



City of Steubenville

Planning and Zoning Commission

Building Inspection Division

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December 4, 2017

2017 Ohio Building Code Tools for Care Facility occupancy

The Board of Building Standards' staff has developed several tools to aid users of the 2017 Ohio Building Code in the occupancy group classification of their care facility. Attached, please find the following tools:

1. Frequently Asked Questions (8-1/12 x 11)
2. BBS Group I & R Questionnaire – Certification (8-1/2 x 11)

Item 1 The FAQ's are intended to illustrate what a care facility is or is not; and therefore, aid code users with appropriate application of the Building Code through better understanding. The most current document has a date of 11-1-2017.

Item 2 is a tool that the Board recommends all building departments use to capture the building owners intended use of the building. The owner's completion of this document (or one similar) will establish the number and abilities of the care recipients who occupy the building; and consequently, the building official can verify the appropriate occupancy group classification of the building. The most current document has a date of 11-20-2017.

OHIO BUILDING CODE - CARE FACILITIES FREQUENTLY ASKED QUESTIONS (FAQ) 11-1-2017

Definition of Care Facility (OBC Chapter 2) *A building or portion of a building that is held out to the public for and intended to provide all the following: (1) housing or accommodation; (2) personal, custodial, or medical care; and (3) a supervised environment. Care provided in a dwelling or dwelling unit that is the permanent residence of the care provider is not a care facility.*

1	<p>Question: Why were changes made to the OBC Chapters 2 and 3 relating to care facilities?</p>
	<p>Answer: For many years, the BBS had started with the model code text and merged the many different Ohio licensing agency definitions and care recipient occupancy thresholds into Chapter 3. Over time, the OBC Chapter 3 had become a patchwork of confusing, incomplete requirements that had departed significantly from the model code. Additionally, the model code had been evolving over the years to reflect the more residential-like environment of care facilities. It was time for the BBS rules to address only building code: For issues, rather than licensing issues. As a result, we comprehensively reevaluated, simplified, and modified the model code language to help define and classify care facilities based upon the capability of the occupants and the associated risks.</p>
2	<p>Question: In the definition of “Care Facility”, what is meant by “held out to the public”?</p>
	<p>Answer: The phrase “held out the public” generally means to declare, to make known, to promote, to publicize, or to advertise that a particular building is used for housing and care. This phrase is used elsewhere in the Ohio Revised Code. For example, a particular building is operated as, known as, licensed as a group home for the developmentally disabled. Only persons that meet the definition of developmentally disabled are qualified and permitted to live in that building. A person who is not developmentally disabled would not qualify to live in the building. Therefore, the building would be “held out to the public” for and intended to provide housing, care, and supervision only for the developmentally disabled population</p>
3	<p>Question: There is no definition of “supervised environment” as referenced in the definition of “Care Facility”. Developmentally disabled tenants are not so much “supervised” by their hired staff, but assisted by them. Would this type of housing with assistance qualify as a supervised environment?</p>
	<p>Answer: No. A supervised environment is one where someone is present to oversee and ensure the safety of the occupants. A supervised environment is also one in which a care provider is present for all times of the day when an occupant is likely to require “care”. All “care” is assistance. However, not all assistance is “care”. It is possible to provide a “supervised environment” without providing care.</p>
4	<p>Question: Would remote, electronic supervision/monitoring meet the definition of a “supervised environment”?</p>
	<p>Answer: No. A supervised environment is one in which someone is present to oversee and ensure the safety of the occupants.</p>
5	<p>Question: The last sentence in the definition of “Care Facility” states “Care provided in a dwelling or dwelling unit that is the permanent residence of the care provider is not a care facility.” Does that mean that if care is provided in a dwelling or dwelling unit by someone that does not live in that dwelling or dwelling unit that the facility is then a care facility?</p>
	<p>Answer: No. A dwelling is defined as a family and no more than 5 lodgers or boarders. The last sentence of the definition was intended to address a very specific circumstance - the common practice of caring for a family member in your own dwelling or dwelling unit would not classify your home as a care facility. A care provider could provide care for his or her family members and no more than 5 others and the building would not be considered a care facility. However, if these numbers are exceeded, then the building would be a care facility. When applying the definition, the focus should be whether the facility is being held out to the public for and intended to provide housing, care, and supervision.</p>
6	<p>Question: An individual with developmental disabilities lives in a single-family dwelling with his or her family. The individual uses a wheelchair, receives Medicaid waiver services, and is incapable of evacuating without assistance. Is this a care facility?</p>
	<p>Answer: No. This facility does not meet the definition of a care facility because it is not held out to the public for and intended to provide housing, care, and supervision.</p>
7	<p>Question: My family has provided care for my ill mother in our single-family dwelling for a few years. My mother is now</p>

