

Residential Use Workgroup

Issue #1: Attached Accessory Dwelling Units (AADU)

Attending:

Kenney Payne	AIA
Greg Revels	Henrico County
Heather Trickle	Va Behavioral Health
Brian Gordon	AOBA
Joe Lerch	Virginia Association of Counties
Florin Moldovan	Spotsylvania County
Jason Laws	Chesterfield County
Judit McGreal	Va Department of SS
Ron Clements	Chesterfield County
Shahriar Amiri	Arlington County
Kristen Yavorsky	Behavioral Health
John Catlett	DHCD (Catlett Code Consulting)
Jeff Brown	DHCD
Cindy Davis	DHCD

The residential use group work group was formed to discuss issues formed around the use of residential single-family dwellings. Through initial discussions with the work group, two themes emerged that will require additional thought and possible code changes.

Attached Accessory Dwelling Units (AADU)

Recent desires in several communities to allow accessory dwelling units within owner occupied dwellings have occurred. This has provided local code officials with the dilemma of how to classify the use, and what code provisions should be applied. The code currently would classify this use as a two-family dwelling under the 2015 VCC, IRC reference with Virginia amendments. The code requires a fire separation between the dwelling units as well as additional life safety features.

Background:

The discussion revealed several reasons that accessory dwelling concept has become popular.

- Real Estate taxes on elderly home owners have become excessive, making it difficult to retain their homes;
- The need for affordable housing options in metropolitan areas have led to local zoning ordinances that provide for supplemental units;
- Available land to develop affordable housing is decreasing in favor of high rent units.

The group discussed several options but focused in on two possible solutions.

The first was to create a new use group, possibly an R6 that would contain specific regulations for the intended use. These would be a hybrid of requirements currently held for two family units. However further discussion developed a series of conclusions. These include the following:

- It is hard to delineate between the creation of a separate apartment in a space within a dwelling and habitable space within a typical single-family dwelling.
- Uses such as in-law suites or expanded living space for families that are normally allowed by local zoning most resemble the intended level of safety currently provided by the IRC for a single-family home.
- There are no requirements within the IRC to have separate utilities for each dwelling unit.
- In typical two-family units, the fire separation is provided in some scenarios due to deed or lot line establishment for individual sale. In these cases, there should be a reasonable expectation that what the occupant does on one side of required fire separation should not affect the occupant on the other side.
- There is no requirement in the IRC for each dwelling unit in a two-family dwelling to have interconnected smoke detection. Therefore, the occupants on one side of a fire separation would not receive early notification of a fire on the other side.
- The building code does not establish a definition of family in either number of people or relationship status. This is typically established through local zoning ordinances.
- Comparing the requirements for an owner-occupied bed and breakfast facility and the life safety risk associated with an AADU were found to be similar. The IBC establishes in section 310.4.2, "Lodging houses. Owner-occupied lodging houses with five or fewer guest rooms and 10 or fewer total occupants shall be permitted to be constructed in accordance with the International Residential Code." The IRC establishes in section 202, "LODGING HOUSE. A one-family dwelling where one or more occupants are primarily permanent in nature, and rent is paid for guestrooms." The work group agreed that an AADU would not have a higher level of intensity or fire risk than a lodging house that can be placed in a single-family home.
- In addition, comparison between a two-family dwelling, R2 apartment unit, and AADU for fire separation requirements provided the following:
 - An owner-occupied dwelling that contains an AADU most resembles uses already allowed in a single-family dwelling without fire separation.
 - A higher level of expectation by the occupants of an R2 Dwelling Unit should have a higher level of expectation that they are protected from what occupants in other dwelling units do that could affect them (fire hazard, noise, etc.).
 - In a true two-family dwelling, the potential for individual ownership, property lines, condominium deeds, etc. create a higher level of expectation from what the occupants of the other dwelling unit does that could affect them (fire hazard, noise, etc.).
- The group expressed a desire to include the AADU use within the definition of an IRC Dwelling Unit.

"DWELLING UNIT. A single unit providing complete independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation; including such units within the same building where one unit is occupied by the owner. For the definition applicable in Chapter 11, see Section N1101.6."

