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## Taken to Access



## Question of the month:

- I submitted a new construction project for accessibility plan review (APR), responded to and resolved all comments issued. The project is currently under construction and an accessibility deficiency has been identified in the field. This deficiency was not noted during APR. Do I have to correct it or is sufficient to state that the project was reviewed and accepted as designed, permitted and approved?
- If a condition is found to be out of compliance during plan review, construction or after occupancy (through the monitoring process), it must be corrected regardless of how it was missed. The intent of the third party review is to provide an additional set of eyes and not to assume responsibility for ensuring 100% compliance. Ideally, all deficiencies would be identified during the review but inevitably and for numerous reasons some items get missed. Having participated in the APR process does not grant us future code variances or exceptions. Finding deficiencies during construction however, still grants us the opportunity to make corrections prior to project completion and occupancy.

## Announcements:

FPS' collaboration site — Looking for an old newsletter publication? Or perhaps you would like to review a previous PAC presentation? If so, follow the link below and scroll down to the Regulatory Affairs box to access previously distributed material:

http://mysutter/sites/shss/busine ss/FacilitiesPD/default.aspx

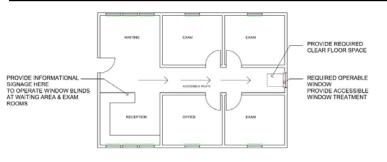
## IT'S SUNNY... CLOSE THE BLINDS!

When surveyors first visited our facilities to identify and document physical barriers, approximately 400 locations were flagged where window blinds/ shades were considered barriers to our patients with disabilities. At the time, many of our clinical staff objected to window blinds being considered barriers as they felt that they were elements that should always be operated by staff to administer appropriate environmental exposure to all of our patients. Unfortunately, we could not organize our logic and reasoning, the barriers were accepted as such and a remediation plan was put in place. An amount of \$300K was estimated for remediation although the expectation to spend significantly higher was there due to the number of properties where window shades were not surveyed. Luckily, most of these barriers were scheduled to be removed in 2013 and 2014 and as we started to implement proposed solutions our clinical staff once again objected, this time due to safety concerns presented by the type of modifications required to make the blinds/ shades accessible. We then presented our analysis and concerns to Class Counsel and proposed a signage solution to remediate the barriers. Since window blinds are located in areas where there would be no need for adjustment by patients or visitors:

- Hallways Can be controlled by Engineering & Maintenance staff
- Conference Rooms Can be controlled by AV staff
- Waiting Rooms Can be controlled by Reception staff
- Exam Rooms & Patient Rooms Can be controlled by Medical staff

our offered solution was to provide informational signage located at reception desks and MA's stations instructing all our patients and visitors to ask for assistance. The PAC group is working with a Class Counsel approved Access Specialists to provide the appropriate verbiage and aesthetics and will distribute signage template across the system for implementation.

Previously, in order to comply with accessibility requirements in new construction, project teams were required to specify electrified, remote control operated shades or custom made controls and operating mechanisms to manual blinds. Teams can now use informational signage (as in barrier removal projects) as an acceptable method of compliance. There remain however a few instances where blinds/ shades will need to be made fully accessible, particularly at operable windows that are required by an administrative authority. At these locations, an accessible route, appropriate clear floor space oriented to the controls and controls within compliant reach ranges are required. Our access specialists will ask during plan review to identify locations where the requirement for operable windows has been established. Offering staff assistance to open, adjust and close blinds and shades at these locations in lieu of providing accessible controls will not be allowed.



Although a total of 11 windows have been provided here, only one is required to be operable and therefore the window treatment at that location must be fully accessible.