



TEXAS
Health and Human
Services



Application Instructions (ARU-21)

Revision 1/7/2020

Revision 1/1/2021

Table of Contents

1. GENERAL INFORMATION	5
2. SUBMITTING APPLICATION PACKAGE	7
3. CHECKLIST for APPLICATION PACKAGE: (Required Application Documents)	9
Notes:.....	9
Minor Applications Require:	9
Major Applications and Fast Track Applications Require:	10
4. INSTRUCTIONS for COMPLETING APPLICATION PACKAGE	11
4.1 Prepare Application Package.....	11
4.2 Submit Application Package.....	14
4.3 ARU Reviews Application Package	14
4.4 ARU Processes the Completed Application Package.....	15
4.5 Application Approval Notification/Plan Review Approval Notification	16
4.6 Construction Commences.....	16
5. CANCELLATION of an APPLICATION	17
5.1 Cancellation of an Application by Applicant.....	17
5.2 Cancellation of an Application by ARU	17
6. CHANGE of CONTACTS or FACILITY ADDRESS.....	18
7. INSTRUCTIONS for CLOSURE of APPLICATION	18
8. DEFINITIONS	18
8.1 ADDITIONAL CONSTRUCTION DESCRIPTION:.....	18
8.2 ADDRESS:	18
8.3 APPLICATION FEE:	19
8.4 APPLICATION FEE SCHEDULE:	19
8.5 APPLICATION FEE INCREASE:.....	20
8.6 APPLICATION NUMBER:	20
8.7 APPLICATION TITLE:	21

8.8 APPLICATION TYPE:	21
8.9 ARCHITECTURAL REVIEW UNIT (ARU):	24
8.10 BRIEF CONSTRUCTION DESCRIPTION:	24
8.11 CHANGE OF OWNERSHIP.	24
8.12 CONSTRUCTION:	25
8.13 CONSTRUCTION COST:.....	25
8.14 CONTRACT CONSTRUCTION DOCUMENTS.	25
8.15 DEPARTMENT:	25
8.16 ESTIMATED PROJECT CONSTRUCTION COSTS (Est. Const. Cost):	26
8.17 FACILITY:	26
8.18 FACILITY NAME:	27
8.19 FACILITY CONTACT NAME AND INFORMATION:.....	27
8.20 FACILITY TYPE:.....	27
8.21 FUNCTIONAL PROGRAM/NARRATIVE:	31
8.22 INITIAL FACILITY:	32
8.23 LICENSED HOSPITAL BED OR ESRD STATION COUNT:.....	32
8.24 LICENSE NUMBER:	32
8.25 LIFE SAFETY OVERALL FLOOR PLAN:	32
8.26 MAINTENANCE:.....	32
8.27 MEDICARE NUMBER:	33
8.28 NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES AND STANDARDS (NFPA):.....	34
8.29 NON-AMBULATORY PATIENTS:.....	34
8.30 PHASE(S):.....	34
8.31 PROFESSIONAL DESIGN FIRM NAME:	34
8.32 PROFESSIONAL DESIGN FIRM CONTACT NAME AND INFORMATION: ..	34
8.33 PROJECT:.....	35
8.34 PROJECT DESCRIPTION:	35
8.35 SELF-CERTIFICATION:	35
8.36 SURGICAL SERVICES:	35

8.37 STATEMENT of DEFICIENCIES and PLAN OF CORRECTIONS (SODPOC)
REPORT:37

1. GENERAL INFORMATION

Application Specialist: ApplicationARU@hhsc.state.tx.us

(512) 243-4833

Application Form, rules, and FAQ's are located on the [Architectural Review Unit's website](#)¹

An application package is required for any person, facility or corporation modifying or erecting the physical plant for the following types of healthcare facilities, which are regulated by the Health and Human Services Commission, Architectural Review Unit (ARU).

- Ambulatory Surgical Centers (ASC)
- End Stage Renal Disease Facilities (ESRD)
- Freestanding Emergency Medical Care Facilities (FEMC)
- Hospitals (both General and Special)
- Private Psychiatric Hospitals and Crisis Stabilization Units (CSU)
- Special Care Facilities (SCF)

ARU shall provide written approval of application package or plan review approve before the facility is permitted to conduct or construct any of the following items:

- Construction of a facility for an initial license, including relocation, re-opening a closed facility, or a conversion of a licensed or previously licensed healthcare facility to a different licensed designation.
- Renovation consisting of construction, additions, alterations, renovations, remodeling, equipment and finish upgrades, repairs, building system upgrades, removal of a function, demolition, change of service(s), or retrofitting a function, such as but not limited to changing of licensed bed designations or ESRD treatment and training station designations, or a change of invasive procedural services.
- Currently licensed facility stricken with a disaster and will be undergoing repairs.

¹ <https://hhs.texas.gov/doing-business-hhs/provider-portals/health-care-facilities-regulation/architectural-review>

- ARU's application and inspection process is necessary to receive license approval from the Texas Health and Human Services Commission.

After approval of application, construction shall commence and ARU's inspectors shall inspect the facility under construction, where deemed by ARU, and shall conduct a final architectural/construction inspection for each phase. Final Architectural Inspection Form (FAIF) shall be required before any patient occupancy. Refer to Inspection Instructions ASU-22 for further requirements and instructions.

The facility shall meet new construction regulations and NFPA standards for remodeling, renovations, additions, alterations, change of service(s), change of function (including licensed bed or ESRD station change), change of licensed facility or initial construction. Where re-opening an ASC, ERSD or FEMC, the facility shall be required to meet new construction regulations and NFPA standards. Where reopening a hospital, with no modifications, the facility shall meet the rule set when it was constructed or modified.

Refer to webpage for overall Architectural Review Process as this document only covers the application process.

2. SUBMITTING APPLICATION PACKAGE

Step 1: Email completed application form and associated application documents listed in Section 3 of this document. Where an application fee is required, include a copy of it as an attachment.

ApplicationARU@hhs.texas.gov

Subject Minor Application for (enter address of facility) or
Subject line: Major Application for (enter address of facility) or
Subject line: Fast Track Application for (enter address of facility)

Only submit one application package per each project. The documents shall be in one email to the above-mentioned address, unless noted in Section 3. Do not email any instructional documents. The use of any other subject line may be deleted without processing. Delays shall occur with an incomplete application form or missing documents as specified in Section 3 of this document. ARU will only keep the incomplete application on file for 30 calendar days before it is discarded. You will be required to resubmit the application package in its entirety, including the fee since it will not be refunded.