Additional investigation is needed to regarding administration provisions of how the new definition would be applied. The following needs to be addressed:

- In an existing single-family dwelling where the AADU is utilized without major alterations considered. Would there be a need for:
 - Is there a need for additional regulations addressing emergency egress windows or direct access to the outside by door, addressing deficient ceiling heights, and addressing the lack of interconnected smoke detectors in AADU areas previously finished in to habitable space;
 - How would the new definition apply and what regulations may be needed where an in-law suite (or similar space intended for use by the owner's family) was previously added meeting all the requirements at the time of alteration, but not meeting current code provisions. This includes pre-USBC and post-USBC applications.
 - Should such provisions be contained within the VRC or the VEBC? Current efforts underway are intended to make any reference to any existing building under the VEBC.

Assignments were made to provide draft regulations for the group to consider at its next meeting. Shahriar Amiri agreed to provide the first drafts.

Residential Use Sub-workgroup

April 12, 2019 at 9:30 AM

Issue #2: Other Residential Applications including State Licensed Health and Mental Health Use groups

Attending:

Kenney Payne	AIA
Greg Revels	Henrico County
Heather Trickle	Va Behavioral Health
Brian Gordon	AOBA
Joe Lerch	Virginia Association of Counties
Florin Moldovan	Spotsylvania County
Jason Laws	Chesterfield County
Judit McGreal	Va Department of SS
Ron Clements	Chesterfield County
Shahriar Amiri	Arlington County
Kristen Yavorsky	Behavioral Health
John Catlett	DHCD (Catlett Code Consulting)
Jeff Brown	DHCD
Cindy Davis	DHCD

The residential use group work group was formed to discuss issues formed around the use of residential single-family dwellings. Through initial discussions with the work group, several areas of concern were raised with some requiring additional thought and possible code changes. This summary captures the remaining issues raised by the workgroup. This is the second summary of two of the first meeting.

General discussions included:

- Why Hotels (<https://whyhotel.com/>) – Shahriar Amiri reported that there is a new brand of hotel that offers hotel (R1) uses in buildings designed as an R2 apartments or condominiums. The chain offers completed, but unsold/rented units for short term occupancies. There was no specific direction by the work group to address the issue at this time.
- Transit Orient/short term rental dwelling units – The workgroup felt there was no additional concerns from a code perspective regarding Air BB and similar short-term rentals of dwelling units. There are no greater hazards associated with the use than found in time shares or lodging houses.

However, current provisions do not allow the uses for anything other than the purposes of “complete independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation” which are called out in the definition of a dwelling unit. Uses for wedding venues or other similar uses would not be considered complying with the requirements and would need to be addressed within the requirements of the IBC. Local zoning and/or homeowner associations may be better geared to regulate the

number of and requirements for parking, licensing, etc. than attempting to regulate them through the building code.

State licensed facilities allowed in dwelling units and exemption allowances

It was reported that there is considerable difficulty both understanding and applying the requirements and exemptions regarding various levels of care facilities allowed in dwelling units. This led to a broader discussion regarding confusion in application of the various I and R uses by State Health and Mental Health licensing regulations and the exemptions/exceptions they contain.

In addition, localities are regularly receiving complaints regarding living conditions in unregulated and license exempt home care facilities.

The following existing provisions were discussed:

