



TEXAS
Health and Human
Services



Inspection Instructions

(ARU 22)

Revision 1/7/2020

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1. GENERAL INFORMATION

Scheduler Specialist: InspectionARU@hhs.texas.gov

(512) 243-4831

[Architectural Review Unit's website](#)¹

Inspection Form is issued by Architectural Review Unit (ARU) upon the receipt, review and approval of your application. Refer to webpage for overall Architectural Review Process as this document only covers the inspection process.

A final inspection 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). An intermediate construction inspection may be required by 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)

Final Architectural Inspection Form is issued by Architectural Review Unit upon approval of each phase of every final inspection. This form must be obtained before the facility's space is approved for any patient use, including but not limited to treatment/care/diagnostic/procedure for the following:

- 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.

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

- Currently licensed facility stricken with a disaster and will be undergoing repairs.

Architectural Review's approved inspection is necessary to receive license approval from the Texas Health and Human Services Commission. Until the facility receives a new or modified license from the Facility Licensing Unit, only staff may occupy the newly constructed/renovated space, if allowed by their local jurisdiction. Under no circumstance shall patients be admitted, transferred in, patient services provided, or procedures performed until the facility receives their new or modified license. Architectural Review Unit does not provide initial license nor modify a license, including increasing or decreasing licensed hospital beds or ESRD stations but is one of the steps in this process.

If your project does not involve an initial license or increasing or decreasing licensed hospital beds or ESRD stations, then upon receiving the Final Architectural Inspection Form from ARU at each phase of your project, services may be provided to patients; such as but not limited to services conducted in an operating room, catheterization lab, imaging suite, dietary department, etc. A few weeks after an inspection, an Inspection Report will be sent to the Facility Administrator/CEO or Designee Facility Staff Member and if applicable, the Architect/Engineer who are listed on the Application Form. Architectural Review's final approval of this project is contingent upon receipt of all acceptable Plan of Corrections, where deficiencies are noted during any inspection. Final Architectural Inspection Form does NOT close out your ARU application/project.

The Department may conduct an inspection of a facility prior to the issuance of the renewal of a license when any Plan of Correction for a project does not have an approved response.

2. SUBMITTING INSPECTION REQUEST

Step 1: Email completed inspection form. Where an inspection fee is required, include a copy of it as an attachment.

InspectionARU@hhs.texas.gov

Subject line: Inspection Request for (enter application # of facility)
for week of (enter week requested for inspection)

Per each inspection requested, only submit one inspection form and where applicable, a copy of the check showing the fee amount. The form shall be titled "Inspection Form". Where a fee is required, the .pdf of the check shall be titled "Inspection Fee, Check # (enter number of check)". The documents shall be in one email to the above-mentioned address. Do not email any instructional documents. The use of any other subject line may be deleted without processing. Delays shall occur with an incomplete inspection form or where applicable, missing inspection fee. ARU will only keep the incomplete application on file for 10 calendar days before it is discarded.

Step 2: Mail check and inspection form directly to the Fiscal Department at either mailing address below. Do not mail any other documents to the below address (Fiscal Department). Do not mail inspection 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 inspection form. After 10 business days of your submission and you have not received confirmation of your inspection week, please contact the Scheduler Specialist at 512-243-4831 or emailing InspectionARU@hhs.texas.gov Completed inspection forms are processed in order received. You are not guaranteed the date on your inspection form since inspection dates are subject to availability. For further information, continue reading this document.

3. INSTRUCTIONS for COMPLETING INSPECTION FORM

Inspections cannot be scheduled until a completed application package has been received, reviewed, and approved by the Architectural Review Unit.

3.1 Prepare Inspection Form

Only the Inspection Form, ARU-02, issued by ARU for your project shall be processed. Any other inspection request shall not be honored. ARU inspectors do not schedule inspections.

Completely fill out the inspection form. An incomplete inspection form and/or missing inspection fee, where applicable, shall place the inspection process on hold. Where an incomplete form is submitted, an email shall be issued to the Facility Administrator/CEO or the Designee Facility Staff Member and where applicable the Architect/Engineer of Record. Combining multiple inspection requests on one form shall not be honored.