Electronic contract construction documents submittal options:

- Newforma (non-password protected)
- SharePoint
- zip pdf files

Step 2: Mail check and the first 4 pages (pages 1-4) of the application directly to the Fiscal Department at either mailing address below. Do not mail other required application documents to the below address (Fiscal Department). Do not mail application documents to Architectural Review Unit, no duplicates. Checks shall be made payable to HHSC.

Payment Mailing Address:
HHSC AR MC1470
PO BOX 149055
Austin, TX 78714-9055

Payment Overnight Address:
HHSC AR MC1470
1100 W 49th St
Austin, TX 78756

Step 3: If ARU requires further or revised documents, we will reach out to the contacts listed on your application form. When a self-certification has been denied and a plan review is assigned, we will email you notification. After 30 calendar days of your submission and you have not received your Application Approval notification, please contact the Application Specialist at 512-243-4833 or emailing ApplicationARU@hhs.texas.gov. Completed application packages are processed in order received. Expediting the application is not permitted. For further information, continue reading this document.

3. CHECKLIST for APPLICATION PACKAGE: (Required Application Documents)

Notes:

1. All items shall be submitted in PDF format and titled accordingly.
2. Each item indicated by the bullet points shall be a separate PDF.
3. All items shall be attached to one email. If the drawings are too large to attach to one email, then divide the drawings by disciplines and title accordingly, such as "Mechanical drawings".

Minor Applications Require:

Note: Verify that the project is justified as a minor project. Refer to Definitions in this Document.

- Application form, which includes Self-Certification's attestation & terms.
 - ▶ Titled "Application Form"
- Functional program/narrative on Facility letterhead signed by the Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member).
 - ▶ Titled "Narrative"
- Life Safety overall floor plan with scope of project clouded
 - ▶ Titled "Life Safety overall". If multiple plans are needed, title the group of plans "Life Safety overall Plans"
- Sketch of design
 - ▶ Titled "Plan". If multiple plans are needed, title the group of plans "Plans"
- Where applicable, approved feasibility conference meeting notes and sign-in sheet.
 - ▶ Titled "Feasibility notes"

Major Applications and Fast Track Applications Require:

Note: Fast Track application is for an exceptionally large initial hospital or an exceptionally large addition to an existing hospital. Fast track applications must have approval for submission by our Department.

- Application form, which includes Self-Certification's attestation & terms.
 - ▶ Titled "Application Form"
- Functional program narrative on Facility letterhead signed by the Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member).
 - ▶ Titled "Narrative"
- Life Safety overall floor plan with scope of project clouded
 - ▶ Titled "Life Safety Plan". If multiple plans are needed, title the group of plans "Life Safety Overall Plans"
- Contract construction documents in electronic format. For fast track, a printed paper set is required in addition to the electronic format. Refer to 8.8.3 for further information.
 - ▶ Titled "Drawings or Specs". If file is too large to send electronically, divide the drawings by disciplines and title accordingly, such as "Mechanical drawings"
- Where applicable, approved feasibility conference meeting notes and sign-in sheet.
 - ▶ Titled "Feasibility Notes".
- Where applicable, a copy of the check for the Application Fee.
 - ▶ Titled "Application Fee"
- Where phasing occurs, include the phasing plan.
 - ▶ Titled "Phasing Plan(s)"
- For Fast Track applications, include email from ARU indicating acceptance of your Fast Track application submission.
 - ▶ Titled "Fast Track email notification"

4. INSTRUCTIONS for COMPLETING APPLICATION PACKAGE

4.1 Prepare Application Package

Application Form

Obtain the application form from the webpage mentioned on page 5 of this document. Only the Application Form, including self-certification's attestation on that form, Form 3242, from the above website shall be processed. Any other application form shall not be honored. Only the Facility Administrator/CEO or Designee Facility Staff Member and Architect/Engineer of Record, where applicable, shall complete and submit the application form. All other submissions, including by contractors, shall be voided. Completely fill out the application form. An incomplete application form and/or application package documents shall place the application process on hold.

To shorten the approval process, the facility can opt for self-certification. By doing so, they are requesting to omit the plan review process. Self-certification form attests that plans and specifications are based upon and comply with the requirements of state licensing rules, NFPA codes and local building codes. The self-certification process shall be the default option unless a plan review is specifically requested in the functional narrative. However, it is at ARU discretion if self-certification will be approved for that project. When selecting the self-certification option, ***the Facility Administrator/CEO or Designee Facility Staff Member and Architect/Engineer of Record, where applicable, shall read and agree to the obligations of self-certification agreement.*** Completely fill out self-certification attestation, which is required for all application types (minor, major or fast track). If a plan review is requested in the functional program, a self-certification attestation shall still be provided. Self-certification attestation shall include the design professional's seal and signature, where applicable. The self-certification attestation shall include the Facility Administrator/CEO or Designee Facility Staff Member information and signature, even when the Architect/Engineer of Record services were not required for the project.

Functional Program (Narrative)

This document shall be submitted on the Facility letterhead, that matches the address of the facility on the application form. This document shall be signed by the Facility Representative (Facility Administrator/CEO or Designee Facility Staff Member).

Functional program is a record of the project's functional and operational spaces for the project. The governing body or its delegate develops the functional program. The size and complexity of the project will determine the length and complexity of the functional program. A portion of the functional program shall assess the potential risks to a patient and define specific hazard's likelihood of occurrence based on historical data and the potential to harm patients.

Functional program requirements are defined in State rules. Where a plan review is requested by applicant, the request shall be addressed in the first paragraph of the functional program. Where a previous ARU application number is known for the project submitted, indicate it in the functional program.

Life Safety Overall Floor Plan

Indicate the location of the project on each of the affected floors on the life safety overall floor plan(s) by clouding the project's scope of work. We understand that certain projects may not have overall life safety drawings, such as the decommissioning of smoke evacuation or upgrading a generator. If this is the case, a descriptive functional program may be permitted as a substitution for the life safety overall plans.

