FCH, minimum building code space standards will apply for bedrooms intended to be used by individuals receiving services. The minimum square footage for a single bedroom is 70 square feet or 120 square feet if two individuals receiving services will share a bedroom. If there is a subsequent request to increase the number of individuals served in a home or for an individual to change bedrooms to a

space the SSO has not reviewed, there will be a need for the SSO to visit the home to determine if the proposed space meets the standards outlined in this policy.

Bedroom Sharing

An individual receiving Family Care services may share a bedroom with one other individual (of the same gender) receiving Family Care services if the room meets minimum requirements as described above. An individual receiving Family Care services may never share a bedroom with a FCP.

Individuals receiving Family Care services cannot share a bedroom with the FCP's family members. The only exception that may be approved at the discretion of the DDSOO Director (or authorized designee) is for children under age 18 to share a bedroom with one other child of similar age and of the same gender.

Modifying and Remodeling of Family Care Homes

If a FCP plans to make any physical plant modifications to the home that are subject to building codes in effect at the time the permit is issued for the modification, the FCP must notify the Sponsoring Agency in writing of the proposed changes and provide documentation that these changes will be in compliance with all applicable building codes. A valid building permit, if required, must be maintained at the home during the course of the modifications/remodeling of the home. The Sponsoring Agency should review the renovation plans to ensure there is no impact on the health and safety needs of an individual receiving services in the FCH.

Equipment Standards

Fire Extinguishers

The FCP must ensure that fire extinguishers are readily accessible—either mounted on the wall, on a shelf for easy access or in a labeled cabinet. One fire extinguisher must be maintained in or near the kitchen. A trained OPWDD SSO will determine if conditions exist that would necessitate the installation of additional fire extinguishers in a home. For example, if a home were equipped with a wood stove in the basement, an additional fire extinguisher would be required. It is recommended that fire extinguishers are on each level of a Family Care Home. The SSO will periodically monitor by visual inspection that the extinguisher(s) is available, in its designated space, and has not been tampered with.

Fire extinguishers must meet the requirements of National Fire Protection Association (NFPA) 10 and be UL labeled and approved.

- a. Fire extinguishers must be provided to newly certified FCHs by the Sponsoring Agency at no cost to the Provider.
- b. Maintenance, repairs, and replacement will be the financial responsibility of the FCP.
- c. Fire extinguishers must be maintained as recommended by NFPA requirements.

Smoke Detection

All FCHs must comply with requirements for smoke detection equipment in accordance with current regulation and building codes.

- a. A smoke detector must be installed in each corridor adjacent to sleeping areas, no farther than 15 feet from each bedroom. In corridors or adjacent open areas such as living rooms, dining rooms or recreation rooms, smoke detectors must be installed at a maximum of 30 feet on center and no more than 15 feet from a wall.
- b. A smoke detector must be installed at the head of each open stairway located within the home or a smoke detector must be installed within six (6) feet of the bottom opening of a stairway that is enclosed at the top.
- c. At least one smoke detector must be installed in basements. Additional detectors may be required for basements and attics subdivided by partitions.
- d. A smoke detector must be installed in every bedroom.
- e. The testing, maintenance, replacement, and upkeep are the responsibility of the FCP. It is required that smoke detectors be replaced every ten (10) years.
- f. All smoke detectors must be tested monthly and remedied if not operational.
- g. FCHs providing services to individuals with special needs, such as visual or hearing impairments, must be equipped with smoke detection devices designed specifically for these impairments. The Sponsoring Agency is responsible for acquiring these devices, ensuring installation, and replacing devices, as needed.
- h. A trained OPWDD SSO must ensure proper placement of any smoke detection devices and inspections for compliance with regulations and policy. These devices should not be moved without prior consultation with the SSO.

Steam Pipes and Radiators

Steam pipes and steam radiators with which individuals may come in contact with must be shielded. Hot water radiators that may present a burn hazard must also be shielded.

Anti-Scald Devices

The FCH must be equipped with anti-scald devices on all faucets/showers that are routinely used by the individuals regardless of the assistance that the individual requires. The FCP may choose to have a tempering (mixing) valve installed if it is more feasible. The tempering valve may be installed at any point in the hot water line to any faucet or directly off the hot water tank. The temperature of the hot water from the faucet/showerhead must be tested monthly by the Family Care Home Liaison to ensure that the temperature is within appropriate limits. Any water temperature above 120 degrees Fahrenheit will require a discussion of protections. Any water temperature above 139 degrees Fahrenheit is considered imminent danger and will require an immediate action plan to address this issue. The action plan must ensure adequate protections for the individuals receiving services. Water temperatures should be comfortable for an individual's bathing needs. Cold water temperatures that may present discomfort while bathing should also be addressed by the Sponsoring Agency staff and FCP.

