



PINAL COUNTY
wide open opportunity

REGULATIONS
GOVERNING

Residential Assisted Living/Group Home Facilities

PINAL COUNTY BUILDING
P.O. BOX 1610, FLORENCE, AZ. 85132
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INFORMATION
BULLETIN

023

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What is a Home Care facility in R-3 and R-4, as defined in the building code, and what does Building Safety inspect?

The Arizona Department of Health Service (DHS) heavily regulates these facilities and has rules more restrictive than the building codes. DHS requires inspections and approval by Pinal County as part of the licensing process. Some of DHS rules are in this bulletin and are identified in parenthesis and italic text.

There are several different types of care facilities that are defined in Chapter 3 of the International Building Code (IBC). The requirements are based on the classification of the facility. In this bulletin only R-3 and R-4 Occupancy Groups will be discussed.

Residential Groups R-3 and R-4 can be Residential Home Care, Assisted Living, Adult Home Care, Child Care and similar residential care.

R-3 Residential Group

In R-3 Residential Group, care is provide to 5 or less children and/or adults (excluding staff) of any age for less than 24 hour bases. Occupants do not have to have the capability to respond to an emergency or self-preservation. R-3 Group is regulated by the International Residential Code (IRC) and does not require fire sprinkler system.

Note, for Child Care Facilities with more than 5 children please call Building Safety at (520) 866-6405 for requirements.

R-4 Residential Group

In R-4 Residential Group, care is provide to more than 5 but not more than 16 (*DHS 10*) adults (excluding staff) of any age on a 24 hour bases. Occupants are capable of responding to an emergency or self-preservation.

Pursuant to 2006 IBC Section 310.1 the jurisdiction may allow the design of these R-4 facilities to comply with the IRC. The most profound difference between designing to the IBC or the IRC is that the IBC requires automatic fire sprinklers.

It is the policy of the Building Department that R-4 Occupancies may be designed to comply with the provisions of the IRC and be non-sprinkled. Designers may choose to design out of the IBC and fire sprinkler the building; or if the Building Official finds that there are life-safety issues with an individual building that warrant additional life-safety measures, the Building Official may require the design to be in compliance with the IBC (sprinklers).

Inspections and Forms

In the case of an R3 Occupancy, we typically schedule a courtesy inspection within 1 business day and if the inspection passes, the inspector will sign the letter of compliance form that has been given to the owner by DHS. The inspection is to verify that the home meets the requirements of an R-3 and approves occupancy for the number allowed.

A copy of the above mentioned form is attached for your convenience. Below you will find a list of some of the items that are verified by our inspector prior to approval:

- Compliant Emergency Egress & Rescue windows or doors with direct access to the outside from every sleeping room.
- Smoke Detectors are required in every sleeping room and areas in the immediate vicinity of the sleeping rooms.
- A Fire Extinguisher is required in the vicinity of the cooking appliance in the kitchen. (*DHS requirement*)
- Electrical Receptacles located in hazardous locations such as at bathroom and kitchen sink and similar locations are required to be GFCI (Ground Fault Circuit Interrupter) protected.
- General Inspection of the home for compliance with the International Residential Code and make recommendations if necessary.

Arizona Department of Health Services

**ASSISTED LIVING FACILITY
LETTER OF COMPLIANCE**

THIS DOCUMENT IS TO CERTIFY THAT THE HOME OF:

Name of Provider _____

Name of Assisted Living Facility _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Lower half to be completed by city or county representative.

IMPORTANT NOTE: Assisted Living Facilities are Health Care Institutions which may care for residents who are NOT capable of self-preservation in an emergency, due to physical limitations and/or cognitive deficits.

1. Is in compliance with all building code requirements of the city/county of _____ to establish an Assisted Living Facility, and
2. Is approved to care for a maximum of _____ residents.
3. The facility listed above was originally built according to local codes and standards as evidenced by construction permits and inspections on file at this city/county office.
 YES NO OTHER

NAME _____ DATE _____

City/County Representative

TITLE _____ PHONE _____

OFFICE _____

This document is to provide the Department of Health Services with evidence that Assisted Living Facility services can be approved in your city/county. Since various cities and counties within Arizona do not provide special building inspections or require the installation of particular devices for the approval of an Assisted Living Facility, we are requesting from those cities/counties completion of this document to know that your city/county is aware of this project and approves. If there are any questions, please contact this office at (602) 364-2639.

This document is not meant to represent zoning approval.