When the facility is a hospital or special care facility, then an inspection fee is required and shall be accompanied with the inspection form. The process for this occurrence is to first email the inspection form and where applicable, a copy of the check showing the fee amount. If a fee is required, then mail both form and check together per submitting options in this document. Refer to the Inspection Fee schedule. Where an inspection fee is required, submit one inspection fee for each phase of the project, together with the inspection form. Combining fees shall not be honored. An escrow type account is not an option. Delays shall occur where the inspection form does not accompany the inspection fee, where applicable, and/or information is not completed on the inspection form.

3.2 Submit Inspection Form

The Architect/Engineer of Record or the Facility Administrator/CEO or Designee Facility Staff Member shall submit one complete and accurate inspection form for each phase of the project. All other submissions, including by contractors, will not be honored.

Submit per Section 2 in this document. Until all items are received, and all information is provided on the inspection form, interaction may occur between ARU and the Architect/Engineer of Record and/or the Facility Administrator/CEO or the Designee Facility Staff Member.

Submit the inspection form at least 30 calendar days before the requested inspection week. Inspections can be requested as soon as the application approval notification and inspection form are issued by ARU. The requested date entered on the inspection request form is not guaranteed date. November, December and January are typically backlogged due to increased volume at the end of the year.

3.3 ARU Reviews Inspection Form

ARU determines the completeness of information and where applicable, verifies the fee.

Incomplete inspection requests shall be placed on hold, delaying the process. ARU shall submit written notification to the Architect/Engineer of Record and the Facility Administrator/CEO or Designee Facility Staff Member. ARU will only keep the incomplete application on file for 10 calendar days of its initial submission date before it is discarded.

3.4 ARU Schedules Inspection

Queue order: first completed form, first processed. Upon review and approval of the completed form, the request is processed, and the inspection week is scheduled, subject to availability. Scheduler will email, to the contact listed on the inspection form, the week the inspection is posted.

The requested date entered on the inspection request form is not guaranteed date, but every attempt will be made to schedule your inspection within your requested week. No dates shall be held without a completed inspection form. ARU does not retain a waiting list so please check periodically for cancellations. Swapping project inspection dates for a different application number shall not be permitted. Backup inspections will not be honored. ARU reserves the right to re-schedule the inspection at any time due to unforeseen circumstances and shall notify the primary contact, who is listed on the inspection form. No expedited inspections shall be processed.

Direct all calls or correspondence to the Scheduler Specialist.

3.5 Facility May Confirm the Inspection Week

After 10 business days of your inspection submission and you have not received confirmation of your inspection week, please contact the Scheduler Specialist at 512-243-4831 or emailing InspectionARU@hhs.texas.gov

3.6 ARU Inspector Provides the Date and Time of the Inspection

The ARU Inspector, who is assigned to the inspection, shall contact the contact listed on the inspection form, at least five business days before the actual inspection date. Inspector shall provide exact date and time of inspection. Inspector will require all final inspection documents to be emailed to them before the final inspection. Where unable to provide any or all documents, ARU may require the inspection to be rescheduled. Inspector may request any or all Plan of Correction (POC) from previous inspections before scheduling your requested inspection. Where any POCs are unanswered, inspection may be required to be rescheduled.

Projects shall be ready for inspection on the first day of the week that the you requested. Inspections occur Monday through Friday; between 8:00 a.m. through 5:00 p.m. Inspections shall not occur on weekends, on Texas state holidays or the Thanksgiving and Christmas week. It is at that inspector's discretion to perform inspections before or after hours. A specific date/time can be discussed when the inspector contacts the primary contact; however, the inspector may not be able to accommodate your request.

3.7 An Inspection Occurs

There are three types of inspections: intermediate, final, and re-inspection.

Where an intermediate inspection is required by ARU, it shall be indicated on the Application Approval notification or Plan Review Approval notification issued by ARU. The intent of an intermediate inspection is to observe the rough-in systems. Ceiling tiles shall not be installed until after the intermediate inspection.