	bedridden and incapable of self-preservation. We have hired a nurse to visit the home daily to assist with care-giving. Is my home now considered a care facility?
	Answer: No. This facility does not meet the definition of a care facility because it is not held out to the public for and intended to provide housing, care, and supervision. Moreover, it was originally intended to be and continues to be used as the primary residence for the family.
8	Question: An individual who uses a wheelchair rents an apartment from a landlord. Medicaid pays for the installment of a ramp and accessibility modifications to the apartment. Personal care services are provided by an agency to the individual in his apartment. Is this a care facility?
	Answer: No. This facility does not meet the definition of a care facility because the apartment is not held out to the public for and intended to provide housing, care and supervision and is available for rent by the general public.
9	Question: An individual needing care moves into the home (dwelling) of another person or family that provides personal and/or custodial services to the individual. Is this a care facility?
	Answer: No. This facility does not meet the definition of a care facility because it is not held out to the public for and intended to provide housing, care, and supervision. Moreover, it is the primary residence of the care provider.
10	Question: A house is purchased and renovated by a non-profit organization that provides housing for individuals with disabilities to accommodate 1-4 persons with developmental disabilities. Is this a care facility?
	Answer: Yes. If any type of care and supervision is provided, this facility is likely a care facility because this house was purchased with the intent of limiting its occupancy to persons with developmental disabilities, therefore is held out to the public for and intended to provide housing, care and supervision.
11	Question: An apartment building owner advertises and offers a certain number of apartments that are available for rent to persons with developmental disabilities. The apartments are intended to be independent living units. The building owner does not advertise or provide care to the residents. The apartments that are available for the developmentally disabled are not designated (are 'floating'). Is this a care facility?
	Answer: No. This facility does not meet the definition of a care facility even though some apartments are advertised and available for persons with developmental disabilities. The building is not held out to the public for and intended to provide housing, care and supervision.
12	Question: An apartment building owner offers specific apartments that are identified to be used only for persons with developmental disabilities and arranges to provide care services within these specific apartments. The apartments intended for the developmentally disabled are designated and not 'floating'. Is this a care facility?
	Answer: Yes. This facility is a care facility because specific apartments are identified (held out) to be used by persons with developmental disabilities and care (personal, custodial, or medical care) is intended to be provided. Only the portion of the building dedicated to care would meet the definition of a care facility.
13	Question: If an individual dwelling unit within a three-family dwelling house is utilized as a care facility, is the building still within the scope of the Residential Code of Ohio?
	Answer: No. Typically, dwellings constructed of one-, two-, or three-family dwellings are within the scope of the Residential Code of Ohio. However, if any one of the three dwelling units is used as a care facility, then the building is within the scope of the OBC as a mixed occupancy building. This is clarified in OBC Section 310.5.
14	Question: I have brought an unrelated developmentally disabled person into my home in a foster care setting. I provide help with daily tasks and I get compensated for caring for the individual. Is my home considered to be a care facility? What if I bring in two or three developmentally disabled foster persons into my home to care for them?
	Answer: No. Your home is not a care facility. Your home is not held out to the public as a place that provides housing and care. Additionally, you are providing care in your permanent residence. A care provider could provide care for his or her family members and no more than 5 others and the building would not be considered a care facility.
Definition of Incapable of Self-Preservation (OBC Chapter 2) - Persons who, because of age, physical limitations, mental limitations, chemical dependency or medical treatment, cannot respond as an individual to an emergency situation to complete building evacuation.	
1	Question: If a person needs assistance transferring from a bed to a wheelchair, is that person considered incapable of self-preservation?
	Answer: If the person in the wheelchair can operate their wheelchair to assist in their evacuation, then they are considered capable