Antiscald devices offer the greatest protection for individuals and all efforts should be made to ensure their installation. In rare circumstances, a DDSOO Director, acting as the Commissioner's Designee may consider granting an exemption. The exemption should be requested by the FCP and Sponsoring Agency in writing. Consideration of whether to grant an exemption, should include a review of the reasons an antiscald device cannot be installed, any documentation that supports the reasons (statement from the plumber, landlord letter etc.) and a review of a plan for safeguards for the individual(s) signed by the FCP. If the FCP is only able to obtain a verbal statement from the landlord (indicating that antiscald devices cannot be installed), the FCP shall document this in writing and provide to the Sponsoring Agency and DDSOO at the time of the request for exemption.

If an exemption is granted, there should be protections implemented to ensure the safety of the individuals receiving services, including but not limited to: having the FCP do weekly readings of the water temperature, having the Family Care Home Liaison do the required monthly temperature readings and ensuring the FCP is trained on and implementing needed safeguards for individuals while bathing or using the faucets. The capabilities of individuals and their supervision needs should be assessed by the team initially, during each six-month plan review, and anytime an individual's needs change. Safeguards related to bathing and ability to control water temperature should be documented in the Individualized Service Plan (ISP) safeguards or Life Plan/Staff Action Plan.

Ground Fault Circuit Interrupters

The home must be equipped with Ground Fault Circuit Interrupters (GFCI) at electrical outlets within six (6) feet of bathroom or kitchen sink locations.

A GFCI must also be installed in other areas that may pose a safety risk to individuals residing at the home, including outdoor outlets. In all cases the GFCI will be tested by the SSO during the fire and safety inspection.

Testing Standards for Private Wells

Well-water testing is to be conducted annually for FCHs that are certified by OPWDD. The water is to be tested in accordance with the chemical and bacteriological quality standards for potable water set by the local Department of Health or authority having jurisdiction for private homes. The FCP is required to follow local recommendations as indicated by the test results. The Sponsoring Agency must maintain a copy of the report as part of the FCH record.

The Sponsoring Agency must ensure that retesting is completed in a timely manner. The costs of the initial and ongoing testing are the responsibility of the FCP, since correcting any problems is a benefit to the entire home.

Carbon Monoxide Detectors

All FCHs must comply with current building code requirements. Carbon monoxide

detectors must be installed, operated, and maintained in accordance with the provisions of this section, or in accordance with the provisions of NFPA 720.

Carbon monoxide alarms must be provided at each of the following locations within each home:

- a. On each story containing a sleeping area, within 15 feet of the sleeping area. More than one carbon monoxide alarm must be provided where necessary to assure that no sleeping area on such story is more than 15 feet away from a carbon monoxide alarm.
- b. On each story that contains a carbon monoxide source

Carbon monoxide alarms, carbon monoxide detectors, and alarm control units must be maintained in an operative condition at all times. Carbon monoxide alarms, carbon monoxide detectors, and alarm control units must be tested monthly. The battery or batteries used as the primary or backup power source must be replaced when low or when otherwise required by the manufacturer's instructions. Carbon monoxide alarms, carbon monoxide detectors, and alarm control units must be replaced or repaired when defective, and must be replaced when they cease to operate as intended.

No carbon monoxide alarm, carbon monoxide detector, or alarm control unit can be removed or disabled, except for service, repair or replacement purposes.

Swimming Pools/Spas

All local ordinances and manufacturers' instructions must be followed when installing a pool/spa. In addition, the FCP must contact the Sponsoring Agency prior to installing a pool/spa to ensure the safety of the individuals living in the home.

If the pool/spa has already been installed, the FCP may need to install an enclosure per local code. Additional alarms (pool or door) may be required based on an evaluation by a trained SSO or if determined necessary based on an individual's needs. Under no circumstance may an individual be left unsupervised in the swimming pool/spa for any amount of time. Individuals residing in homes with a swimming pool/spa must have a water safety assessment in place.

Mobile Homes

All mobile homes must meet the guidelines specified in Title 14 New York Codes, Rules and Regulations Part 635.

Discontinuation of the use of a Woodstove, Fire Place, or Fuel Burning Appliance

A FCP can request to discontinue the use of a woodstove, fire place or fuel burning appliance. This request should be made to the DDSOO and the OPWDD SSO. The FCP and the OPWDD SSO must sign the Family Care Provider Agreement for An Unused Woodstove, Fire Place or Fuel Burning Appliance. This agreement confirms that the FCP and household will not use or operate the device for any reason.

If a FCP would like to put the device back into service, the provider cannot do so until the following occurs: the product is serviced/and or inspected by a qualified contractor who can inspect the device and the exhaust, a copy of the service/inspection report has been provided to the SSO and DDSOO, and the Family Care Agreement for Unused Woodstove, Fire Place or Fuel Burning Appliance has been signed by both the FCP and the SSO.

The SSO will ensure the FCP receives a copy of the signed agreement as well as the local DDSOO and Sponsoring Agency. For those FCPs who have agreed not to operate a device, Sponsoring Agency staff should periodically monitor during the visits that the device is not in use.