



Universal Health Service, Inc.
UHS of Delaware, Inc.
367 South Gulph Rd.
King of Prussia, PA 19406

May 15, 2017

STATE OF CALIFORNIA – GOVERNMENT OPERATIONS AGENCY
BUILDING STANDARDS COMMISSION
HEALTH FACILITIES (HF) CODE ADVISORY COMMITTEE MEETING
2525 Natomas Park Drive, Suite 130
Sacramento, California 95833-2936

Re: PROPOSED BUILDING STANDARDS OF THE OFFICE OF STATEWIDE HEALTH
PLANNING AND DEVELOPMENT REGARDING THE CALIFORNIA ADMINISTRATIVE
CODE CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2

To Whom It May Concern,

Thank you for the opportunity to comment on subject proposed changes. On behalf of Universal Health Services, Inc. we strongly support these changes, as amended with attached comments, to align with the other 46 states that currently use the FGI Guidelines as a basis of design for behavioral health facilities.

Please feel free to contact me at 610-382-4892 or john.bennett@uhsinc.com if you have any questions or comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'John F. Bennett', is written over the typed name and title.

John F. Bennett, P.E.
Senior Director, Design & Construction
Universal Health Services, Inc.


Enclosure: PUBLIC COMMENT on PROPOSED BUILDING STANDARDS
For Publication in Title 24, California Code of Regulations from UHS, Inc. dated
5/12/2017

PUBLIC COMMENT on PROPOSED BUILDING STANDARDS
For Publication in Title 24, California Code of Regulations

Instructions

1. Use of this form is optional. Its use will help the California Building Standards Commission (CBSC) and other state proposing agencies to correctly administer your comments.
2. For matters to be considered by a CBSC Code Advisory Committee (CAC), written comments should be received in the CBSC office 7 days before the scheduled CAC meeting to help ensure CAC consideration.
3. For matters subject to a 45-day or 15-day Public Comment period announced by a Notice of Proposed Action (NOPA), written comments must be received on or before the close of the comment period identified in the NOPA available at CBSC website <http://www.bsc.ca.gov/>. Written and oral comments may be provided at the CBSC public meeting to consider the proposed building standards.
4. Separate comment submittals are necessary for CAC and Public Comment periods. Separate comment forms are necessary for each state agency proposal.
5. This form is available in Fill-and-Print format at CBSC website <http://www.bsc.ca.gov/>. Otherwise print the form, type or complete by hand and attach additional sheets if necessary.
6. Submit comments to the CBSC, 2525 Natomas Park Drive, Suite 130, Sacramento, CA 95833-2936, or by Email at cbsc@dgs.ca.gov. Please do not FAX comments.
7. For assistance, call the CBSC at (916) 263-0916, or Email CBSC at cbsc@dgs.ca.gov.

Commenter Identification and Contact Information

Last Name: BENNETT  First Name: JOHN Date: 5/12/2017
 Representing: UNIVERSAL HEALTH SERVICES, INC.
 Mailing Address: Number and Street: 367 SOUTH GULPH RD
 City, State: KING OF PRUSSIA, PA Zip Code: 19406
 Telephone: 610-382-4892 Email Address: JOHN.BENNETT@UHSINC.COM

Proposed Building Standard Identification

Title 24 Part No. (circle one) 1 2.5 3 4 5 6 8 9 10 11 12 Section No. 1224 and 1228
 Proposing State Agency Office of Statewide Health Planning and Development (OSHDP)
 The proposed building standards is: Before a CAC In a 45-day Comment Period
 (check one) In a 15-day Comment Period.

Your recommendation based on the criteria of Health and Safety Code Section 18930(a) printed on the reverse side is: (check one)
 Approve Disapprove Further Study Required Approve as Amended

Comment/Suggestion on Title 24 Proposed Building Standard:

1224.4.4.1.4.1. 3. Recommend deleting the requirement to locate seclusion rooms to permit observation from the nurse station provided the functional program requires "one to one" observation of all patients in seclusion rooms. This requirement would limit visibility to the overall unit from the nurse station and compromise patient safety.