Contract Construction Documents

Sketch of project is acceptable for minor projects. For certain projects, the minor application package may require preparation by an Architect or Engineer, depending the project's complexity, such as upgrading a new air handling unit. Major and Fast Track Application Package shall be prepared by an Architect/Engineer of Record and shall bear their signed and dated seal(s) on every drawing. Contract construction documents shall be public record according to open records and retention period policies.

Signed and sealed construction drawings and specifications shall be submitted as part of the application package via electronic format noted in Section 2 of this document. ARU will not process a printed set of paper sketches/contract

construction drawings for a minor or a major application package. Where this occurs, a written notification shall be issued, requesting electronic media and this shall cause a delay in processing. At the discretion of ARU, a printed set of paper sketches/contract construction drawings may be requested once the electronic documents have been received. Refer to 8.8.3 Fast Track Application for further information.

Where re-opening a closed facility that was licensed after January 2011, as-built drawings may be required.

Approved Feasibility Conference Meeting Notes and Sign-in Sheet

Feasibility conference is optional but where conducted, include the feasibility conference meeting notes and the email chain between design professional and ARU inspector, showing acceptance by the ARU inspector.

Application Fee

This application fee shall be required for major or fast track application types for a general and special hospital, private psychiatric hospital, crisis stabilization unit or special care facility. Do not submit application fee for minor application for general and special hospital, private psychiatric hospital, crisis stabilization unit or special care facility.

Do not submit application fee for ASC, ESRD, or FEMC facility.

Check for application fee shall be made payable to HHSC. Refer to Application Fee Schedule on the Application form. Do not mail check (fee) without application form accompanying the check. Where an application fee is required, it cannot be transferred to any other application package or inspection.

Fee submittal address: Refer to the application form, Section 10, Step 2.

Fee Schedule: The fee schedule depends on the scope of work. Refer to the application form, Section 9. Please note that the application fee is separate from any inspection fee.

4.2 Submit Application Package

The Architect/Engineer of Record or the Facility Administrator/CEO or Designee Facility Staff Member shall submit one complete and accurate application package for each construction project, even where project has multiple phases. Where a facility expands the project scope, then submit a new application package for the new scope. Submitted project shall not add any new construction to an existing application, except for following:

- Addition of no more than 6 licensed beds at the end of a nursing department already under construction
- Renovation of only finishes to 20 patient rooms maximum
- Local officials permitting requirements
- Any other small construction addition is at the discretion of the ARU. Written description shall be submitted for discussion. Where acceptable by the ARU, submit revised functional program and application form.

Submit per Section 2 in this document, using the checklist to ensure all items are submitted at one time. Partial application package shall not be processed. For example, do not email the application form and functional program and then later submit contract construction drawings. Do not submit these instructional documents. Cost of submission shall be borne by applicant.

Where a licensed facility is relocating, the Facility's owner or architect shall submit an architectural review application package at least 90 days prior to opening.

4.3 ARU Reviews Application Package

ARU determines the completeness of information and where applicable, the fee. Where the ARU determines that the project is more involved and requires a different type of application, then ARU shall submit written notification to the Architect/Engineer of Record and the Facility Administrator/CEO or Designee Facility Staff Member. Notice shall indicate missing items. For example, where a project was submitted as a minor application, which has multiple wall relocations, ARU shall issue written notification requiring a major application, including signed and sealed contract construction documents and where applicable, an application fee.

Incomplete application package shall be placed on hold and delay the process. ARU shall submit written notification to the Architect/Engineer of Record and the Facility Administrator/CEO or Designee Facility Staff Member. Incomplete application

package shall be held at the ARU office for 30 calendar days of initial received date. After 30 calendar days, the incomplete application package and where applicable, the application fee shall be discarded. Application fee shall not be refunded nor transferred to any other application package or inspection. A new completed application package will need to be submitted to ARU again.

4.4 ARU Processes the Completed Application Package

Queue order: first complete application package, first processed. Incomplete form shall result in delays. Best practice is to submit application package 45 days before start of construction. ARU shall have the discretion to either approve or not approve the self-certification attestation.

Where self-certification is approved, then ARU shall issue Application Approval Notification to the Facility Administrator/CEO or Designee Facility Staff Member and the Architect/Engineer of Record, who is listed on the application form. Refer to Application Approval Notification instructions below.

Where self-certification is not approved, ARU inspector shall conduct a plan review.

Where a plan review is requested, ARU determination is based on availability of staff when the ARU receives the completed application package. Plan review approval may average 3-6 months, depending on the size of the project and availability of ARU staff. Where ARU is unable to conduct a plan review, it shall be processed via self-certification.

For either case concerning a plan review, Statement of Deficiencies shall be issued to the Architect/Engineer of Record, who is listed on the application form. The Architect/Engineer of Record shall address deficiencies that require further clarification and shall submit their plan of correction to the ARU's inspector who reviewed the contract construction documents. Back and forth written communication may occur until ARU approves plan review's statement of deficiencies. Then ARU shall issue Plan Review Approval Notification, refer to Plan Review Approval Notification instructions below.

4.5 Application Approval Notification /Plan Review Approval Notification Issued

ARU issues notice to start construction via Application Approval Correspondence or Plan Review Approval Correspondence. This correspondence shall assign an application number to the project and indicate the type of inspections required. In this correspondence, an inspection form, to be completed by applicant, shall be issued.

No person, partnership, association, corporation, or an state county or local government unit, or any division, board or agency thereof shall commence construction of any health care facility (new building, remodeling, renovations, additions, alterations, change of service(s), change of function, change of licensed bed or ESRD station, change of licensed facility or conversion of existing building) until completed application package (including self-certification attestation) has been submitted to and approved in writing by the ARU.

4.6 Construction Commences

Only after ARU issues the Application Approval Notification or Plan Review Approval Notification can construction begin, and an inspection request can be submitted. Refer to Inspection Instructions for next steps of the architectural review process.

5. CANCELLATION of an APPLICATION

5.1 Cancellation of an Application by Applicant

If an applicant decides to cease operations of the project, either the application process or construction process, the Architect/Engineer of Record or the Facility Administrator/CEO or Designee Facility Staff Member, shall submit cancellation notice of a project via email to ApplicationARU@hhs.texas.gov. Notification shall include application number, where issued. No cancellations shall be honored via phone. Upon receipt of notice, ARU shall cancel the application number to that project. If the project resumes, a new application package shall be submitted, and the project shall meet the current licensing ruleset. Where an application fee was submitted it is not refundable, nor can it be transferred to any other application package or an inspection.

