

ASSISTED LIVING PROGRAM

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Assisted Living Program

The purpose of the Assisted Living Program (“ALP”) is to provide assisted living alternatives for low and moderate income frail elderly and other frail persons. It is intended to address the needs of these individuals by creating a supportive residential living environment as an alternative to institutional care. Funding is dependent upon receipt and availability of Medicaid waivers from the Rhode Island Department of Human Services. Developers are encouraged to discuss proposals for assisted living facilities with Rhode Island Housing and Mortgage Finance Corporation (“RIHousing”) prior to submitting a proposal.

Developers of assisted living facilities may apply for permanent first mortgage financing and housing tax credits available through the RIHousing Rental Production Program. In addition, there are various other programs offering low interest loans or grants through the RIHousing such as the federal HOME Program.

Development Size: While the ALP does not establish formal minimum or maximum size limits, applicants are advised that projects under 50 units may have difficulty delivering needed services cost effectively. Also, given the limited amount of waivers available and the program’s goal to test different housing models, it is unlikely that more than 70 waiver units will be available for any one development. Larger developments may also experience longer lease-up periods and substantial initial operating losses. A minimum of 20% of all units must be restricted to occupancy for low-income individuals for a term of 30 years.

Service Requirements: Proposals must include an assisted living supportive services program with case management and either direct provision or coordination through outside service contracts for the following:

- Direct assistance to residents with at least two activities of daily living (“ADLs”) provided by a Certified Nursing Assistant (“CNA”) and including but not limited to assistance with bathing, continence, dressing, ambulating, eating and transfers.
- Assistance with housekeeping, medication oversight (to the extent permitted under state law), laundry services, and transportation.
- Provision of three meals per day to residents.
- Therapeutic social and recreational programming.
- Twenty-four hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence and to provide supervision, staff and security.

Each proposed development must provide these minimum services. Developers are encouraged to structure rent and service costs in a basic package, while also allowing residents the opportunity to purchase enhanced services at an additional cost.

Target Population: The program is intended to provide assisted living alternatives to low and moderate income frail elderly and other frail elderly who are eligible for or at risk of placement in nursing facility care. While there is no minimum age, it is anticipated that most residents will be in their eighties.

Rent and Service Charges for Market Rate Units: Allowable rent and service charges for the market units must be supported by local area demographic characteristics and market comparables, as established by an independent market study. ***Please be advised that under tax credit regulations, services and rents must be billed separately.***

Rents for Medicaid-Eligible Units: As further detailed below, rent and service charges for Medicaid eligible residents may not exceed the sum of the maximum reimbursable amount under the Medicaid Waiver *plus* the maximum amount available to Medicaid eligible recipients for rent and service charges under the Enhanced SSI program *less* the required personal needs allowance

Enhanced Supplemental Security Income: Medicaid eligible residents who reside in state licensed assisted living facilities are eligible to receive an enhanced level of Supplemental Security Income (Enhanced SSI). Individuals who receive this SSI benefit are allowed to retain a minimum personal needs allowance of one hundred dollars (\$100) per month from their SSI monthly benefit prior to payment of the assisted living facility monthly fee. Developers should contact the Department of Human Services for further current reimbursement rates and details for this program.

Medicaid Waiver Reimbursements: Reimbursements for service and service related charges for Medicaid eligible residents may not exceed the maximum reimbursable amount under the Medicaid Waiver program. The proposed range of these amounts ranges from \$700 to \$1,026 per month.

Tax Credit Units: The total rent and service charges for non-elective services may not exceed the maximum allowable rents for the Housing Tax Credit Program. See Exhibit C, for calculation of rents for tax credit developments.

Unit Type and Mix: Unit types may range from studios to two bedroom apartments. No more than 20% of Medicaid Waiver units may be shared occupancy apartments. Shared bedrooms for unrelated adults will not be financed.

Unit mix guidelines for non-Medicaid Waiver units have not been developed. However Developers should demonstrate the marketability of the proposed unit types and mix. Moreover, since the market for assisted living is evolving, consideration should be given to unit mixes and physical designs that can adapt to changing market conditions as the number of facilities increase.

Design Guidelines: Developers must comply with Guidelines for Assisted Living in Section 4 of the Design and Construction Handbook.