Final architectural inspection shall be required to verify that the project meets state licensing regulations and NFPA codes and to ensure the project is constructed per the submitted contract construction documents. A final architectural inspection of each phase shall be one hundred percent completed, to the extent that all equipment is operating in accordance with specifications, all fixed furnishings are in place, and patients could be admitted and treated in all areas of the project immediately after a final architectural inspection for each phase.

Final inspection shall fail where the project is not finished or is missing any of the Final Inspection Documents during the inspection. Where the facility is not one hundred percent completed and/or testing of any building systems cannot be completed, the inspection

shall fail and requires a re-inspection. Where an inspection fails, re-submit the inspection form and where applicable, a new fee. Refer to the re-inspection directions in this document.

A few failed inspection examples are as follows, but are not the only cases:

- Canopies are not permanent
- Lay-in ceiling tiles which substitute for a monolithic ceiling are not gasketed and do not have hold down clips on all ceiling tiles
- Final inspection documents are not submitted in their entirety
- Spaces/rooms that are required, are not constructed or not adjacent per code
- Essential Electrical System (EES) panel boards are not code complaint per NFPA 99
- Building systems, supplied by power from EES, are not connected to correct panel board or the system is not operational per NFPA. Where applicable, the permanent generator is not onsite during inspection.
- Any part of the fire alarm is not compliant. For example; the fire pulls are not within 5' of the facility's exit doors or the fire alarm control panel/fire alarm annunciator panel is not located inside the facility.

During any inspection, a representative from the architectural and engineering design firm shall be present, where the application form lists design firm(s). Where representation from the architectural and engineering design firm is not present at inspections, the ARU Inspector may leave the site and the inspection fails. All qualified system personnel, including: electrician, fire alarm specialist, fire sprinkler specialist, medical gas alarm specialist, HVAC subcontractor and nurse call specialist; shall be on site to fix any minor deficiencies and aid in the testing. Where the above representatives are not present during the final inspection, inspection may fail.

During any inspection, the submitted approved plans shall be onsite and transportation of them is the responsibility of the Architect/Engineer of Record or facility representative. For initial final inspections, the facility shall provide the exact name of facility, which was written on the Facility Licensing application. Before a final inspection for each phase of the project, the final inspection documents shall be submitted to the ARU inspector by electronic means, if they have not already been emailed. Missing required documents shall be emailed to ARU in one complete package. Incomplete packages will not be reviewed. When the inspector, who inspected the facility, returns from the field, that Inspector shall review the final inspection documents. When all final inspection documents and/or any other documentation requested by the inspector are acceptable, the Inspector shall issue

a Final Architectural Inspection Form to the primary contact, who is listed on the application form. Missing required documents shall delay the facility's use of spaces/facility.

During any inspection, an Inspector can report any non-compliant code deficiencies under NFPA and State Licensing Rules, even if not specific to that project.

3.8 Approval of Occupancy

During each final inspection phase, where the inspector finds only a few minor deficiencies that do not jeopardize patient/occupants' health, safety and welfare; and upon receipt and acceptance of the final inspection documents, the inspector issues the Final Architectural Review Form (FAIF). This issuance is at the inspector's discrepancy and pending correction and completion of the deficiencies. In addition, where the facility's owner or facility's design firm has several unanswered POC from other applications, FAIF may be withheld until receipt and approval of other POC's. Architect/Engineer of Record or the Facility Administrator/CEO or the Designee Facility Staff Member provides the total number of phases. For example: Phase 3 of 8.

If your project does not involve an initial license or increasing or decreasing licensed hospital beds or ESRD stations, then upon receiving this form, services may be provided to patients for this phase of your project; such as but not limited to services conducted in an operating room, catheterization lab, imaging suite, dietary department, etc.

If your project is applying for a new license, is currently a licensed facility that is moving to a new location, is a hospital multiple-location site adding another site to its existing license, or is currently a licensed facility with changes in licensed hospital beds or ESRD stations; the facility shall receive a new or modified license from the Facility Licensing Unit before the newly constructed/renovated space has patients admitted, transferred in, patient services provided, or procedures performed. Architectural Review Unit does not provide initial license nor modify a license, including increasing or decreasing licensed hospital beds or ESRD stations but is one of the steps in this process. Upon receiving the FAIF, your facility shall email the FAIF to Facility Licensing Unit and contact them to continue with the licensing process.