5.2 Cancellation of an Application by ARU

Where construction has not commenced within 365 days of issuing the application number, ARU shall request status documentation from the Facility Administrator/CEO or Designee Facility Staff Member and Architect/Engineer of Record, where applicable. ARU shall review the status documentation and shall either accept the justification or cancel the application. Where the justification is acceptable, the application shall remain active. Where the justification is denied, ARU shall cancel the application and issue notification. If the project resumes, a new application package shall be submitted, and the project shall meet the current licensing ruleset. Where an application fee was submitted it is not refundable, nor can it be transferred to any other application package or an inspection. Where this affects Facility Licensing Unit's application, contact Facility Licensing Unit and follow their procedures.

6. CHANGE of CONTACTS or FACILITY ADDRESS

Where any change to a contact on the initial application form occurs (name, company, contact information, etc.), revise the original application form. Submit that modified application form, entering the application number on the top of the form to ApplicationARU@hhs.texas.gov subject line Change in Contact for Application (enter application #). ARU shall modify that information without issuing a notification. Where this affects Facility Licensing Unit's application, contact Facility Licensing Unit and follow their procedures. The ARU shall not forward information to Facility Licensing Unit; it is the responsibility of Facility Administrator/CEO or Designee Facility Staff Member.

7. INSTRUCTIONS for CLOSURE of APPLICATION

Refer to Project Closeout Instructions located on our website. Note that the Final Architectural Inspection Form does not close your project.

8. DEFINITIONS

8.1 ADDITIONAL CONSTRUCTION DESCRIPTION:

Brief description of the physical work that was added to the contract construction documents, after the initial application package submission.

8.2 ADDRESS:

Specific address and where applicable, one designated suite number, that is on a specific street in a specific city. The address listed shall be the licensed facility only. For an existing licensed facility, the address shall match the HHSC Facility License Certificate. For an initial facility, the address shall match the Fire Marshal and Certificate of Occupancy documents.

8.3 APPLICATION FEE:

The cost to process a Major or Fast Track Application Package for a General, Special, or Psychiatric Hospital, Crisis Stabilization Unit or Special Care Facility. A minor application package does not require an application fee, even where project is at a hospital or a special care facility. This application fee is based on the Application Fee Schedule in this document. Application fee is payable to HHSC via checks or money orders and are nonrefundable. Fees can be submitted by anyone.

8.4 APPLICATION FEE SCHEDULE:

The application fee (plan review fee) is based upon the estimated construction project costs which are the total expenditures required for a proposed project from initiation to completion, including at least all the items listed in the applicable Ruleset. No construction project shall be increased in size, scope, or cost unless the appropriate fees are submitted with the proposed changes.

Major Application and Fast Track Applications for:

- **General Hospitals**
- **Special Hospitals**
- **Private Psychiatric Hospitals**
- **Crisis Stabilization Units**

Estimated Construction Cost:	Application Fee Required (from Rules)
\$100,000 or less	\$300
\$100,001 to \$600,000	\$850
\$600,001 to \$2,000,000	\$2,000
\$2,000,001 to \$5,000,000	\$3,500
\$5,000,001 to \$10,000,000	\$4,000
\$10,000,001 and over	\$5,000

Minor Applications for:

- **General Hospitals**
- **Special Hospitals**
- **Private Psychiatric Hospitals**
- **Crisis Stabilization Units**

No ARU application fee

Any Application Type for:

- **Ambulatory Surgical Centers**
- **End Stage Renal Disease Facilities**
- **Freestanding Emergency Medical Care Facilities**

No ARU Application fee

Major Application for

- **Special Care Facility**

Estimated Construction Cost:	Application Fee Required
\$150,000 or less	\$200
\$150,001 to \$600,000	\$500
\$600,001 to \$2,000,000	\$850
\$2,000,001 to \$5,000,000	\$1,500
\$5,000,001 to \$10,000,000	\$2,000
\$10,000,001 and over	\$3,000

Note: Fee based on Rules. Minor applications do not require a fee.

8.5 APPLICATION FEE INCREASE:

Additional application fees may be required where the total of all project costs exceeds the original estimated project construction cost that was indicated on the application form, and the additional estimated project cost increases the fee beyond what was remitted with the application form. Remit only the additional amount, not the entire fee. Refer to Application Fee Schedule where computing the application fee increase. Where submitting the project closeout form, check the box in front of Application Fee Increase. Enter additional fee amount based on this Application Fee Increase definition.

8.6 APPLICATION NUMBER:

Assigned number that references your specific project. This assigned number enables both the Stakeholder and the ARU to identify the application package and shall be on all related documents and correspondence. Application number shall be assigned after the ARU has received, reviewed and approved the application package or approved the plan review's plan of correction.

8.7 APPLICATION TITLE:

Encompassing, overall descriptive title that describes the project submitted. For example: new ASC, new patient tower, operating room addition, 20-bed ICU wing, HH station added, finishes to emergency area. When submitting the application form and the project closeout form, enter an application title. When submitting the revised application form, maintain the title on the initial application form. Any modifications from the initial application form may require a new application submittal. When submitting fees, enter application title on the checks/money orders.

8.8 APPLICATION TYPE:

This is the type of application package to submit, based on the construction occurring. There are 3 types of applications: minor, major and fast track. Maintenance and routine repairs, as defined by 8.26, are not required to be submitted to the Department.

8.8.1 MINOR APPLICATION:

A small project in an existing facility, with a current facility license, that has no significant changes to physical facility. It may have significant changes to the mechanical, electrical, plumbing, or piped medical systems at the Department's discretion. It has no substantial change in functional operation. Minor application may have minor relocations of walls and windows. If a facility owner/operator believes that a proposed project is a minor project, the Architect/Engineer and/or the Facility Administrator/CEO or Designee Facility Staff Member shall provide documents listed on the application form, under submitting options. Where proposed project is not applicable for minor application, the ARU shall notify the Architect/Engineer and/or the Facility Administrator/CEO or Designee Facility Staff Member to submit all documents associated with the major application package. Replacement of fixed radiological or surgical equipment require an operable nurse call, minimum one receptacle powered by normal branch and one receptacle powered by the critical branch and applicable certification of a new electrical system/receptacles or modified piped-in medical gas system. Replaced radiological equipment shall meet space clearances per manufacturer's clearances.

