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.

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 provided to five or less adults or children (excluding staff) for less than 24 hour basis. R-3 Group is regulated by the International Residential Code (IRC) and may require a fire sprinkler system.

Note, for Child Care Facilities with more than five children, please call Building Safety at (520) 866-6442 for requirements.

**R-4 Residential Group**

In R-4 residential group, care is provided to more than five but not more than ten (DHS) persons (excluding staff) of any age on a 24 hour basis. Occupants are capable of self-preservation or require limited verbal or physical assistance while responding to an emergency situation to complete building evacuation.

Pursuant 2018 IBC, section 310.1, the Building Official may allow the design of these R-4 facilities to comply with the provisions of the IRC and the ICC A117.1-2017 Accessible and Usable Buildings and Facilities.

If during the inspection the Building Official finds life-safety issues with the facility the Building Official may require a building permit to correct the issues, and if deemed necessary, installation of a fire sprinkler system.

R-4 facilities are required to provide handicap accessibility in compliance with ICC A117.1-2017. With your permit application include two sets of construction documents. Construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of the IRC and ICC A117.1-2017.

**Inspections and Forms**

In the case of an R-3 Occupancy, please obtain a Certificate of Occupancy permit and schedule the inspection for the home. 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 (5 or less).

A copy of the above mentioned form is attached for your convenience. If the applicant is not the property owner, an Owner Authorization Form is required with your submittal. 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. Carbon monoxide detectors are required when the dwelling has an attached garage or gas fired appliances and are required 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.