3.9 Statement of Deficiencies (SOD) Report Issued

SOD report is issued by ARU where a facility is cited for alleged violations of specific codes, regulations, or building codes. Approval to occupy may occur before completion of SOD Report.

3.10 Responding to Statement of Deficiencies via Plan of Corrections (SOD/POC)

Where a facility is cited for alleged violations of specific codes, regulations, or building codes, a facility may select one of the below options:

- Accept the deficiencies stated on the SOD report and submit a plan of correction (POC)
- Record objections to the cited deficiencies on the SOD/POC report via convincing arguments and documented evidence that the deficiencies are invalid

The option to record objection pertains only to the opportunity to refute the accuracy of the findings. Facilities may not refute the professional judgment of the inspector regarding the level, extent, scope, or severity of the deficiency. Failure to submit an acceptable plan of correction may result in revocation of the facility's license. Submission of objections to cited deficiencies does not delay the time frames established for state licensure enforcement. The only acceptable procedure for avoiding state licensure enforcement action is to provide documented evidence of compliance with all Federal and State laws, codes, regulations, and building codes.

Rights of facility include:

- Explanation and objective evaluation of applicable State and Federal laws, rules, and building codes
- Explanation of the nature, scope, and estimated time schedule of the inspection to be conducted
- Information regarding the specific nature of any alleged violations of specific laws, rules, or building codes
- Identification of any records that were duplicated
- Information regarding the severity of any alleged violations of specific laws, rules, or building codes.
- Register a complaint against the ARU Inspector with the ARU Manager or the Health Care Quality Director for the HHSC Regulatory Services Division

Where responding to SOD/POC report from an intermediate or final inspection, provide a descriptive plan of correction. Do not alter the format of SOD/POC since it is illegal to change any text other than your own response. Respond to each SOD by typing or writing

legibly the POC under the "Plan of Correction", which is directly under each stated deficiency. Describe how the corrective action shall be accomplished. Provide a clear and concise description of work completed or the work to be done/corrected. Include methods and/or materials as appropriate. Entering "completed, done, corrected or finished" shall not be an acceptable response. Do not use company or personal names in the response. Refer to individuals by their title, such as facility manager. Refer to companies by their role, for example electrical contractor. Include, without using any personal names, which shall be responsible for the POC, how the POC shall be implemented or how compliance shall be monitored. For each POC from a final inspection, enter specific date (mm/dd/yy) that the correction was or shall be made, in the blank next to the "Correction Date".

On the intermediate SOD/POC report under each deficiency, provide a descriptive corrective action. This report shall be signed and dated by either the Facility Administrator/CEO or the Designee Facility Staff Member or the Architect/Engineer of Record.

On the final SOD/POC report under each deficiency, provide a descriptive corrective action and a date by which the correction will be accomplished. This report shall be signed and dated by the healthcare Facility Administrator/CEO or the Designee Facility Staff Member. Where intermediate inspection's POC is not received and approved, the inspector may cancel the final inspection for that phase.

SOD/POC shall be submitted to the ARU no later than 10 calendar days of receipt. Failure to respond may result in a re-inspection. You shall respond to all deficient items. When submitting any SOD/POC, submit one report per specific inspection date. Combining reports shall not be honored. Referring to other reports shall not be honored.

3.11 ARU reviews POC

Once POC is received, ARU shall review it. Interaction may occur until the inspector approves POC. Upon ARU's approval of the POC, we shall submit written notification of acceptance. This process occurs for every inspection that received a POC/SOD report with deficiencies.

It is the responsibility of the Architect/Engineer of Record or the Facility Administrator/CEO or the Designee Facility Staff Member to notify all parties of how to correct the deficiency based on ARU's acceptance of the POC.

3.12 Project Closes Out

Refer to Project Closeout Instructions (ARU-25) found on our webpage.