- **HOSPICE FACILITY.** An institution, place, or building owned or operated by a hospice provider and licensed by the Virginia Department of Health as a hospice facility to provide room, board, and palliative and supportive medical and other health services to terminally ill patients and their families, including respite and symptom management, on a 24-hour basis to individuals requiring such care pursuant to the orders of a physician.
- **STATE REGULATED CARE FACILITY (SRCF).** A building with an occupancy in Group R-2, R-3, R-4 or R5 occupied by persons in the care of others where program oversight is provided by the Virginia Department of Social Services, the Virginia Department of Behavioral Health and Developmental Services, the Virginia Department of Education or the Virginia Department of Juvenile Justice.
- **AMBULATORY CARE FACILITY.** Buildings or portions thereof used to provide medical care on less than a 24-hour basis that are licensed by the Virginia Department of Health as outpatient surgical hospitals.
- **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. In other than in hospice facilities, custodial care includes occupants that have the ability to respond to emergency situations and evacuate at a slower rate or who have mental and psychiatric complications, or both.
- **308.3 Institutional Group I-1.** This occupancy shall include buildings, structures or portions thereof for more than 16 persons, excluding staff, who reside on a 24-hour basis in a supervised environment and receive custodial care. Buildings of Group I-1, other than assisted living facilities licensed by the Virginia Department of Social Services, shall be classified as the occupancy condition indicated in Section 308.3.1. Assisted living facilities licensed by the Virginia Department of Social Services shall be classified as one of the occupancy conditions indicated in Section 308.3.1 or 308.3.2. This group shall include, but not be limited to, the following:

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

308.3.1

- Condition 1. This occupancy condition shall include buildings in which all persons receiving custodial care who, without any assistance, are capable of responding to an emergency situation to complete building evacuation. Not more than five of the residents may require physical assistance from staff to respond to an emergency situation when all residents that may require the physical assistance reside on a single level of exit discharge. 308.3.2
- Condition 2. This occupancy condition shall include buildings in which there are persons receiving custodial care who require assistance by not more than one staff member while responding to an emergency situation to complete building evacuation. Five of the residents may require physical assistance from more than one staff member to respond to an emergency.
- 308.4 Group I-2. This occupancy shall include buildings and structures used for medical care on a 24-hour basis for more than five persons who are incapable of self-preservation. This group shall include, but not be limited to, the following:

- Convalescent facilities
- Detoxification facilities
- Foster care facilities
- Hospice facilities
- Hospitals Nursing homes
- Psychiatric hospitals

Exception: Hospice facilities occupied by 16 or less occupants, excluding staff, are permitted to be classified as Group R-4.

- Add the following exception to Section 308.6 of the IBC to read:

Exception: Family day homes under Section 310.9.

- Change Section 310.3 of the IBC to read:

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

Boarding houses (transient) with more than 10 occupants
Congregate living facilities (transient) with more than 10 occupants
Hotels (transient)
Motels (transient)

Exceptions:

1. Non-proprietor occupied bed and breakfast and other transient boarding facilities not more than three stories above grade plane in height with a maximum of 10 occupants total are permitted to be classified as either Group R-3 or R-5 provided that smoke alarms are installed in compliance with Section 907.2.11.2 for Group R-3 or Section R314 of the IRC for Group R5.
 2. Proprietor occupied bed and breakfast and other transient boarding facilities not more than three stories above grade plane in height, that are also occupied as the residence of the proprietor, with a maximum of five 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 907.2.11.2 for Group R-3 or Section R314 of the IRC for Group R-5.
- Change Section 310.6 of the IBC to read:

310.6 Residential Group R-4. This occupancy shall include buildings, structures or portions thereof for more than five but not more than 16 persons, excluding staff, who reside on a 24-hour basis in a supervised environment and receive custodial care. Buildings of Group R-4, other than assisted living facilities licensed by the Virginia Department of Social Services, shall be classified as the occupancy condition indicated in Section 310.6.1.

Assisted living facilities licensed by the Virginia Department of Social Services shall be classified as one of the occupancy conditions indicated in Sections 310.6.1 or 310.6.2. This group shall include, but not be limited to, the following:

Alcohol and drug centers
Assisted living facilities
Congregate care facilities
Group homes
Halfway houses
Residential board and care facilities
Social rehabilitation facilities
This occupancy shall also include hospice facilities with 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.

