**Section 300.TABLE B Pressure Relationships and Ventilation Rates of Certain Areas for New Intermediate Care Facilities and Skilled Nursing Facilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Area  Designation | | | Pressure Relationship to Adjacent Areas | Minimum Air Changes Per Hour Supplied To Room | All Air Exhausted Directly Outdoors | Recirculated within Room Units |
| Resident Rm | | | 0 | 2 | Optional | Optional |
| Medication Rm. | | | + | 4 | Optional | Optional |
| Clean Utility Rm. | | | + | 4 | Optional | Optional |
| Clean Linen Storage | | | + | 2 | Optional | Optional |
| Examination and Treatment Rm. | | | 0 | 2 | Optional | Optional |
| Physical Therapy | | | - | 4 | Optional | Optional |
| Occupational Therapy | | | - | 2 | Optional | Optional |
| Dietary Day Storage | | | 0 | 2 | Optional | No |
| Soiled Utility | | | - | 6 | Yes | No |
| Soiled Linen Holding Rm. | | | - | 6 | Yes | No |
| Soiled Linen & Trash Chute Rm. | | | - | 6 | Yes | No |
| Toilet Rm. | | | - | 6 | Yes | No |
| Shower Rm. | | | - | 6 | Yes | No |
| Bathroom | | | - | 6 | Yes | No |
| Janitors' Closet | | | - | 6 | Yes | No |
| Food Preparation Areas | | | 0 | 6 | Yes | No |
| Dishwashing | | | - | 6 | Yes | No |
| Laundry, General | | | 0 | 6 | Yes | No |
| Soiled Linen Sorting & Storage | | | - | 6 | Yes | No |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
| + | = | Positive | | |  |  |
| - | = | Negative | | |  |  |
| 0 | = | Equal | |  |  |  |
| The ventilation rates shown in the above TABLE shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates. | | | | | | |