



BBS MEMO

Ohio Board of Building Standards

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CLASSIFICATION OF CARE FACILITIES

Effective November 1, 2017, the Ohio Building Code (OBC) will be updated and based upon the 2015 International Building Code (IBC). As part of this update, significant Ohio changes will be made to Chapter 3 (Use and Occupancy Classification), especially to the classification of Groups I and R care facilities. These changes are intended to help code users properly classify buildings that are used to provide personal, custodial, and medical care services to individuals occupying these buildings.

The classification of a building is perhaps the most important design assumption to consider because the code manages the risks to an occupant by prescribing design criteria based upon the occupancy classification. Design criteria such as maximum allowable heights and areas, active and passive fire protection systems, and means of egress requirements are all determined based upon occupancy classification. If the occupancy classification is not appropriate, then the design features incorporated into the building may not be appropriate to manage the risks.

In order to properly design and classify any building, the designer needs to know the owner's goals and needs. During the early stages of design the designer might ask the owner several questions aimed at the size of each space and how each space within the building would be used and arranged, the type, quantity, and arrangement of materials that the owner intends to store in the building, the location and type of activities that will occur in the building, the age and number of occupants that are expected to be in the building, and the capability of the occupants to respond in an emergency. Perhaps the most important information needed by the designer to properly classify a care facility would be the number, age, and capability of each occupant.

Often when plans are submitted to a building department for approval, the designer does not communicate this critical information to the plans examiner. This puts the building department personnel in the position to ask for more information in order to verify that the building has been properly classified. This means that the plan review comes to a halt since most code requirements are based upon occupancy classification.

Building department personnel are not trained experts in assessing the capabilities of care recipients. As such, building department personnel should not make assumptions regarding the capabilities of the occupants when performing a plan review. The owner or the owner's authorized agent must provide this information to the building department personnel so that the proper occupancy classification of the building can be verified.

The following OBC Chapter 2 definitions are critical to the understanding and application of the new code language:

Ambulatory Care Facility
Care Facility
Custodial Care
Dwelling
Incapable of Self-Preservation
Medical Care
Outpatient Clinic
Personal Care Service

Board staff has developed several tools to assist code users in applying these provisions of the code, including:

- **A care facility questionnaire** that the building department may require an owner of a care facility to complete and provide with the application for plan approval. If used, this questionnaire should be attached to the certificate of occupancy to enable the owner, the building officials, the fire officials, and the licensing agencies to know how the building was originally classified and approved.
- **A care facility matrix** that is a quick tool to help classify a facility.
- **A care facility flow chart** that is a more detailed tool to help classify a facility.
- **A residential flow chart** that is referenced from the care facility flowchart.
- **A Frequently Asked Questions (FAQ) document** that answers many of the questions raised while working with stakeholders during the care facility code development process.

If you have further questions regarding these requirements or would like to be added to our stakeholder list to receive notifications of future building code rule changes, please call the Board's office at 614-644-2613 or e-mail to BBS@com.state.oh.us.



Ohio Board of Building Standards

RESIDENTIAL/INSTITUTIONAL OCCUPANCY QUESTIONNAIRE and CERTIFICATION

November 2017

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

CORRECTIONS FACILITIES		YES	NO	N/A
1	Are any occupants locked or secured in the 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 restrict free movement from the sleeping units, and other spaces with remote control locked exits?			
6	Does the corrections facility restrict 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.

OCCUPANCY CLASSIFICATION OF CARE FACILITIES

Capability of Occupants	Type of Care Facilities	1-5 Occupants	6-16 Occupants	More Than 16 Occupants
All capable of responding to emergency situation without assistance	Alcohol & drug center; assisted living; congregate care; group home; halfway house; residential board & care; social rehabilitation	In 1-family dwelling Within the scope of RCO ^e	R-4, Condition 1 Sec. 308.3.2 & 310.6.1.1	I-1 Condition 1 Sec 308.3.1.1
		Not in a dwelling R-3 Sec. 310.5.1		
		In 2- or 3- family dwelling R-3^{a,e,f} Sec. 310.5.2		
All capable of responding to emergency situation but with limited verbal or physical assistance	Alcohol & drug center; assisted living; congregate care; group home; halfway house; residential board & care; social rehabilitation	In 1-family dwelling, Within the scope of RCO	R-4, Condition 2 Sec. 308.3.2 & 310.6.1.2	I-1 Condition 2 Sec 308.3.1.2
		Not in a dwelling R-3 Sec. 310.5.1		
		In 2- or 3- family dwelling R-3^{a,e,f} Sec. 310.5.2		
Any incapable of self-preservation	Nursing homes; foster care facilities; facilities providing nursing and medical care but without emergency, surgery or obstetric services, or inpatient stabilization for psychiatric or detoxification.	In 1-, 2-, or 3-family dwelling, R-2^{b,e,f} or R-3^{b,e,f} Sec. 310.4.1 or 310.5.2	I-2 Condition 1 Sec. 308.4.1.1	I-2 Condition 1 Sec. 308.4.1.1
		R-2^{b,f} or R-3^{b,f} Sec. 308.4.2, 310.4.1 or 310.5.2		
	Hospitals; facilities providing nursing and medical care including emergency, surgery or obstetric services, or inpatient stabilization for psychiatric or detoxification.	R-2^{b,f} or R-3^{b,f} Sec. 308.4.2, 310.4.1 or 310.5.2	I-2 Condition 2 Sec. 308.4.1.2	I-2 Condition 2 Sec. 308.4.1.2
Generally incapable of self-preservation due to security measures not under the occupant's control	Correction facilities, detention centers, jails, prerelease centers, prisons, reformatories	Same as primary occupancy of building	I-3 Condition 1 Sec 308.5.1.1	
			I-3 Condition 2 Sec 308.5.1.2	
			I-3 Condition 3 Sec 308.5.1.3	
			I-3 Condition 4 Sec 308.5.1.4	
			I-3 Condition 5 Sec 308.5.1.5	