Exceptions:

1. Group homes licensed by the Virginia Department of Behavioral Health and Developmental 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 R5. Not more than five of the persons may require physical assistance from staff to respond to an emergency situation.
 2. In Group R-4 occupancies classified as the occupancy condition indicated in Section 310.6.1, other than in hospice facilities, not more than five of the residents may require physical assistance from staff to respond to an emergency situation when all residents who may require the physical assistance from staff reside on a single level of exit discharge and other than using a ramp, a change of elevation using steps or stairs is not within the path of egress to an exit door.
 3. Assisted living facilities licensed by the Virginia Department of Social Services that house no more than eight persons, with one or more resident counselors, and all of the residents are capable of responding to an emergency situation without physical assistance from staff, may be classified as Group R-2, R-3 or R-5.
 4. Assisted living facilities licensed by the Virginia Department of Social Services that house no more than eight persons, with one or more resident counselors, may be classified as Group R-5 when in compliance with all of the following:
 - 4.1. The building is protected by an automatic sprinkler system installed in accordance with Section 903.3 or Section P2904 of the IRC.
 - 4.2. Not more than five of the residents may require physical assistance from staff to respond to an emergency situation.
 - 4.3. All residents who may require physical assistance from staff to respond to an emergency situation reside on a single level of exit discharge and other than using a ramp, a change in elevation using steps or stairs is not within the path of egress to an exit door.
 5. Hospice facilities with five or fewer occupants are permitted to comply with the IRC provided the building is protected by an automatic sprinkler system in accordance with IRC Section P2904 or IBC Section 903.3.
- Change Sections 310.6.1 and 310.6.2 of the IBC to read:
- 310.6.1 Condition 1. This occupancy condition shall include buildings in which all persons receiving custodial care who, without any assistance, are capable of responding to an emergency situation to complete building evacuation and hospice facilities.

310.6.2 Condition 2. This occupancy condition shall include buildings in which there are persons receiving custodial care who require assistance by not more than one staff member while responding to an emergency situation to complete building evacuation.

- Change Section 310.7 of the IBC to read:

310.7 Residential Group R-5. Residential occupancies in detached single-family and two-family dwellings, townhouses and accessory structures within the scope of the IRC.

Change Sections 310.8 and 310.8.1 of the IBC to read: 310.8 Group R-5. The construction of Group R-5 structures shall comply with the IRC. The amendments to the IRC set out in Section 310.11 shall be made to the IRC for its use as part of this code. In addition, all references to the IRC in the IBC shall be considered to be references to this section.

310.8.1 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.

- Change Section 310.9 of the IBC to read:

310.9 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.

Issues discussed:

- There is considerable confusion regarding the application of the code based on State licensing requirements:
 - R vs I uses; R5 vs. R3 or R4
 - State licensing authority regulatory differences
 - Lack of definitions for terminology used by various State licensing authorities
 - Lack of consistency between regulatory agencies for similar uses
 - Some State licensing regulations have more stringent building code requirements for what would be considered lower potential life safety concerns, while others have less stringent regulations where the life safety concern is greater
- There would be some benefit if the various regulatory agencies could agree to and combine exceptions.
- References to the IRC appear confusing as to whether the Virginia IRC provisions or national IRC provisions apply. The most significant difference is the fire sprinkler requirement for the national IRC that have been deleted in Virginia.

Solutions and Paths Forward

- Add administration section to VCC, similar to what was added to the 2015 VEBC.
 - Section 101.5 “Use of terminology and notes.” The provisions of this code shall be used as follows...
 - 6. References to International Codes and standards, where used in this code, include state amendments made to those International Codes and standards in the VCC.

2018 VCC Code Change Language:

101.5 Use of terminology and notes. The provisions of this code shall be used as follows:

1. The term “this code,” or “the code,” where used in the provisions of Chapter 1, in Chapters 2 - 35 of the IBC or in the state amendments to the IBC, means the USBC, unless the context clearly indicates otherwise.
2. The term “this code” or “the code” where used in a code or standard referenced in the IBC, means that code or standard, unless the context clearly indicates otherwise.
3. The use of notes in Chapter 1 is to provide information only and shall not be construed as changing the meaning of any code provision.
4. Notes in the IBC, in the codes and standards referenced in the IBC, and in the state amendments to the IBC, may modify the content of a related provision and shall be considered to be a valid part of the provision, unless the context clearly indicates otherwise.
5. References to International Codes and standards, where used in this code, include state amendments made to those International Codes and standards in the VCC.