Underwriting Terms and Requirements for Assisted Living Developments

Unless specifically modified in this section, the underwriting requirements for assisted living developments under the ALP will be as described in the Developer's Handbook.

In addition, the following are specific underwriting guidelines for the ALP:

Debt Service Coverage: Minimum of 1.25%. Higher debt service coverage may be required to achieve an 80% loan-to-value ratio.

Operating Expenses: Operating expenses, including both the residential portion and the additional assisted living cost, will be determined on a case by case basis in relation to each project's unit mix, building type, systems and components, location, target market, expected vacancy and turnover rates, service provider, management agent, management plan and social services plan.

Vacancy Rates: RIHousing will underwrite market units at 92% of total potential occupancy and low-income units at 95% of total potential occupancy. RIHousing reserves the right to increase these rates depending on the information determined by the market study and appraisal.

Occupancy Agreement: An Occupancy Agreement describing the rental and service obligations (including cost to the resident) of the owner and resident will be required. The Agreement should also specify conditions for admission and continued occupancy for residents.

Ancillary Income: RIHousing will recognize ancillary income equal to 2% of gross rental income if adequately supported by market and other data. Ancillary income may include revenues from beauty shop, sundries store and staff meals.

Replacement Reserves: Required deposits to replacement reserves will be determined on a case by case basis. Reserves will be funded from revenues in a minimum amount equal to the greater of 2% of Effective Gross Income or \$700 per unit per year for real property reserves (based on \$200 per unit per year for real property reserves and \$500 per unit per year for personal property reserves, i.e. furniture, appliances, carpeting and equipment).

Management Fees: Management fees may be budgeted in an amount of up to 5% of Effective Gross Income (including residential, service and ancillary income). Larger developments may warrant a smaller percentage. Fees are subject to approval by RIHousing.

Operating Deficit Reserve: An operating deficit reserve must be capitalized in an amount equal to the projected losses prior to stable occupancy. A 24-month cash flow analysis will be completed to estimate anticipated operating losses during the rent-up period. The cash flow will be based on an appraisal, a market study, information submitted by the Developer and analysis by RIHousing staff. In general, Developers should assume that a minimum of 10% of the units may be preleased, and thereafter units may be phased-in at a rate of 3-5 units per month. Variable expenses may be phased-in in proportion to the net monthly occupancy rate while fixed costs should be spread across the full year's operations. Developers should assume that the development would need to run at 100% of its operating budget two months prior to full occupancy.

In lieu of a capitalized reserve, the Developer may also provide an irrevocable direct pay letter of credit as security to cover anticipated losses. RIHousing staff must approve all letters of credit.

Operating Reserve: A minimum operating reserve equal to 6 months of debt service and 3 months of operating expenses (including residential cost, service cost, and board) must be capitalized in the development budget. The operating reserve must be available to the development for the term of the mortgage. Depending on factors such as the degree of market risk, Developer capacity and budget considerations, certain deals may be required to fund operating reserves of up to 6 months debt service and operating expenses. In such circumstances, RIHousing may consider allowing the incremental amount of required reserves to be funded from pledged incentive developer fee, or cash flow as a priority payment before the repayment of any deferred payment loan and cash flow distributions to the Developer.

Loan to Value Ratio: The RIHousing first mortgage may not exceed 80% of the stabilized, as-built value as determined by an independent appraisal.

Loan to Development Cost Ratio: The RIHousing first mortgage may not exceed 80% of the total development cost.

Equity Requirement: In general, the owner will be required to demonstrate a financial stake in the proposed venture in proportion to its financial capacity. A minimum 20% equity contribution will be required of all Developers. Equity is defined as funds contributed by the general or limited partner(s) to pay approved development costs, but not including funds provided as a result of state or federally funded programs. Sources of equity could include cash, private charitable contributions, or syndication proceeds.

Development Team Capacity

Developers must satisfy the Rental Housing Production Program's threshold requirements for scoring under Development Team Capacity. Applicants for the ALP should also provide evidence for each team member of a successful track record in the development and operation of assisted living or similar types of facilities, such as nursing homes, retirement communities or congregate care facilities. Applicants should also satisfy the following specific team requirements detailed below:

Facility Operator: Ownership structures that utilize an assisted living facility operator are strongly encouraged. This could include an owner operator arrangement, or an owner who contracts or leases the facility to an experienced assisted living operator.