Examples of Minor Application Package include, but not limited to:

- Replacing HVAC air handler unit

- Replacing elevator or adding new elevator to an existing shaft, that was designed for a future elevator
- Changing function of nursing unit, with minimal wall and medical gas modifications. For example: medical/surgical beds to rehab beds
- Generator replacement or upgrade
- Chiller replacement or upgrade
- Replacement of automatic transfer switches for essential electrical system
- Replacement or an addition of an ice machine
- Replacing large kitchen equipment, such as: walk-in refrigerator/freezer, pass through dishwasher, etc.
- Ceiling and floor finishes, which shall meet new construction requirements
- Extension or replacement (installation of new service equipment) of building systems; such as mechanical, electrical, fire protection (fire alarm/sprinkler system), piped medical gas system, nurse call, or conveying equipment. The new facility's service equipment shall meet new construction requirements, but the architectural spaces are not required to meet new construction standards of the rule set, unless determined by ARU to be detrimental to health and systems
- Replacement or fixed radiological modalities, with or without perimeter walls of room being relocated
- Replacement or addition of surgical booms and surgical lights
- Changes in licensed station or bed designations, even where no architectural alterations occur
- Changes in configuration of administrative areas for entire units
- Changes in configuration of auxiliary work areas in patient care units
- Interior door replacement

8.8.2 MAJOR APPLICATION:

Major remodeling, alterations, new ground up facilities, adding patient care areas that were unoccupied, or newly constructed spaces are considered as major remodeling and alterations.

Examples of Major Application Package include, but not limited to:

- Finishing a shelled space/room or modification of patient care areas

- New floor or floor extensions that adds occupied floor area to the patient care unit
- Changes in licensed station type with significant alterations of architectural spaces
- Changes involving alterations to load bearing members or load bearing walls
- Additions
- Work involving movement of several architectural walls
- Full construction contract documents are issued.

8.8.3 FAST TRACK APPLICATION:

Extremely large, initial hospitals or very large additions to existing licensed hospitals may apply for a fast track application, which may allow construction to begin as soon as the first package has plan review approval. Private Psychiatric Hospital/CSU, ASC, ESRD, FEMC, and Special Care Facility projects shall not be submitted for fast track.

Fast track application shall be at the discretion of the ARU, based on the initial hospital square footage or square footage added to existing hospital and associated project cost and timeframe. Email your request to ARU before your application submission. The email shall include the project's timeframe and the construction cost. Email attachments shall include each floor's plan. ARU will review your request and will email notification of acceptance or non-acceptance. If fast track application submission is allowed, include the acceptance email from ARU in your application submission.

Fast track contract construction drawings shall be submitted electronically and printed. The printed construction drawings shall be no more than three separate packages. The printed set's cost of submission is borne by the applicant. Construction shall not begin until the ARU has reviewed and approved the first package of the application. Construction shall not begin until the first package has been approved by ARU.

First Application Package shall include:

- Civil contract construction documents
- Preliminary architectural plans and a detailed site plan showing all adjacent streets, site work, under slab mechanical, electrical, and plumbing work, and related specifications

- Structural contract construction documents

Second package shall include architectural contract construction documents.

Third package shall include mechanical, plumbing, electrical, communications and equipment contract construction documents. Package three is permitted to be submitted with the second package.

8.9 ARCHITECTURAL REVIEW UNIT (ARU):

Unit of the Texas Department of Health and Human Services, Regulatory Services Division, Health Care Quality Section. The ARU is responsible for approving Application Packages, conducting inspections and granting construction approval for use of healthcare space for a General Hospital, Special Hospital, Private Psychiatric Hospital, Crisis Stabilization Unit (CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD) including home training ESRD, Freestanding Emergency Medical Care Facility (FEMC), and Special Care Facility (SCF).

8.10 BRIEF CONSTRUCTION DESCRIPTION:

Enter a brief description of the physical work to be performed for the project, it is not acceptable to state "Refer to functional program". It shall include items such as: if a facility receives/will be receiving Medicare, if facility is guest or host hospital, if facility is part of a multiple license, the construction type, if facility is fully or partially or non-sprinklered, the facility systems, and the types of healthcare services provided, and the facility's departments being affected.

8.11 CHANGE OF OWNERSHIP:

Change of ownership shall have continuity of patient services. Where a change of ownership occurs, the department may deem an on-site inspection necessary. Where an on-site inspection is deemed required by ARU, the existing facility shall be inspected under the licensing rules which the building or sections of buildings were constructed, if the service level is not higher than the existing license and no renovations, except cosmetic, are constructed or installed. Change of a higher level of service shall require facility to meet current rules and shall require an architectural review application and inspection. Where any unapproved plan of corrections from previous projects or major violations have occurred at this facility, on-site inspection shall occur as part of the change of ownership. Open records request may be requested for unapproved or unanswered plan of corrections from previous inspections. Every change of ownership shall submit a risk assessment

indicating any change in services or functions at least 90 calendar days before the change of ownership. Approval of risk assessment from the department shall be part of the change of ownership.

8.12 CONSTRUCTION:

Any addition that involves erection to add square footage to the existing facility's floor plan shall be contiguous to the existing facility. Function change shall modify the occupancy type or bed type or service type in a specific area of the existing facility by slight wall modifications. Initial construction is the erection of a greenfield facility, which will receive an initial license. Renovation construction involves significant planning and shall primarily change the floor plan in a specific area of the existing facility. Replacement of substantial equipment or facility system involves the installation of fire suppression or detection systems; fuel fired equipment; nurse call; medical gas; heating or ventilation or air conditioning systems, electrical system or any other significant systems. Replacement also includes large imaging modalities and other sizable equipment being replaced. The term construction shall not be construed to include the excavation or site preparation.

8.13 CONSTRUCTION COST:

Expense incurred for labor, material, equipment, financing, services, utilities and design services. Refer to Estimated Project Construction Costs.

8.14 CONTRACT CONSTRUCTION DOCUMENTS:

Documents providing conditions of the contract and shall bear the signed seal and date by registered architect or professional engineer on every Architectural, Electrical, Mechanical, Plumbing, Equipment and Communications drawing. Specifications shall be included. The drawings and specifications shall indicate the project only, shade or hatch the non-affected areas. Where facility has one phase as the shell and another phase as the facility construction drawings, submit both together.