- Creation of a matrix with all of the various State Health and Mental Health agencies building code use group designations and exceptions that allow a less restrictive level of safety.
- See if there is a path forward to bringing the various State Health and Mental Health stakeholders together to see if their regulations could be modified to bring uniformity to hazard levels and use group designations.
- There should be a definition for “self-preservation” or “physical assistance during an emergency”.
 - DSS stated that they consider care recipient capable of self-preservation if it only takes one verbal command to respond.

Recovery Homes

- Recovery homes are utilizing existing homes, and some have been reported to have over twenty residents.
- Does this use more resemble an R4 or R5?
- Currently, there are no licensing or building code necessities beyond the current R5

- GA passed a requirement for certification in 2019 with HB 2045
- The following is a national organization’s explanation of Recovery Homes:

Recovery Housing refers to safe, healthy, and substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery and recovery services and supports.

Many residents live in recovery housing during and/or after outpatient addiction treatment. Length of stay is self-determined and can last for several months to years. Residents often share resources, give experiential advice about how to access health care and social services, find employment, budget and manage finances, handle legal problems, and build life skills. Many recovery homes are organized under the leadership of house manager and require residents to participate in a recovery program, such as 12-step and other mutual aid groups.

Recovery housing ranges from independent, resident-run homes to staff-managed residences where clinical services are provided. The National Alliance of Recovery Residences (NARR) has classified four levels of recovery residences; the levels are differentiated by the rules and organizational structure of the house, and the types of services and supports that are provided within the home. Additionally, NARR provides ethical principles and measurable quality standards for operating recovery housing across the four levels (see <https://narronline.org/resources/>).

- Questions to be answered by the sub-workgroup:
 - Is there a need for building code provisions?
 - Should the uses be limited in occupancy similar to lodging houses
 - Should minimum life safety requirements be required:
 - Interconnected smoke detection
 - Occupancy standards based on space available
 - Fire extinguishers
 - Staff and occupant safety training
 - Minimum plumbing fixtures based on number of occupants
 - Others not currently listed

In-Home Hospice Facilities (Hospice Homes)

- There appears to be no minimum/maximum for a licensing threshold.
- Current Virginian Regulations

- A. Providers seeking to operate a hospice facility shall comply with the appropriate facility licensing regulation as follows:
 - 1. Facilities with 16 or fewer beds shall be licensed as a hospice facility pursuant to this chapter. Such facilities with six or more beds shall obtain a Certificate of Use and Occupancy with a Use Group designation of I-2; or
 - 2. Facilities with more than 16 beds shall be licensed as a hospital pursuant to [12VAC5-410](#) or as a nursing facility pursuant to [12VAC5-371](#). Such facilities shall obtain the applicable Certificate of Public Need prior to the development or construction of the facility.
- B. Only patients diagnosed terminally ill shall be admitted to a hospice facility. The facility shall admit only those patients whose needs can be met by the accommodations and services provided by the facility.
- C. To the maximum extent possible, care shall be provided in the patient's home. Admission to a hospice facility shall be the decision of the patient in consultation with the patient's physician. No patient shall be admitted to a hospice facility at the discretion of, or for the convenience of, the hospice provider, the primary caregiver, or the family.
- D. All hospice providers operating a hospice facility shall use its facility to provide, to the extent possible, respite and symptom management services to all patients in the hospice program needing such services.
- E. No hospice facility shall receive patients for care, palliative treatment, respite, or symptom management services in excess of its licensed bed capacity.
- F. No hospice facility provider shall add additional patient beds or renovate facility space without first notifying the OLC. OLC notifications must be in writing to the director of the OLC.
- G. The OLC will not accept any requests for variances to this section.
- **Statutory Authority** §§ [32.1-12](#) and [32.1-162.5](#) of the Code of Virginia.
- **Historical Notes** Derived from [Volume 21, Issue 23](#), eff. November 1, 2005; amended, Virginia Register [Volume 24, Issue 11](#), eff. March 5, 2008; [Volume 27, Issue 11](#), eff. March 2, 2011.

12VAC5-391-40. Exemption from Licensure.

- A. This chapter is not applicable to hospice programs described in § [32.1-162.2](#) of the Code of Virginia.