Facility Operators must demonstrate the ability to operate a facility over the long term. In most cases, a minimum lease or contract term of 20 years will be required. Facility operators should have at least 3-5 years direct experience in operating assisted living residences, nursing homes, or independent living complexes with supportive services. Demonstrated experience in serving the needs of the frail elderly is required. Knowledge of supportive services provision and coordination, as well as entitlement service programs, delivery, and payment procedures, is essential.

Marketing Capacity: Direct experience in the marketing of service enriched elderly housing is required, either from the facility operator or marketing agent, if one is used.

Submission Requirements

Applicants for the ALP are subject to the submission requirements for the Rental Housing Production Program. In addition, applicants to the ALP should submit the following items:

1. Development Summary

- Applicants should provide a summary narrative addressing project concept, site, marketability and needs.

Project Concept

- Describe the project concept and market niche. Provide a demographic profile of the target population in terms of age, income, level of frailty, and current living arrangement. Describe how the characteristics of the proposed facility -- including site, building, design, number of units and unit mix, level and type of service and amenities offered, and pricing -- support the target population. Quantify the number of market rate, moderate income, and low-income set-aside units to be offered, and describe funding sources, which will support residents' rent and service charges.

Site

- Describe the proposed site and assess its suitability for the target population and proposed facility in terms of accessibility to transportation, proximity to social and civic services (including shopping, recreational, and health care services), and the influence of the site's location and surrounding land uses on the target market population.

Marketability and Needs

- Identify the project's market area. From which geographic areas and from what current living arrangements do you expect the facility to draw its residents? What organizations or institutions will act as major sources of referral? What is the socio-economic character of the primary/secondary market area(s)? Describe the demographics of the specific population by income group, elderly housing tenure, and housing values and rents. Describe any existing or planned competition to the proposed development, as well as similar formal or informal support systems available to the target resident population. Include information on area home health care providers, homemakers, congregate care or retirement facilities, etc.

NOTE: Developer should attempt to respond to these market questions as thoroughly as possible. It is recommended that an independent market study in accordance with RIHousing market study specifications be completed prior to Preliminary Approval for funding under the Rental Production Program.

2. Assisted Living Services Plan

Applicants should provide a narrative of the services to be provided on site, including, for example, food services, 24 hour staffing; personal care assistance with ADLs (dressing, bathing, ambulating, toileting, transferring, eating); housekeeping; laundry; counseling; transportation; and home healthcare services. The plan should identify whether services will be provided through facility-staffed programs or through contracts with outside vendors. Plans to coordinate services or service referrals through local service agencies or institutions should also be described. Applicants should describe how increasing or changing needs will be met over time and what measures will be taken (e.g. individualized care plans and resident participation in care plans) to ensure that each resident's needs, preferences, and freedom of choice will be respected. The plan should also describe how the facility would promote and encourage a strong and positive relationship between residents and their families.

3. Staffing and Organizational Structure

Recent industry studies have shown that the quality of services and staffing offered by an assisted living facility is critical to its successful operation. In light of this, applicants should provide a narrative describing how the organizational structure of the proposed facility will reflect the goals and mission of the Developer, meet the needs of residents, and enable the facility's successful operation according to its assisted living services plan. Applicants should provide an organizational chart showing lines of accountability and responsibility, as well as a description of the anticipated staffing, including job titles, descriptions, number of positions, salaries, and full-time equivalents. The narrative should clearly articulate how the staffing will be utilized to assure smooth and efficient day to day operations, weekend coverage, 24 hour emergency coverage and coverage during employee absences due to vacation or sickness. The narrative should describe plans for staff training and development.

4. Proforma and Supplemental Narrative

Applicants should submit a disk and hard copy of the proforma included in the RFP. To the extent not covered in the proforma, applicants should also provide a supplemental narrative clarifying the following:

- Sources and amounts of revenue for different unit types (e.g. studio vs. 1 bedroom; low vs. market rate).
- Sources and amounts of revenues derived from monthly flat fees vs. a la carte services or ancillary income.
- Rent and service fees paid from resident's own funds vs. funds from subsidy sources, including Medicaid or Medicare reimbursements.
- Cost of real estate management versus service cost.
- Fixed vs. variable service related expenses.