1224.14.3 and 1228.4.4.1.3; Airborne infection isolation rooms. Recommend changing this requirement to optional based on the functional program. Medically compromised patients are typically transferred to an acute care hospital immediately rather than placed in an isolation room within the facility per the functional program. Outside of CA, this is not required in acute psychiatric hospitals nor is it an operational requirement, in our experience.

1228.4.4.5 Nourishment area or room. Refer to Section 1224.4.4.5. Recommend limited the requirements to beverages only and other provisions as optional based on the functional program. Unless the patients will be served food in the activity rooms, acute psychiatric programs typically do not require significant dietary equipment in nourishment areas.

1228.4.22 Handwashing stations. Recommend deleting "located in patient rooms" since this implies handwashing sinks are required in patient bedrooms, which is in conflict with 1228.14.16. Concur with not requiring sinks in

patient bedrooms due to the ligature risk.

1228.13.1.2.2.3 – Outdoor activity areas – gates and doors; Recommend permitting locking to control egress based on the functional program (i.e. "secure treatment facilities").

1228.13.2-4 – Occupational therapy service space. Please confirm if this space is required or optional based on the functional program, which is recommended. This states that it shall comply with Section 1224.35.3 – which then states "If this service is provided . . .",

1228.14.2.3 Support areas for staff. Recommend extending the option to combine not only the staff lounge facilities between units to include the staff toilet rooms, staff storage locations, Clean utility/workroom with Clean linen storage, and Soiled utility/workroom for units on the same floor.

1228.14.5 Seclusion room(s); Recommend waiver option to allow one seclusion room up to a maximum of 26 beds if a patient unit is 26 beds.

1228.24 MORGUE; Recommend deleting this requirement. I'm not aware of any acute psychiatric hospitals in the country, outside of CA, with a morgue since the service is readily available in all locations.

1228.30.4 Support areas for the pediatric and adolescent psychiatric unit. Recommend deleting this requirement. The general storage requirements supports pediatric/adolescent-specific storage needs. Note, parents are not permitted to stay overnight due to safety concerns therefore "cots" are not required.

Identification of Attachments

Check if you have attached additional pages.

The number of pages attached:

For CBSC Office Use Only: Date Received:

Rulemaking Item #

Health and Safety Code Section 18930(a) reads:

(a) Any building standard adopted or proposed by state agencies shall be submitted to, and approved or adopted by, the California Building Standards Commission prior to codification. Prior to submission to the commission, building standards shall be adopted in compliance with the procedures specified in Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code. Building standards adopted by state agencies and submitted to the commission for approval shall be accompanied by an analysis written by the adopting agency or state agency that proposes the building standards which shall, to the satisfaction of the commission, justify the approval thereof in terms of the following criteria:

- (1) The proposed building standards do not conflict with, overlap, or duplicate other building standards.
- (2) The proposed building standard is within the parameters established by enabling legislation and is not expressly within the exclusive jurisdiction of another agency.
- (3) The public interest requires the adoption of the building standards. The public interest includes, but is not limited to, health and safety, resource efficiency, fire safety, seismic safety, building and building system performance, and consistency with environmental, public health, and accessibility statutes and regulations.
- (4) The proposed building standard is not unreasonable, arbitrary, unfair, or capricious, in whole or in part.
- (5) The cost to the public is reasonable, based on the overall benefit to be derived from the building standards.
- (6) The proposed building standard is not unnecessarily ambiguous or vague, in whole or in part.
- (7) The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.
 - (A) If a national specification, published standard, or model code does not adequately address the goals of the state agency, a statement defining the inadequacy shall accompany the proposed building standard when submitted to the commission.

- (B) If there is no national specification, published standard, or model code that is relevant to the proposed building standard, the state agency shall prepare a statement informing the commission and submit that statement with the proposed building standard.
- (8) The format of the proposed building standards is consistent with that adopted by the commission.
- (9) The proposed building standard, if it promotes fire and panic safety, as determined by the State Fire Marshal, has the written approval of the State Fire Marshal.