- B. The hospice program must file a request for exemption from licensure in writing to the director of the OLC. The request shall contain documentation explaining the hospice program's relationship to the practice of religious tenets of a recognized church or denomination.
 - C. The hospice program shall be notified in writing that the exemption from licensure has been registered.
 - D. Exempt hospice programs shall remain subject to complaint investigations in keeping with state law.
 - **Statutory Authority** §§ [32.1-12](#) and [32.1-162.5](#) of the Code of Virginia.
 - **Historical Notes** Derived from [Volume 21, Issue 23](#), eff. November 1, 2005; amended, Virginia Register [Volume 24, Issue 11](#), eff. March 5, 2008; [Volume 26, Issue 26](#), eff. September 30, 2010.
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12VAC5-391-440. General Facility Requirements.

PART IV. HOSPICE FACILITIES

- **A. All construction of new buildings and additions, renovations or alterations of existing buildings for occupancy as a hospice facility shall conform to state and local codes, zoning and building ordinances and the Uniform Statewide Building Code.**
- **In addition, hospice facilities shall be designed and constructed according to section 4.2 of Part 4 of the 2006 Guidelines for Design and Construction of Health Care Facilities of the American Institute of Architects. However, the requirements of the Uniform Statewide Building Code and local zoning and building ordinances shall take precedence.**
- **B. All buildings shall be inspected and approved as required by the appropriate regional state fire marshal's office or building and fire regulatory official. Approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose.**
- C. The facility must have space for private patient family visiting and accommodations for family members after a patient's death. Patients shall be allowed to receive guests, including small children, at any hour.
- D. Patient rooms shall not exceed two beds per room and must be at grade level or above, enclosed by four ceiling-high walls. Each room shall be equipped for adequate nursing care, the comfort and privacy of patients, and with a device for calling the staff member on duty.

- E. Designated guest rooms for family members or patient guests and beds for use by employees of the facility shall not be included in the bed capacity of a hospice facility provided such beds and locations are identified and used exclusively by staff, volunteers or patient guests.
 - Employees shall not utilize patient rooms nor shall bedrooms for employees be used by patients.
 - F. Waste storage shall be located in a separate area outside or easily accessible to the outside for direct pickup or disposal. The use of an incinerator shall require permitting from the nearest regional permitting office for the Department of Environmental Quality.
 - G. The facility shall provide or arrange for under written agreement, laboratory, x-ray, and other diagnostic services, as ordered by the patient's physician.
 - H. There shall be a plan implemented to assure the continuation of essential patient support services in case of power outages, water shortage, or in the event of the absence from work of any portion of the workforce resulting from inclement weather or other causes.
 - I. No part of a hospice facility may be rented, leased or used for any purpose other than the provision of hospice care at the facility.
 - J. A separate and distinct entrance shall be provided if the program intends to administer and provide its community-based hospice care from the facility so that such traffic and noise shall be diverted away from patient care areas.
 - K. The hospice facility shall maintain a complete set of legible "as built" drawings showing all construction, fixed equipment, and mechanical and electrical systems, as installed or built.
 - **Statutory Authority** §§ [32.1-12](#) and [32.1-162.5](#) of the Code of Virginia.
 - **Historical Notes** Derived from [Volume 21, Issue 23](#), eff. November 1, 2005; amended, Virginia Register [Volume 27, Issue 11](#), eff. March 2, 2011.
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12VAC5-391-445. Additional Building Regulations and Standards.

- **A. Water shall be obtained from an approved water supply system. Hospice facilities shall be connected to sewage systems approved by the Department of Health or the Department of Environmental Quality.**
- **B. Each hospice facility shall establish a monitoring program for the internal enforcement of all applicable fire and safety laws and regulations.**

- C. The hospice facility's food services shall comply with [12VAC5-421](#), as applicable.
- D. A hospice facility's pharmacy services shall comply with Chapters 33 (§ [54.1-3300](#) et seq.) and 34 (§ [54.1-3400](#) et seq.) of Title 54.1 of the Code of Virginia and [18VAC110-20](#).
- **Statutory Authority** §§ [32.1-12](#) and [32.1-162.5](#) of the Code of Virginia.
- **Historical Notes** Derived from [Volume 27, Issue 11](#), eff. March 2, 2011.