- Detailed itemizations for staff and supplies for each program area (e.g. food services, personal care, housekeeping, etc.)

5. Application Processing

In general, applications for the ALP will be subject to the underwriting standards, submission requirements and scoring criteria contained in the current Rental Housing Production RFP. *However, applications that propose to utilize financing solely under the HOME program or non-RIHousing financing sources, may qualify for a waiver of some of the requirements in the RFP.* Developers should contact their assigned RIHousing Development Officer for further information.

Once a project has received Board approval for RIHousing financing (or a final commitment for financing from another source) and a RIHousing staff recommendation for approval to participate in the ALP, this recommendation will be forwarded for final action and disposition to the Department of Human Services.

Design Guidelines for Assisted Living Demonstration Program (ALDP):

Sets forth minimum criteria for the development of assisted living units. These guidelines are in addition to the Standards detailed in RIHousing's standard design and construction guidelines and shall govern when there is a conflict.

The architectural program shall be developed in close consultation with the service provider. Spaces should be primarily residential in scale and character. The location, size and attributes of the space should clearly relate to the use of the space and the need to be associated with other uses. The architecture should differentiate public, semi-public, semi-private and private spaces. RIHousing reserves the right to set higher standards for facilities designed for elders afflicted with dementia or Alzheimer's Disease.

A. Site Design:

1. Passenger drop off station and a van parking area, near to and visible from the main entry, should be protected from the weather.
2. Building entries must be handicapped accessible.
3. A secure outdoor recreation area appropriate for the facility.

B. Building Design:

1. General – Developers are encouraged to design the building to receive the maximum Level F-1 and Level M-1 licensure in accordance with the Rules and Regulations for Licensing Residential Care and Assisted Living Facilities for the Rhode Island Department of Health, as amended.
 - a) Building forms and material should be appropriate and integrated into the topography and neighborhood.
 - b) Public spaces in the development shall be designed and constructed strictly in accordance with the current requirements of the Rhode Island State Building Code: SBC-14, SBC-15, and SBC 16 as applicable.
 - c) Integrate emergency call, surveillance cameras, security, telephone and other communication systems to provide twenty-four (24) hour monitoring. An emergency call system with pulls in each unit bedroom and bathroom wired to an office console shall also be provided.
 - d) Rough wiring for CATV outlets in the bedrooms and living room of all unit areas and community rooms, activity rooms, lounges, etc. is required.
 - d) All sinks and faucets shall be equipped with anti-scald devices.
 - e) Residential treatment of all exterior spaces is highly desirable. Consider use of dormers, balconies and porches.
 - f) Provide furniture and equipment layouts for all offices and community spaces.
2. Public Spaces
 - a) Elevators are required in all buildings two stories and higher.
 - b) Corridors should be less than eighty (80) feet in length between the elevator and the most distant unit.

- c) Small lounges on each floor with seating for four or more residents should be provided at corridor midpoints to dining room, main lounge and/or elevator areas.
- d) Resting areas, landmarks, handrails, natural light and indirect lighting schemes should be incorporated into the design of corridors.
- e) Building signs and layout of furnishings should incorporate way-finding features to assist those that may be confused or disoriented.
- f) Unit entries should be clustered and should allow personalization.
- g) All community rooms and offices must be equipped with air conditioning equipment (i.e. offices, community rooms, activity rooms, community dining rooms, wellness office, lounges, etc.).

C. Shared Spaces: Most successful when the residents use these spaces in their daily activities. Shared spaces should be located to the maximum advantage of the site, view, room proportions, exposure, noise, proximity to other activity spaces, etc. Shared spaces should be directly related to the service program. Superfluous, un-programmed spaces should be avoided. Shared spaces should invite but not require participation. To that end, a resident should be able to observe what is going on in a shared space and choose whether to participate. Large activity rooms should range from 8 to 12 square feet per person while secondary shared spaces should range from 4 to 7 square feet per person. In general, the square footage attributable to shared spaces, as a percentage of gross square footage should be higher than in traditional elderly housing.