LESS THAN 24 HOURS

Age and Capability of Occupants	Type of Care Facilities	1-5 in a Dwelling Unit	1-5 Occupants	6 or More Occupants
Capable of self-preservation, receiving personal care services only	NOT a care facility	Same as primary occupancy of building		
Capable of self-preservation with limited verbal or physical assistance	Adult day care	Not in a dwelling, in a dwelling unit R-3^f Sec.310.5.1	Same as primary occupancy of building Sec. 308.6.2 & 308.6.3	I-4 Sec. 308.6
Incapable of self-preservation				
2½ years or less and older where incapable of self-preservation	Day care; adult care	R-3^d Sec. 308.6.4	Same as primary occupancy of building Sec. 308.6.2 & 308.6.3	I-4^{c,d} Sec. 308.6
Older than 2½ years and 12 th grade or younger	Day care, child care, education	R-3^a Sec. 305.2.3	Same as primary occupancy of building Sec. 305.2.1 & 305.2.2	E^{c,d} Sec 305.1,305.2, 308.6.1
Any age – Capable of self-preservation receiving medical care	Outpatient clinic; doctor's office	NP, Change of Occupancy	B Sec. 304.1	B Sec. 304.1
Any age – Rendered incapable of self-preservation receiving medical care	Ambulatory care facility	NP, Change of Occupancy	B Sec. 304.1 & 422	B Sec. 304.1 & 422

FAMILY DAY CARE HOME

Type of Home	Numbers and Ages Provided Care	Type of Home	In a Dwelling Unit
Type A Family Day Care Home	4 to 12 Children ≥4 under 2-years old and ≥1 not a sibling	In permanent residence of administrator not residence of children	Exempt from the rules of the Board

Type A Family Day Care Home	7 to 12 Children Under 6-years old and ≥ 1 not a sibling	In permanent residence of administrator not residence of children	Exempt from the rules of the Board
Type B Family Day Care Home	1 to 6 Children Under 6 years old with ≤ 3 under 2 years old and ≥ 1 not a sibling	In permanent residence of administrator not residence of children	Exempt from the rules of the Board

- a. May comply with the construction requirements of the Residential Code of Ohio.
- b. May comply with the construction requirements of the Residential Code of Ohio provided an automatic sprinkler system is installed in accordance with OBC Sections 903.3.1.1, 903.3.1.2, 903.3.1.3, or Section 2904 of the RCO.
- c. Rooms or spaces within places of religious worship; classified as part of the primary occupancy – usually A-3.
- d. Floors in day care facilities where more than five but no more than 100 infants or toddlers (i.e. children 2 ½ years and younger) can be classified as Group E provided rooms used as such are on the level of exit discharge and have exit door directly to exterior *for which the exit access and exit discharge do not require the traversing of stairs* (Sec 308.6.1).
- e. When the dwelling is used exclusively as a care facility for an aggregate of five or fewer receiving care.
- f. If the building has shared exits, the building shall be classified Group R-2 unless the shared exits are not required exits.

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 1-1 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 1-1/R-4, Condition 2 evacuation assistance does not include moving occupants in beds or stretchers during emergencies, as is allowed in Group 1-2 medical care or when protected with a defend-in-place method of safety.



Ohio Board of Building Standards

OHIO BUILDING CODE – CARE FACILITIES FREQUENTLY ASKED QUESTIONS (FAQ)

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 **Question:** Why were changes made to the OBC Chapters 2 and 3 relating to care facilities?
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 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.

2 **Question:** In the definition of “Care Facility”, what is meant by “held out to the public”?
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.

3 **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?
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.

4 **Question:** Would remote, electronic supervision/monitoring meet the definition of a “supervised environment”?
Answer: No. A supervised environment is one in which someone is present to oversee and ensure the safety of the occupants.

5 **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?
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.

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 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?</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. Moreover, it was originally intended to be and continues to be used as the primary residence for the family.</p>
8	<p>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?</p>
	<p>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.</p>
9	<p>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?</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. Moreover, it is the primary residence of the care provider.</p>
10	<p>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?</p>
	<p>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.</p>
11	<p>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?</p>
	<p>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.</p>
12	<p>Question: An apartment building owner offers specific apartments that are identified to be used <u>only</u> 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?</p>
	<p>Answer: Yes. This facility is a care facility because specific apartments are identified (held out) to be used by persons with developmental disabilities <u>and</u> 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.</p>
13	<p>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?</p>
	<p>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.</p>

14	<p>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?</p>
	<p>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.</p>
<p>Definition of Incapable of Self-Preservation (OBC Chapter 2) – <i>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></p>	
1	<p>Question: If a person needs assistance transferring from a bed to a wheelchair, is that person considered incapable of self-preservation?</p>
	<p>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.</p>
2	<p>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?</p>
	<p>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.</p>
<p>Existing Facilities</p>	
1	<p>Question: What is a change of occupancy in an existing building?</p>
	<p>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.</p>
2	<p>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?</p>
	<p>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.</p>
3	<p>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?</p>
	<p>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.</p>
4	<p>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?</p>
	<p>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.</p>