There was no additional action on this item and it will be carried over to the second meeting.

There were no additional items for consideration.

The meeting was adjourned at 2:15 PM

(Continued)

Items received after the meeting was adjourned:

From: Revels, Gregory <rev04@henrico.us>

Sent: Friday, August 17, 2018 10:21 AM

To: Clements, Ron <ClementsRo@chesterfield.gov>; Gordon, Richard T.

<RTGordon@hanovercounty.gov>; Allen, Bob <all56@henrico.us>; Scott, Chris <sco052@henrico.us>;

Fisher, Gary <gfisher@goochlandva.us>; cindy.davis@dhcd.virginia.gov

Subject: Re: Alcohol/Substance Abuse Recovery Homes

Group - I have added Cindy Davis and Gary Fisher to this discussion. Cindy because maybe she can add insight from what she is hearing from DSS and BHDS, Gary because he has also worked on this issue previously. A few additional points to discuss.

1) Non-transient rental homes (boarding houses, congregate living, alcohol/drug recovery houses, etc.) vs. single-family dwellings. Seems to me there should be an allowable occupancy limit where these can be classified as R-5 single-family dwellings vs. R-3. Otherwise, all rental dwellings in college towns are R-3 and require sprinklers. The transient uses (Airbnb's, bed and breakfasts, etc.) already get a break here with up to 10 occupants/5 bedrooms for rent with no sprinklers so should up to 10 be allowed for non-transient in R-5 as well? A single family dwelling in a subdivision gets converted to an alcohol recovery house and goes from R-5 to R-3 and it gets sprinklered regardless of # of occupants? doesn't seem consistent if the facility does not require licensing because no care is being provided.

- 2) It appears that 310.5.1 actually has no real application as any facility that provides "care" is subject to State licensure from DSS or BHDS which puts you into the exceptions in 310.6. Can 310.5.1 be deleted or are there care facilities out there that are not required to be licensed by the State?
- 3) 310.6 Exception #2 allows facilities (except hospice) to have up to 5 residents that require physical assistance when the occupancy meets Occupancy Condition 1 @ 310.6.1. Occupancy Condition 1 requires that all residents be capable of responding without assistance thus the exception conflicts with 310.6.1. Why this provision is here at all - especially as an exception to 310.6 vs. a subsection? Can this exception be deleted or does it have any application?
- 4) Per 310.1, single family dwellings are regulated via the IRC and actually don't have an occupancy classification, yet we have assigned it R-5 in 310 of the VCC. 310.1 should be revised to be consistent with the amendments.
- 5) I cannot find any use of the defined term "personal care service" - at least not in 310.
- 6) The height and area limits for R-1, R-2 and R-4 are all the same. R-3 is UL area and 3 Stories for Type 5, 4 Stories for Types 2-4, and UL for Type 1 construction.

Gregory H. Revels
Building Official
Department of Building Construction & Inspections
Telephone: 804/501-4374
Fax: 804/501-4984

From: Fisher, Gary <gfisher@goochlandva.us>
Sent: Wednesday, August 22, 2018 5:00 PM
To: Revels, Gregory <rev04@henrico.us>; Clements, Ron <ClementsRo@chesterfield.gov>; Gordon, Richard T. <RTGordon@hanovercounty.gov>; Allen, Bob <all56@henrico.us>; Scott, Chris <sco052@henrico.us>; cindy.davis@dhcd.virginia.gov
Subject: RE: Alcohol/Substance Abuse Recovery Homes

One more thing.

The 2012 ICC Commentary under "Personal Care Services" indicates that there are three types of "care":

Personal – occupants are supervised but do not need custodial or medical care

Custodial – elderly and/or impaired occupants supervised but are capable of self-preservation, may need assistance with everyday tasks such as cooking and cleaning

Medical – supervised occupants bedridden and dependent medical on medical gases and emergency power to maintain life

GLF