1. Required shared spaces:

a. Dining Facilities and Accessory Space

- 1) Main Dining Facilities – appropriately scaled in accordance with the mission statement of the service provider and target market. The dining or food service concept will influence the design of the kitchen and dining areas. In general, all dining room areas should be designed with a minimum of 17-25 square feet of floor space per person.
- 2) Private Dining Room – for small group meetings, private meals and celebrations. This space should be sized to accommodate a dining room table, chairs and related furnishings for 10-12 people.
- 3) Special consideration should be paid to providing dining spaces in a variety of sizes.
- 4) Large Coat Closet with Wheel Chair/Walker Storage. This space should be located in proximity to the main dining room and sized for the temporary storage of coats, wheel chairs, walkers and other ambulatory devices.

b. Commercial Kitchen – If off-site food service is anticipated, space and utility connections shall be provided in the development. All commercial kitchens shall be located in proximity to main dining room, service elevator and loading docks and must be designed with adequate frozen food and bulk storage space.

c. Activity/Community Room – for holding social gatherings. This space should be 12 square feet per dwelling unit or 600 square feet, whichever is greater. In addition, the community room must be fully equipped with a handicap accessible kitchen and located within proximity to public rest rooms.

- d. Wellness Program Office/Suite – with a separate handicap accessible rest room. This space should be a multi-functional room that can be utilized for physician, nurses and other consultant visits and should be adequately sized to accommodate all necessary medical examination furnishings, equipment, and storage cabinets.
 - e. Library or Separate Quiet Community Space – for reading, studying and reflection with a residential den-like atmosphere and adequately sized to accommodate tables, chairs, bookshelves, and a private computer workstation.
 - f. Restrooms located near dining facilities and other activity areas on each floor.
 - g. Central Bath Tub – one per floor where bath tubs are not provided in the units. There shall be a 3' aisle on three sides of the tub or a tub designed to facilitate the transfer of a frail individual. These spaces should have slip resistant floor surfaces and a floor drain.
2. Encouraged shared spaces:
- a. Entry Lobby – with comfortable seating for four or more residents. This space should provide tenants a direct view of the main building entrance and reception areas.
 - b. Small Activity Room – for small social gatherings. This space should be equipped with a wash sink and sprayer and designed with adequate floor space to accommodate tables and chairs to hold 12-15 people.
 - c. Beauty/Barber Shop – sized to accommodate all necessary beauty shop furnishings, equipment, storage cabinets, shelving and wash sinks.
 - d. Resident Lounge/Living Room – designated for socializing, reading, relaxing and television viewing designed with adequate floor space to accommodate seating for 8-10 residents. In addition, this space should have provisions for natural lighting and ventilation and have a pleasant view of the outdoors.
 - e. Ice Cream/Cocktail Bar Area – should have a bright, airy, casual feel and be adequately sized to accommodate seating at tables for up to (15) people, a counter with bar sink, and under-counter refrigerator with ice maker.
 - f. Smokeless/Lounge Areas, Billiards Rooms, Health Spas and Nutrition Centers.

D. Required Facility Spaces:

Office Space

- a. General – The space should have a cheerful, friendly residential atmosphere with natural light and ventilation. Offices must be adequately sized to provide space for small meetings and all necessary office furnishings, equipment, and a computer workstation. All offices and workstations shall be pre-wired for at least (1) telephone. Consideration should be given to using residential furnishings and lighting schemes and to providing additional phone jacks where computer stations and fax machines may be installed.
- b. Administration/marketing office – with clerical support workspace located in close proximity to the building entrance and reception area.

- c. Office space must be provided for a case manager, a director of health services, an activity director, and a food service manager.
- d. Resident care assistant stations must be provided. These spaces shall be secured and centrally located in each wing of all floors. All resident care assistant workstations shall be sized to accommodate a coat rack, a small desk/counter and chair for report writing, bookshelves, and sufficient space for storage of medication storage carts.

Reception/Mailroom

- a. Reception area with an unobtrusive view of the elevator and resident building entrances located in proximity to the administrator's office sized to accommodate necessary office furnishings, equipment and a computer workstation.
- b. Mailroom in proximity to the building entrance and reception area.