4. CANCELLATION of INSPECTION

4.1 Cancellation of an Inspection by Applicant

If an applicant decides to cancel the inspection, the Architect/Engineer of Record or the Facility Administrator/CEO or Designee Facility Staff Member shall submit written cancellation notice of a project via email to InspectionARU@hhs.texas.gov at least five business days (non-state holiday days) prior to the scheduled date of the inspection. If the application knows what week they want the next inspection, they shall submit a revised inspection form to InspectionARU@hhs.texas.gov

No cancellations shall be honored via phone call, via an inspector and from anyone other than the Architect/Engineer of Record or the Facility Administrator/CEO or Designee Facility Staff Member. Inspections shall not occur within the following two weeks of the cancelled inspection date since ARU has already scheduled inspections.

4.2 Cancellation of an Inspection by ARU

Cancellation may occur where the facility cannot provide previous approved POCs or provide all the final required documents before the inspection requested. When this occurs, a revised inspection form shall be submitted to ARU. If the inspection request required a fee, attach a copy of the original check in the email.

5. RE-INSPECTION

Depending upon the number and nature of the deficiencies cited during the final inspection, the inspector may require that a re-inspection be conducted to confirm correction of all deficiencies cited. The inspector may also require a re-inspection where determined that the project is not sufficiently complete to warrant a final inspection. At the inspection, faulty material, faulty workmanship or incomplete work can also be reason for re-inspection. An intermediate inspection may be re-inspected if the project is not far enough along to determine the building systems and space adjacencies.

The Architect/Engineer of Record or the Facility Administrator/CEO or the Designee Facility Staff Member shall submit an inspection form to re-scheduled.

6. NOTIFICATION of LARGE INSPECTION

The ARU Inspector may require more than 5 hours at a facility to conduct an inspection. For the situations mentioned below or other similar projects, contact the ARU Manager before scheduling an inspection.

- One phase of the requested inspection is larger than 50,000 square feet
- ASC constructs more than 5 operating rooms/procedure rooms

7. INSTRUCTIONS for CLOSURE of APPLICATION

Refer to Project Closeout Instructions (ARU-25) found on our webpage.

8. FINAL INSPECTION DOCUMENTS

This list does NOT pertain to re-opening a Previously Licensed Facility, see Section 9.

8.1 FIRE MARSHAL APPROVAL

Signed and dated letter or inspection report by the local fire authority, or their representative, showing that the completed project has been inspected by the fire department and has no deficient items. Document shall contain specific project identifiers. Documentation shall have Fire Marshal Badge number.

8.2 BUILDING INSPECTOR APPROVAL

Signed and dated documentation showing that the local building inspection department has inspected the project and approved facility/space for occupancy. Certificate of Occupancy (C.O.) shall be provided for an initial licensed facility. Temporary Certificate of Occupancy (T.C.O.) and CCO shall be acceptable for an existing licensed facility. Where no Building Inspection Department exists for that location, provide a signed and sealed letter from the Architect, stating the construction meets all International Building Codes (IBC) and State licensing rules. Document shall contain specific project identifiers.

8.3 FIRE ALARM SYSTEM CERTIFICATION OF INSTALLATION

New or modified fire alarm systems shall be certified and signed as meeting applicable NFPA standards such as 101, 72A, 72E, etc. on form FML-009 040392 of the Office of the State Fire Marshal.

8.4 SPRINKLER APPROVAL LETTER

Where the facility has an automatic sprinkler system, a signed and dated letter or certification from a professional engineer (P.E.) shall indicate the fire sprinkler working plans, hydraulic calculation, the testing and field inspection of the installation of the new or modified sprinkler system is in compliance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 or 2002 (see note 2), and with the State Licensing Rules. A copy of a letter or certification of changes in existing fire sprinkler

system is not required where relocation of not more than twenty sprinkler heads and hydraulic calculations are not involved.

8.5 MEDICAL GAS CERTIFICATION

Signed and dated letter of certification for the piped-in medical gas system that was installed or modified from a qualified master plumber license or a journeyman plumber license with a medical gas piping installation endorsement issued by the Texas State Board of Plumbing Examiners. Provide a copy of the installer's license number. Signed and dated letter of certification verification inspection testing for this project by a registered medical gas system verifier. Provide a copy of the inspectors ASSE 6030 verifier license.