	of self-preservation with assistance. If they are not capable of operating their wheelchair to assist with the evacuation, then they are considered to be incapable of self-preservation.
2	Question: If a person needs verbal direction or physical guidance to get out of the building in an emergency, is that person considered incapable of self-preservation?
	Answer: No. If the person is capable of assisting with the completion of their evacuation, even if it slows their evacuation time, they are still considered capable of self-preservation.
Existing Facilities	
1	Question: What is a change of occupancy in an existing building?
	Answer: Under the building code, a change of occupancy is a change in the purpose or the level of activity of a structure that involves a change in the application of the requirements of the code.
2	Question: Now that the Ohio Building Code has a new definition of care facility, would an existing building that is not currently classified as a care facility have to be reclassified as a care facility?
	Answer: No. The occupancy of an existing building is permitted to continue without change as long as there are no orders of the building official pending, no evidence of fraud, or no serious safety or sanitation hazards (see OBC Section 102.7). However, if a change of occupancy, an addition or an alteration occurs to an existing building after the effective date of the new code, then, after approval and inspection, a new certificate of occupancy must be issued which should reflect the current status as a care facility.
3	Question: If the owner of an existing group home care facility sells the home to a new owner, would the new owner be required to do anything to comply with the care facility requirements in the building code?
	Answer: No. The occupancy of an existing building is permitted to continue without change as long as there are no orders of the building official pending, no evidence of fraud, or no serious safety or sanitation hazards (see OBC Section 102.7). A change of ownership without performing any work requiring approval to the building does not trigger the new code. However, if the new home owner proposes a change of occupancy, an addition, or makes alterations to the home, the change could trigger additional code requirements..
4	Question: With the new definition of care facility, would the residents of an existing group home, which houses a total of 4 persons receiving care within an existing single-family dwelling and is staffed at all times to provide personal care and supervision, be displaced from their home?
	Answer: No. The occupancy of an existing building is permitted to continue without change as long as there are no orders of the building official pending, no evidence of fraud, or no serious safety or sanitation hazards (see OBC Section 102.7). The residents would not be required to be relocated simply because there is a change in the code. The rules are not permitted to be retroactively applied to existing buildings that are not being changed in any way.

RESIDENTIAL/INSTITUTIONAL OCCUPANCY QUESTIONNAIRE and CERTIFICATION

November 20, 2017

CARE FACILITIES		YES	NO	N/A
1	Are any occupants receiving care?	How Many?		
a	Are any occupants receiving “personal care services”* as defined in the OBC?	How Many?		
b	Are any occupants receiving “custodial care”* as defined in the OBC?	How Many?		
c	Are any occupants receiving “medical care”* as defined in the OBC?	How Many?		
2	Are any occupants “incapable of self-preservation”* as defined in the OBC at any time while in the building?	How Many?		
3	Do any occupants need limited verbal or physical assistance to evacuate in an emergency situation? How many?	How Many?		
4	Is the building held out to the public for and intended to provide housing/accommodation, care, and supervision?			
5	Is care provided in a dwelling or dwelling unit which is the permanent residence of the care provider?			
6	Is care provided in a dwelling unit?			
7	Is care provided in a single-family dwelling?			
8	Is care provided in a two or three family dwelling?			
9	Is care provided in a building with more than three dwelling units?			
10	Is care provided in a mixed occupancy building?			
11	Is care provided in a building intended to be used for sleeping purposes?			
12	Is the care being provided by a relative or guardian?			
13	Is the care being provided in the residence of the care recipient?			
14	Is care being provided in a building with shared exits?			
15	Is care provided only in rooms located at the level of exit discharge?			
16	Is an exit door that leads directly to the outside provided in the room where care is provided?			
17	Are stairs required to be traversed when exiting from the room where care is provided?			
18	Are any care recipients between the ages of newborn to 2.5 years?	How Many?		
19	Are any care recipients between the ages of 2.5 years to 12th grade?	How Many?		
20	Are any of the care recipients adults?	How Many?		
21	Is care being provided in a place of workshop?			

RESIDENTIAL FACILITIES		YES	NO	N/A
1	Is the building intended to be used for sleeping purposes?			
2	Are any of the occupants primarily transient?			
3	Are guests staying in the primary residence of the building owner?			
4	Are transient guests provided sleeping accommodations and meals for a fee?			
5	How many sleeping units?			
6	Are the occupants sleeping in a dwelling unit?			
7	Are the occupants sleeping in a single-family dwelling unit?			
8	Are the occupants sleeping in a two or three-family dwelling unit?			
9	Are the occupants sleeping in a building with more than three dwelling units?			
10	Does the building share exits?			
11	Is the building of a mixed occupancy building?			
CORRECTION FACILITIES		YES	NO	N/A
1	Are any occupants locked in a secure building"			
		How Many?		
2	Does the corrections facility allow free movement from sleeping areas, including egress from the building?			
3	Does the corrections facility allow free movement from sleeping areas, except locked exits?			
4	Does the corrections facility allow free movement within the smoke compartment with remote control locked exits?			
5	Does the corrections facility allow free movement from the sleeping units, and other spaces with remote control locked exits?			
6	Does the corrections facility allow free movement from occupied spaces with staff-controlled manual release?			