8.15 DEPARTMENT:

Texas Department of Health and Human Services.

8.16 ESTIMATED PROJECT CONSTRUCTION COSTS (Est. Const. Cost):

The total expenditures required for a proposed project from initiation to completion. Estimated project construction cost includes at least the following:

- Expenditures for physical assets such as: site acquisition, soil tests and site preparation, construction and improvements required because of the project, facility, structure, or office space acquisition, renovation, fixed equipment, energy provisions and alternatives
- Expenditures for professional services including planning consultants, architectural fees, fees for cost estimation, legal fees, managerial fees, and feasibility study
- Expenditures or costs associated with financing, excluding long-term interest, but including financial advisor, fund-raising expenses, lender's or investment banker's fee, interest on interim financing
- Expenditure allowances for contingencies including inflation, inaccurate estimates, unforeseen fluctuations in the money market, or other unforeseen expenditures
- Regarding purchases, donations, gifts, transfers, and other comparable arrangements whereby the acquisition shall be made for no consideration or at less than the fair market value, the project cost shall be determined by the fair market value of the item to be acquired because of the purchase, donation, gift, transfer, or other comparable arrangement.

8.17 FACILITY:

Entity/structure that either has an existing license or will be receiving licensure for a: General Hospital, Special Hospital, Private Psychiatric Hospital, Crisis Stabilization Unit (CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD) including home training ESRD, Freestanding Emergency Medical Care Facility (FEMC), or Special Care Facility (SCF). The facility shall not contain spaces which do not support patient treatment; such as, beauty salons, banks, retail pharmacy, etc.

The facility is a discrete physical entity composed of various functions as described in the State Licensing Rules and are all contained within the Facility's physical boundary. The facility may be stacked but shall be contiguous. One cannot leave the licensed facility, traverse through another occupancy, and reenter into any part

of that licensed facility. In a multi-tenant building, facility shall be confined to one suite number. Facility includes any attached structure that covers area at ground level/grade or below, including permanent projections from the upper floors and/or roof.

8.18 FACILITY NAME:

The name as it appears on the Facility License Certificate or the Doing Business As (D/B/A) or Assumed Name. This is the name that shall appear on the signage of the facility and should match advertisements.

8.19 FACILITY CONTACT NAME AND INFORMATION:

The facility contact name is either Administrator/CEO or the Designee Facility Staff Member managing this project, who shall receive all correspondence from the ARU. Facility contact name shall be the same individual who signed the Self-Certification Attestation, which is a part of the application form.

For an existing facility, the facility's physical address is as it appears on the Facility License Certificate including the city and its zip code. For an initial facility, the facility's physical address is as it appears on the Fire Marshal & Certificate of Occupancy documents. Where the addresses do not match, delays shall occur with receiving the final architectural inspection form and/or the Facility License Certificate.

8.20 FACILITY TYPE:

ARU has jurisdiction over 9 healthcare facility types: General Hospital, Special Hospital, Private Psychiatric Hospital, Crisis Stabilization Unit (CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD) including home training ESRD, Freestanding Emergency Medical Care Facility (FEMC), and Special Care Facility (SCF).

8.20.1 AMBULATORY SURGERY CENTER (ASC):

Facility that primarily provides surgical services (operative procedures) to patients who do not require overnight hospitalization or extensive recovery, convalescent time or observation. The planned total length of stay for an ASC patient shall not exceed 23 hours. Patient stays of greater than 23 hours shall be the result of an unanticipated medical condition and shall occur infrequently. The 23-hour period

begins with the induction of anesthesia. An ASC shall include at a minimum, one operating room.

Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility.

8.20.2 CRISIS STABILIZATION UNIT (CSU):

Facility that provides treatment to individuals who are the protective custody order issued in accordance with Teas Health and Safety Code, 574.022. The Facility provides inpatient mental health services to individuals with a mental illness or with a substance use disorder except that, at all times, a majority of the individuals admitted are individuals with a mental illness.

Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet the rule set when those portions of the facility were built. Where the licensed beds or any spaces are a different function than when the Facility closed, then those spaces/rooms shall meet new construction requirements.

8.20.3 END STAGE RENAL DISEASE FACILITY (ESRD):

Facility that provides dialysis treatment or dialysis training and support to individuals with end stage renal disease. End stage renal disease is that stage of renal impairment that appears irreversible and permanent and that requires a regular course of dialysis or kidney transplantation to maintain life (also known as chronic kidney disease stage V).

Where a facility relocates, or a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility.

8.20.4 END STAGE RENAL DISEASE HOME TRAINING FACILITY:

Facility that provides dialysis training and support only to individuals with end stage renal disease. End stage renal disease is that stage of renal impairment that appears irreversible and permanent and that requires a regular course of dialysis or kidney transplantation to maintain life (also known as chronic kidney disease stage V).

Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility.

8.20.5 FREESTANDING EMERGENCY MEDICAL CARE FACILITY (FEMC):

Facility that receives an individual and provides emergency care to evaluate and stabilize a medical condition of a recent onset and severity, including severe pain, psychiatric disturbances, or symptoms of substance abuse, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in: (A) placing the person's health in serious jeopardy; (B) serious impairment to bodily functions; (C) serious dysfunction of a bodily organ or part; (D) serious disfigurement; or (E) in the case of a pregnant woman, serious jeopardy to the health of the woman or fetus.

All diagnostic imaging (X-Ray and CT Scan), lab and all auxiliary spaces shall be contained within the perimeter walls for the licensed FEMC and shall only be used for the emergency cases listed above. The patient shall be treated inside the licensed perimeter, except where being transferred to a higher level of care.

Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility.

8.20.6 GENERAL HOSPITAL:

Facility that (A) offers services, facilities, and minimum of 2 licensed beds for healthcare use for more than 24 hours for unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy; and (B) regularly maintains, at a minimum, at the facility's contiguous licensed footprint, clinical laboratory services, diagnostic X-ray services, treatment facilities including surgery or obstetrical care or both, and other definitive medical or surgical treatment of similar extent and (C) has a medical staff in regular attendance; and (D) maintains records of the clinical work performed for each patient.

Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet the rule set when those portions of the facility were built. Where the licensed beds or any spaces are

a different function than when the Facility closed, then those spaces/rooms shall meet new construction requirements.