8.6 FINISHES LETTER: FLAME-SPREAD, SMOKE DEVELOPMENT AND FLAME-RESISTANCE

Signed and dated letter from the Architect certifying that the Flame Spread Rating and the Smoke Development rating of any installed wall, ceiling, floor coverings, roof decking and roof meet the requirements of NFPA 101, (2012 or 2003, see note 2), and that draperies, curtains (including cubicle curtains), and other similar loosely hanging furnishings are flame-resistant as demonstrated by passing both the small and large-scale tests of NFPA 701, Standard Methods of Fire Tests for Flame-Resistant Textiles and Films, 2010 or 1999 (see note 2). Do not include cut sheets of the materials in the submittal; they will be discarded on site. Only the certification letter from the Architect is required. Where the facility selected the finishes, and not the design team, then provide all cut sheets to substitute for the Architect's letter.

8.7 ELECTRICAL GROUNDING REPORT & RECEPTACLE TESTING

Grounding Report: A copy of the test and a signed and dated letter from the electrical contractor or professional engineer (P.E.) certifying that the electrical system was tested and complies with the standards of NFPA 99, Health Care Facilities, 2012 or 2002, where applicable to the project. Impedance measurements shall be made on a minimum of 10% of all new receptacles between a reference grounding point and the receptacle grounding contact in each patient care area. At least one critical and one normal receptacle shall be tested at the head of all patient care beds or stations. Voltage measurements shall be made under no-fault conditions between a reference point and exposed fixed electrical

equipment with conductive surface in a patient care vicinity (e.g. fixed x-ray equipment). Provide a log of the receptacle testing for all receptacles in patient care areas indicating: 1) physical integrity, 2) continuity, 3) polarity, 4) retention force of grounding blade.

8.8 SELECTIVE COORDINATION STUDY

A copy of the selective coordination study and a summary sheet that is sealed, signed and dated from the professional engineer (P.E.) indicating that the essential electrical system is properly coordinated for best possible continuity of service with the installed equipment. The study reflects the installation of essential electrical overcurrent devices for a Hospital or an ASC (which shall have a permanent generator) or an ESRD or a FEMC (which may opt to have a permanent generator). NFPA 99, 2012 or 2002, (see note 2).

8.9 OTHER DOCUMENTATION

Any other documentation or information as needed due to the type of project/application. Where ground fault testing is required, provide an acceptance letter from the professional engineer (P.E.). Approval from other agencies shall be available on site at final inspection of each phase, such as boilers/pressure vessels; elevators; food service; generator NFPA 110 report; radiation shielding; approved accessibility letter from Registered Accessibility Specialist, and HVAC test and balance report.

Where CT and/or X-ray or other large radiological equipment is not installed, provide photos of room with the installed equipment and State Certification.

Provide a contract between the generator company supplying the backup power and the facility. This section 8.9 is applicable based on the ruleset which allows a contingency plan.

8.10 Quick Checklist:

- Fire Marshal Approval with their License Number
- Building Inspector Approval (CO)
- Fire Alarm Certificate of Installation FLM-009
- Sprinkler Approval Letter, listing the NFPA 13 edition
- Medical Gas Certification, journeyman license, ASSE 6030 verifier license
- Finishes Letter: Flame Spread/Smoke Development & Flame Resistance

- Grounding Report & Receptacle Testing Log (Patient Care Areas Only)
- Where CT-Scan, X-Ray, nuclear medicine machine, chemo hood or IV hood is not installed, provide State Certification or photos
- Portable Generator Contract for ESRD & FEMC, where applicable
- Selective Coordination Study in accord with NEC 2011, 700.27 and 701.27 for all hospitals and ASCs or FEMCs that have a permanent generator. This also includes upgrades to generator and ATS/panels.

NOTE 1: Reference project application number on all documentation submittals.