OWNER/OWNER’S AGENT/ADMINISTRATOR CERTIFICATION

The answers to the above questions have been provided to the best of my knowledge. I understand that the answers are needed in order to establish the risks, properly classify the building, and manage the risks to ensure the safety of the occupants. This questionnaire is part of the approved construction documents and should be submitted to the building official upon application for plan approval. It should be attached the certificate of occupancy to permanently establish the basis of the approval.

Signature: _____ Date: _____

Printed Name: _____

Employer: _____ Title: _____

DEFINITIONS:

CUSTODIAL CARE. Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. Custodial care includes persons receiving care who have the ability to respond to emergency situations and evacuate at a slower rate and/or who have mental and psychiatric complications. Persons who receive custodial care may or may not require assistance with evacuation depending on the occupancy and/or the “condition” in the occupancy.

MEDICAL CARE. Care involving medical or surgical procedures, nursing or for psychiatric purposes.

PERSONAL CARE SERVICE. The care of persons who do not require medical care. Personal care involves responsibility for the safety of the persons while inside the building.

INCAPABLE OF SELF-PRESERVATION. Persons who, because of age, physical limitations, mental limitations, chemical dependency or medical treatment, cannot respond as an individual to an emergency situation to complete building evacuation.

DEFINITIONS:

AMBULATORY CARE FACILITY. A building or portion thereof used to provide medical, surgical, psychiatric, nursing or similar care for fewer than twenty-four hours per day to persons who are rendered incapable of self-preservation by the services provided.

CARE FACILITY. A building or portion of a building that is held out to the public for and intended to provide all the following: (1) Housing or accommodation; (2) Personal, custodial, or medical care; and (3) A supervised environment. Care provided in a dwelling or dwelling unit which is the permanent residence of the care provider is not a care facility.

CUSTODIAL CARE. Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. Custodial care includes persons receiving care who have the ability to respond to emergency situations and evacuate at a slower rate and/or who have mental and psychiatric complications. Persons who receive custodial care may or may not require assistance with evacuation depending on the occupancy and/or the "condition" in the occupancy.

DWELLING. Any building that exclusively contains one, two, or three dwelling units, each of which may be occupied by a family and no more than five lodgers or boarders, intended, or designed to be built, used, rented, leased, let or hired out to be occupied, or that is occupied for living purposes, physically separated from adjacent structures, and with an independent exit from each dwelling unit.

MEDICAL CARE. Care involving medical or surgical procedures, nursing or for psychiatric purposes.

OUTPATIENT CLINIC. A building or portion thereof used to provide medical care for fewer than twenty-four hours to persons who are not rendered incapable of self-preservation by the services provided.

PERSONAL CARE SERVICE. The care of persons who do not require medical care. Personal care involves responsibility for the safety of the persons while inside the building.

INCAPABLE OF SELF-PRESERVATION. Persons who, because of age, physical limitations, mental limitations, chemical dependency or medical treatment, cannot respond as an individual to an emergency situation to complete building evacuation.

I-1, R-4 Condition 1. This occupancy condition shall include buildings in which all persons receiving care who, without any assistance, are capable of responding to an emergency situation to complete building evacuation. **Condition 2.** This occupancy condition shall include buildings in which there are any persons receiving care who require limited verbal or physical assistance while responding to an emergency situation to complete building evacuation.

Commentary: Both Groups I-1 and R-4 occupancies include "conditions" to cover the variety of acuity and ability levels of custodial care recipients. Groups I-1 and R-4, Condition 1, match requirements from previous editions of the code for Group I-1 and R-4, before conditions were included. The intent of the conditions was to address concerns that some residents may need limited assistance or verbal direction to evacuate. In Groups I-1 and R-4, Condition 2 facilities, assistance with evacuation can occur because of care recipients' physical or mental limitations, or both.

Condition 1 care recipients may be slower during evacuation, but all are capable of emergency evacuation without any physical assistance from others. Condition 2 care recipients are also slower to evacuate and include any care recipients who may require limited assistance during evacuation. Group I-1/R4, Condition 2 integrates additional protection features. The Condition 2 assistance with evacuation includes help getting out of bed and into a wheelchair or to a walker, or help initiating ambulation. It includes continued physical assistance getting out of the building from a sleeping room, apartment, or other rooms during an emergency. Assistance with evacuation includes assisting persons who may have resistance or confusion in response to an alarm, or require help with instructions. It can also include help for persons with short periods of impaired consciousness intermittently due to medications or illness. Custodial care Group I-1/R-4, Condition 2 evacuation assistance does not include moving occupants in beds or stretchers during emergencies, as is allowed in Group I-2 medical care or when protected with a defend-in-place method of safety.