8.20.7 PSYCHIATRIC HOSPITAL:

Facility that provides inpatient mental health services to individuals with a mental illness or with a substance use disorder except that, at all times, a majority of the individuals admitted are individuals with a mental illness. Such services include psychiatric assessment and diagnostic services, physician services, professional nursing services, and monitoring for patient safety provided in a restricted environment. Facility can either include or not include crisis stabilization services.

Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet the rule set when those portions of the facility were built. Where the licensed beds or any spaces are a different function than when the Facility closed, then those spaces/rooms shall meet new construction requirements.

8.20.8 SPECIAL CARE FACILITY (SCF):

Facility that primarily provides a continuum of nursing or medical care or services primarily to persons with acquired immune deficiency syndrome or other terminal illnesses. The term includes a special residential care facility. A previously licensed SCF that has been vacated for 12 months or longer or used for other purposes shall comply with new construction requirements for the entire facility.

8.20.9 SPECIAL HOSPITAL:

Facility that: (A) offers services and facilities, and beds for use for more than 24 hours for two or more unrelated individuals who are regularly admitted, treated, and discharged and who require services more intensive than room, board, personal services, and general nursing care; and (B) has clinical laboratory facilities, diagnostic X-ray facilities, treatment facilities, or other definitive medical treatment, (C) has a medical staff in regular attendance; and (D) maintains records of the clinical work performed for each patient.

Where a special hospital has all mental health/substance abuse licensed beds, it shall be licensed as a psychiatric hospital and meet applicable State licensing rules for psychiatric hospital.

Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet the rule set when those portions of the facility were built. Where the licensed beds or any spaces are

a different function than when the Facility closed, then those spaces/rooms shall meet new construction requirements.

8.21 FUNCTIONAL PROGRAM/NARRATIVE:

Functional program/narrative shall be written on Facility letterhead, signed by Administrator/CEO or the Designee Facility Staff Member managing this project. Where a facility requests a plan review, state your request in the first sentence of the narrative. Functional program shall include:

- Purpose of project
- Functional relationships, number of patient stations, Hospital bed or ESRD station modifications
- Description of each function to be performed, approximate space needed for these functions, occupants of the various spaces, projected occupant load, types of equipment required, interrelationship of various functions and spaces, and any special design features
- Type of construction (existing or proposed) as stated per National Fire Protection Association 101, Life Safety Code
- Square footage of project. Construction type/occupancy and building system and number of stories
- Describe the clinical, diagnostic and/or treatment services being provided, which applies to all scopes and disciplines of the project that affect patient care directly or indirectly. Describe support areas, storage, medical gases, electrical, fire alarm, generator sizing, elevators, stairs, etc.
- Type and degree of security and patient safety required in any mental health department or where any mental health patient may occupy for a duration
- Minor Project shall have a description of the project that has sufficient information to determine that the Texas Rules and reference Codes are being satisfied, i.e., discuss changes to safety systems as needed, e.g., electrical, mechanical, medical gas, fire alarm, sprinkler systems, nurse call, also changes to architectural walls, and functional changes
- Departmental relationships, number of patient beds in each category, and other basic information relating to the fulfillment of the facility's objectives
- Description of each function to be performed, approximate space needed for these functions, occupants of the various spaces, projected occupant load, types of equipment required, interrelationship of various functions and spaces, and any special design features

- Energy conservation measures, included in building, mechanical and electrical designs
- Description of the type of asepsis control in diagnostic and treatment areas

8.22 INITIAL FACILITY:

Facility which does not hold an active state facility license number. A relocated facility shall meet new construction requirements.

8.23 LICENSED HOSPITAL BED OR ESRD STATION COUNT:

Licensed hospital bed type includes medical/surgical beds; beds or bassinets in critical care units; intermediate care beds, universal care beds, continuing care nursery bassinets, antepartum beds, maternity beds (labor/delivery/recovery/postpartum, LDRP, and postpartum), pediatric beds (through age of eighteen), hospital based skilled nursing beds, rehabilitation beds, and mental health beds (including chemical dependency, which have the same design requirements as mental health beds). Labor/delivery/recovery, LDR, beds and newborn nursery bassinets or any type of pre-op or recovery station or any exam station is not a licensed bed.

ESRD station types include in-center treatment; private in-center treatment (CMS refer to this as isolation); home peritoneal training; and home hemodialysis training.

8.24 LICENSE NUMBER:

Facility License Certificate number that is issued by HHSC Facility Licensing Unit.

8.25 LIFE SAFETY OVERALL FLOOR PLAN:

This provides the ARU a quick glance of the project submitted and indicates such items as the facility's smoke compartment barriers, rated barriers, egress stairwells and elevator lobbies, and covered entrances.

8.26 MAINTENANCE:

Maintenance projects and routine repairs at a licensed Facility or its building systems or equipment shall not require a submission to the Division for approval if

the project meets this section. The project shall not reduce the level of health and safety in an existing facility and shall not make the building less conforming than it was before the repair was undertaken and shall meet NFPA 101. Maintenance projects shall not be permitted to endanger or reduce the health and safety of the occupants.

Examples of maintenance work include, but not limited to:

- Painting of the exterior façade.
- Routine repairs or minor component replacements in a mechanical, electrical, plumbing, and fire protection system due to the failure or degraded performance. Replacement of air handler units, chillers, generators shall not be classified as a maintenance project. Replacement of a complete building system shall not be classified as a maintenance project.
- For an ESRD Facility, the replacement of closed loop water treatment system where the system is separate from the building system.
- Replacement of plumbing fixtures, where it is installed at the existing location. Faucets shall meet criteria for infection control. All faucets in patient care areas shall not discharge directly above and into the drain, i.e., water shall be directed away from the drain opening. All faucets in patient care areas shall not be permitted to have aerators. Replacement of tubs to showers shall not be classified as a maintenance project.
- Replacement of fixed non-medical equipment such as small kitchen equipment, main-frame computers and telecom equipment, laundry equipment.
- Replacement of movable equipment, such as portable X-ray, EEG and EKG equipment, exercise equipment, operating tables, centrifuges, examination and treatment tables, personal computers, furnishings, carts and other portable equipment.
- Replacement of an elevator's motor or its components.
- Landscape and irrigation.

8.27 MEDICARE NUMBER:

A National Provider Identifier Number that is assigned by the Centers of Medicare & Medicaid Services (CMS).