NOTE 2: Reference the proper year for the edition of the NFPA codes being inspected. For any type of hospital and ASCs that **are** receiving CMS funds for compensation, they are inspected under NFPA 101, 2012 which in turn references NFPA 13, 2010 for sprinklers, NFPA 101, 2012 for wall, ceiling, and floor coverings, NFPA 701, 2010 for Flame-Resistant Textiles (cubical curtains, etc.), NFPA 99, 2012 for grounding and receptacle testing, and NFPA 99, 2012 for coordination study. All other facilities **not** receiving CMS funding are to comply with NFPA 101, 2003 which references NFPA 13, 2002 for sprinklers, NFPA 101, 2003 for wall, ceiling, and floor coverings, NFPA 701, 1999 for Flame-Resistant Textiles (cubical curtains, etc.), NFPA 99, 2002 for grounding and receptacle testing, and NFPA 99, 2002 for coordination study.

9. FINAL INSPECTION DOCUMENTS

(Opening a previously licensed Facility that closed with the same facility type designation.)

9.1 FIRE MARSHAL APPROVAL

Recent signed and dated letter or inspection report by the local fire authority, or their representative, showing that the facility has been inspected by the fire department and has no deficient items. Document shall contain specific project identifiers. Documentation shall have Fire Marshal Badge number.

9.2 BUILDING INSPECTOR APPROVAL

Where city required a permit, a recent signed and dated document showing that the local building inspection department has inspected the facility and approved it for occupancy. Document shall contain specific project identifiers.

9.3 FIRE ALARM ANNUAL INSPECTION

Recent signed and dated letter or inspection report for fire alarm annual inspection. The fire alarm system shall be tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code.

9.4 FIRE SPRINKLER ANNUAL INSPECTION

Where the facility has an automatic sprinkler system, provide a recent signed and dated fire sprinkler annual inspection. Automatic sprinkler and standpipe systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.

9.5 MEDICAL GAS CERTIFICATION

Recent signed and dated letter of certification for the piped-in medical gas system. Certification verification inspection testing shall be by a registered medical gas system verifier. Provide a copy of the inspectors ASSE 6030 verifier license.

9.6 FINISHES LETTER: FLAME-SPREAD, SMOKE DEVELOPMENT AND FLAME-RESISTANCE

Where any new finishes are added, provide a recent signed and dated letter from the Architect certifying that the Flame Spread Rating and the Smoke Development rating of any installed wall, ceiling, floor coverings, roof decking and roof meet the requirements of NFPA 101, (2012 or 2003, see note 2), and that draperies, curtains (including cubicle curtains), and other similar loosely hanging furnishings are flame-resistant as demonstrated by passing both the small and large-scale tests of NFPA 701, Standard Methods of Fire Tests for Flame-Resistant Textiles and Films, 2010 or 1999 (see note 2). Do not include cut sheets of the materials in the submittal; they will be discarded on site. Only the certification letter from the Architect is required.

9.7 ELECTRICAL RECEPTACLE TESTING

Recent signed and dated receptacle testing log: all receptacles in patient care/treatment/exam areas shall be tested for: 1) physical integrity, 2) continuity, 3) polarity, and 4) retention force of the grounding blade.

9.8 OTHER DOCUMENTATION

Any other documentation or information as needed due to the type of project/application. Approval from other agencies shall be available on site at final inspection of each phase, such as boilers/pressure vessels; elevators; food service; generator NFPA 110 report; and radiation shielding.

Where CT and/or X-ray or other large radiological equipment is not installed, provide photos and State Certification.

Provide a contract between the generator company supplying the backup power and the facility type, which allows a contingency plan.

Provide signed and dated letter from the Professional Engineer certifying air pressurization from a current test and balance report meets current rules.

9.9 Quick Checklist:

for Opening Previously Licensed Facility that closed with the same facility type designation

- Fire Marshal Approval with License Number
- Building Inspector Approval (CO)
- Fire Alarm Annual Inspection
- Fire Sprinkler Annual Inspection
- Medical Gas Certification, with ASSE 6030 verifier license
- Finishes Letter: Flame Spread/Smoke Development & Flame Resistance
- Electrical Receptacle Testing (Patient Care Areas Only)
- Where CT-Scan, X-Ray, nuclear medicine machine, chemo hood or IV hood is not installed, provide State Certification or photos
- Portable Generator Contract for ESRD & FEMC
- Test and balance letter from Professional Engineer

NOTE 1: Reference project application number on all documentation.

