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

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| --- | --- | --- | --- | --- |
| AreaDesignation | 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.  |