Laundry/Housekeeping/Maintenance Facilities

- a. Central laundry facilities – or a feasible plan to install a central facility later if off-site laundry service is anticipated, sized to accommodate (2) sets of commercial washers and dryers, (2) folding tables, a commercial press and several laundry carts.
- b. Housekeeping facilities – sized to accommodate a janitor's sink, storage shelves, cleaning equipment, furnishings, etc.
- c. Trash room – with area for storage of recyclable materials and a trash compactor. Separate trash chutes should be located in a centralized area on each floor.
- d. Building storage facility – easily accessed from the loading area and sized to store spare equipment parts, folding chairs and tables, seasonal furniture, special equipment, etc. Outside storage space will be required for the storage of hazardous materials and fuel powered maintenance equipment.
- e. Building maintenance room – equipped with a workbench, industrial shelving, tool storage and bulk material storage areas.

E. Encouraged Facility Spaces:

- a. Laundry rooms – on each floor with washers and dryers for residents' private use, provided at a ratio of one (1) washer and dryer per twenty (20) units.
- b. Staff lounge/locker areas – with separate rest rooms for employees.
- c. Employee's dining room – with adequate space for tables, chairs and vending machines with open wall space for bulletin boards and required postings.
- d. Storage and recharge areas – for scooters (individual battery operated vehicles) depending upon space and market considerations.

F. Unit Design Issues: Unless specified, the following guidelines shall be met in all developments:

- 1. Unit types and minimum size – inclusive of kitchen and bathroom: 350 sq. ft. for a studio/alcove; 500-sq. ft. for a one-(1) bedroom unit and 750 sq. ft. for a two (2) bedroom unit.

2. General Guidelines

- a. Furniture – residents should have the ability to use personal furnishings.
- b. Air Conditioning – sleeve with dedicated electrical outlet in all bedrooms and living room.
- c. Accessible controls – for appliances, environmental controls, and window/door hardware.
- d. Heating/cooling systems control – In each unit.
- e. “SHUT-IN” prevention system – to alert staff to resident who is not seen during the day.
- f. Locks – on unit entry doors.
- g. Closets – with adjustable heights for hanging and shelves to include but not limited to unit entry, broom, bedroom and linen storage.
- h. Bedroom doors – with a clear opening of 32” (SBC-14).
- i. Desirable Improvements
 - 1) Pre-wire all units for emergency alarms and communications systems that are designed for the hearing or sight impaired.
 - 2) Windows with wide waterproof sills that are low enough to provide visibility from seated positions are desirable.

3. Kitchen

- a. Provide a kitchen or kitchenette in each unit designed in conformance with SBC-14 (usable kitchen designs), and have a minimum of 36” of base and wall cabinets. As a minimum, kitchens must include a single bowl sink, undersized refrigerator, two-burner cook top, vented range-hood with separate light and fan switches, microwave oven (counter top model), and storage. Cabinets should be mounted at heights appropriate to restricted reach ranges and allow for alternative shelf heights. Pantries can be used in lieu of upper cabinets. Emergency shut-off for stoves must be considered. If possible, screen kitchen from living space.
- b. Provide “accessible” kitchen designs in 5% of all units. Accessible kitchens shall be designed in conformance with UFAS and SBC-15.

4. Furnishing layout – to be provided as part of Construction Documents for all unit types.

- a. Studio/Alcove – include a twin bed not visible from the unit entry and accessible on three sides, a bureau, a night table, an easy chair, two end tables, two side chairs, a small dining table, and a television.
- b. One and Two Bedroom(s) – include a small sofa, two end tables, an easy chair, a television, a small dining table and two side chairs, a bureau, full-size bed accessible on three sides, and a night table.

5. Bathroom

- a. Bathroom doors should be screened from the entryway.
- b. Provide “adaptable” bathrooms with thirty two to thirty-four inches (32-34”) clear out swinging, pocket or barn doors. (For a side hinged door, a 3’0” door leaf is implied or a 2’-10” door with offset hinge is acceptable).
- c. Privacy locksets shall be designed to permit the opening of the locked door from the outside in an emergency.
- d. Provide “accessible” bathroom designs in 5% of all units. (This percentage may be increased depending upon population characteristics). Accessible bathrooms shall be designed in conformance with UFAS and SBC-15.
- e. Bathroom configurations large enough for the resident and assistant should be provided in as many units as possible.
- f. Bathrooms should include a shower with built-in seat, grab bars, slip resistant surface, hand held showerhead on a flexible hose, and overhead waterproof light, in lieu of tubs. Levered sink faucets and door handles must be provided.
- g. Grab bars shall be provided at all water closets.
- h. Provide bathroom storage that is easily accessible.