NOTE 2: Reference the proper year for the edition of the NFPA codes being inspected. For any type of hospital and ASCs that **are** receiving CMS funds for compensation, they are inspected under NFPA 101, 2012 which in turn references NFPA 13, 2010 for sprinklers, NFPA 101, 2012 for wall, ceiling, and floor coverings, NFPA 701, 2010 for Flame-Resistant Textiles (cubical curtains, etc.), NFPA 99, 2012 for grounding and receptacle testing, and NFPA 99, 2012 for coordination study. All other facilities **not** receiving CMS funding are to comply with NFPA 101, 2003 which references NFPA 13, 2002 for sprinklers, NFPA 101, 2003 for wall, ceiling, and floor coverings, NFPA 701, 1999 for Flame-Resistant Textiles (cubical curtains, etc.), NFPA 99, 2002 for grounding and receptacle testing, and NFPA 99, 2002 for coordination study.

10. DEFINITIONS

10.1 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.

10.2 APPLICATION TYPE:

This is the type of application package submitted, based on the construction occurring. There are 3 types of applications: minor, major and fast track. Refer to Application Instructions for further definitions.

10.3 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).

10.4 CONTACT NAME:

The primary person to contact for questions or concerns about an inspection request. This person also serves as the contact in an event of a cancellation or delay in the inspection time and/or date.

10.5 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.

10.6 DATE:

The date is the receipt of the initial email with attached inspection form by either the Facility Administrator/CEO or the Designee Facility Staff Member or the Architect/Engineer of Record.

10.7 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.

10.8 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.

10.9 FACILITY:

The 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.

10.10 INITIAL FACILITY:

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

10.11 INSPECTION FEE:

The cost to process any inspection for a General Hospital, Special Hospital, Private Psychiatric Hospital, Crisis Stabilization Unit (CSU), or Special Care Facility (SCF). This inspection fee is based on the Inspection Fee Schedule in this document. Inspection fee is payable to HHSC via checks or money orders. Checks or money orders can be submitted by anyone.

10.12 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.

10.13 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.

10.14 OCCUPANCY APPROVAL:

Refer to Section 3.8 "Approval of Occupancy" for information.

10.15 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.

When a construction project must be divided into more than one phase, the below shall be maintained during the entire construction process:

- Access, exit access, and fire protection shall be maintained so that the safety of the occupants shall not be jeopardized during construction. The corridor can only be reduced no more than 24 inches or as required by local jurisdiction, whichever is more restrictive.
- Any smoke compartment that will be affected by the construction. Replacement smoke compartment shall be completely constructed before removing any portion of the existing smoke compartment.
- A noncombustible or limited combustible dust and vapor barrier shall be provided to separate areas undergoing demolition and construction from occupied areas.

Where a fire-retardant plastic material is used for temporary daily usage, it shall be removed at the end of each day.

- The air inside the construction area shall be protected by mechanical filtration that recirculates inside the space or is exhausted directly to the exterior.
- The area shall be properly ventilated and maintained. The area under construction shall have a negative air pressure differential to the adjoining areas and shall continue to operate if construction dust and odors are not present.
- Temporary sound barriers shall be provided where intense prolonged construction noises disturb patients or staff in the occupied portions of the building during patient treatment times.
- Where construction is done after hours or on weekends, the facility shall assure that all areas of construction are cleaned thoroughly, and a clean safe environment is provided before patients are treated.
- All fire safety protection and building systems shall be in place and working properly.
- HVAC ducts shall be protected from dust contamination continuously.

10.16 PROFESSIONAL DESIGN FIRM NAME:

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

10.17 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.

10.18 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.

10.19 PROJECT DESCRIPTION:

On the FAIF, the project description is the phase of your project that was inspected by ARU.

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

A listing of deficiencies or omissions noted on inspection reports, 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.