8.28 NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES AND STANDARDS (NFPA):

For a listing of all codes and standards referenced by NFPA 101 and NFPA 99, refer to chapter 2 in both publications. Refer to website for the editions that apply to a facility type.

8.29 NON-AMBULATORY PATIENTS:

Patients who are not able to walk about and are unable to enter or leave a building unassisted under emergency conditions. It includes, but is not limited to, those persons who depend upon mechanical aids such as crutches, walkers and wheelchairs. Non-ambulatory patient applies to those entering or leaving the main entry doors to a facility.

8.30 PHASE(S):

The phases of a project into several final architectural inspections for any new construction, addition to the existing building, change of function (including licensed bed modification), any remodeling inside the existing building, or any other item mentioned in Section 1 of this document.

For an initial facility, phasing shall be acceptable if the first phase of the initial facility meets the minimum construction regulations.

For existing facility, all support spaces for the new or modified project shall exist for that department in the facility. Projects involving alterations or additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions.

8.31 PROFESSIONAL DESIGN FIRM NAME:

Architectural and/or engineering firm, who is responsible for the project submitted to ARU.

8.32 PROFESSIONAL DESIGN FIRM CONTACT NAME AND INFORMATION:

The professional contact name is responsible for this project and shall receive all correspondence from ARU. The professional contact shall be a Registered Architect or Professional Engineer.

8.33 PROJECT:

Organized undertaking to complete a specific set of predetermined objectives for the planning, environmental determination, design, construction, repair, improvement, expansion of a facility or the re-opening of a previously licensed facility.

8.34 PROJECT DESCRIPTION:

On the application form, this is a brief description of the overall project.

8.35 SELF-CERTIFICATION:

Self-Certification allows the facility representatives the option of using a self-certification review process where it is not feasible to wait for a full plan review process by the ARU staff. Signing the self-certification attests that the contract construction documents or sketches comply with all requirements for state licensing rules and NFPA codes. At this time, self-certification review process is not limited to a specific project type or cost. All projects shall submit the self-certification attestation, which is part of the application form. It is upon the discretion of the ARU to approve self-certification process. Once the completed Application Package is submitted, the ARU shall review it. If self-certification is approved, then an Application Approval Notification shall be issued to the Facility Administrator/CEO or the Designee Facility Staff Member and where applicable, the Architect/Engineer of Record. Where ARU deems denial of self-certification, a plan review of the contract construction documents shall be conducted in the chronological order in which the documents are received. ARU inspector shall notify the facility that a plan review shall be conducted. Construction may not begin until the Application Approval Notification or Plan Review Approval Notification is issued by the ARU.

8.36 SURGICAL SERVICES:

Surgical procedure that is performed in an aseptic surgical field and penetrates the protective surfaces of a patient's body (e.g., subcutaneous tissue, mucous membranes, cornea). An invasive procedure is a surgical procedure performed by surgical specialists, including podiatrists and oral surgeons. This definition includes procedures recognized in the surgical section of Current Procedural Terminology (CPT) published by the American Medical Association and certain other invasive procedures. Invasive procedures are surgical and other invasive procedures as operative procedures in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice. "Invasive

procedure” is a broad term commonly used to describe procedures ranging from a simple injection to a major surgical procedure. The intent is to differentiate those procedures that carry a high risk of infection, either by exposure of a usually sterile body cavity to the external environment or by implantation of a foreign object(s) into a normally sterile environment. Procedures performed through orifices normally colonized with bacteria and percutaneous procedures that do not involve an incision deeper than skin would not be included in this definition. This definition replaces the definition 3.3.87 from NFPA 99: Health Care Facilities Code, 2018 edition.

Invasive procedures encompass a range of services, including:

- Requires entry into or opening of a sterile body cavity (i.e., cranium, chest, abdomen, pelvis, joint spaces)
- Involves insertion of an indwelling foreign body
- Includes excision and grafting of burns that cover more than 20 percent of total body area
- Does not begin as an open procedure but has a recognized measurable risk of requiring conversion to an open procedure
- Transesophageal echocardiography (TEE)
- Extensive multi-organ transplantation
- All procedures in the surgery section of the CPT
- Therapeutic or diagnostic invasive procedures that require fluoroscopic imaging (e.g., percutaneous transluminal angioplasty or interventional angioplasty and cardiac catheterization, interventional radiology, single-plane and bi-plane procedures, cardiac stenting, electrophysiology Lab (EP Lab) or implantation of devices). Invasive procedures (although minimally) involve placement of probes or catheters requiring entry into a body cavity through a needle or trocar.
- Eye surgery is a penetration of the protective surface of a cornea. It is an invasive surgical procedure performed on the eye or its adnexa, by an ophthalmologist, in a sterile environment to correct ophthalmic conditions to minimize or prevent further damage and/or lower the risk of infection. Because the eye is heavily supplied by nerves, some type of anesthesia (local, topical, moderate sedation, and/or general anesthesia) is used and the patient's cardiovascular status is monitored. This includes laser eye surgery, such as refractive keratoplasty, to reshape the cornea of the eye and any cataract surgery.

Invasive procedures exclude the following:

- The use of instruments such as otoscopes for examinations or very minor procedures such as drawing blood
- CT Scan, Ultrasound or MRI radiological procedures (organ biopsies, breast biopsies, cryoablation procedures, spine injections etc.) where the radiologist uses a scalpel to make a small nick in the skin for easier introduction of needle guide or needle
- Procedures performed through orifices normally colonized with bacteria and percutaneous procedures that do not involve an incision deeper than skin
- Non-invasive endoscopy
- Bronchoscopy
- Transthoracic echocardiograms (TTE)

8.37 STATEMENT of DEFICIENCIES and PLAN OF CORRECTIONS (SOD/POC) REPORT:

A listing of deficiencies or omissions noted on plan reviews or inspection reports or life safety surveys, which require correction. These are cited deficiencies under State licensing rules and/or the NFPA 101 and NFPA 99 Codes or their referenced standards. Information identifying State Licensing Rules typically follows each deficiency, e.g., section, subsection, and paragraph number. Where deficiencies are cited under the NFPA Standards, then the referenced section typically follows it. The Plan of Correction (POC) states how the facility will correct the deficiencies identified by ARU. This is public records and can be requested via open records process.