

## Care Facilities Spectrum

IBC Occupancy		Group I-1		Group I-2	
IBC Condition		Condition 1	Condition 2	Condition 1	Condition 2
General	Specific Condition				
Groupings	1 Facility Types	Group Homes Halfway Home Alcohol and Drug Center (Non -Detox)	Assisted Living Alzheimer's Care	Nursing Home Hospice Detox Facilities	Hospital
	2 Type of Care	Supervised Personal or Custodial Care	Supervised Custodial Care	Supervised Medical Care	Supervised Medical Care
	3 Type of Living/ Sleeping Area	Small apartment-like. Some cooking in room	Small apartment-like or sleeping room. Some cooking in room	Sleeping Room	Sleeping Room
Capability	4 Capable of Self Preservation	All Capable of Self Preservation	Some Incapable of Self Preservation	Many Incapable of Self Preservation	Many Incapable of Self Preservation
	5 Occupant Funtionality	Residents are fully conscious, functional, responsive, with little impairment, and minimal risk to self or others.	Residents are fully conscious, may be less functional, may not be responsive, with impairments, and some risk to self or others.	Residents may not be fully conscious, may not be functional or responsive, with impairments, with risk to self or others.	Patients may be unconscious, not be functional or responsive, with impairments, with risk to self.
	6 Support Device Use	Some wheelchairs, walkers	Wheelchairs, walkers, some temporarily confined in bed.	Wheelchairs, walkers, some bedridden, some on life support systems.	Wheelchairs, walkers, bedridden, life support systems.
	7 Ambulatory- "Able ot walk."	Generally Ambulatory	Ambulatory/ Nonambulatory	Generally Nonambulatory	Generally Nonambulatory
Staff/ Residents	8 24 Hour Stay	Yes	Yes	Yes	Yes
	9 Length of Stay	Long Term	Long Term	Long Term	Temporary
	10 Staff to Resident Ratio	Lower	Lower	Higher	Higher
	11 Evacuation Response	Evacuation	Staged Evacuation	Defend in Place	Defend in Place
IBC Requirements & Associated Specific Condition (#)	Smoke Compartments	No <sup>4, 5, 6</sup>	Yes <sup>4, 5, 6</sup>	Yes <sup>4, 5, 6</sup>	Yes <sup>4, 5, 6</sup>
	Sprinkler System	NFPA 13D or 13R <sup>4, 11</sup>	NFPA 13 <sup>4, 11</sup>	NFPA 13 <sup>4, 11</sup>	NFPA 13 <sup>4, 11</sup>
	Added Egress Width	No <sup>6</sup>	No <sup>6</sup>	Yes <sup>6</sup>	Yes <sup>6</sup>
	Rated Corridor	Yes <sup>3, 10</sup>	Yes <sup>3, 10</sup>	No <sup>10</sup>	No <sup>10</sup>
	Sleeping Room Separation	Yes <sup>3, 10</sup>	Yes <sup>3, 10</sup>	No <sup>10</sup>	No <sup>10</sup>
	Structural Redundancy	No <sup>11</sup>	No <sup>11</sup>	Yes when over 50 <sup>11</sup>	Yes <sup>11</sup>