TEXAS
Health and Human Services

Inspection Instructions
(ARU 22)

Revision 1/7/2020, 1/1/2021, 4/1/2022

Table of Contents

1. GENERAL INFORMATION

Scheduler Specialist: InspectionARU@hhs.texas.gov 512-243-4831

Inspection Form, rules, ARU overall process, and FAQ's are located on the Architectural Review Unit's website[1]

Architectural Review Unit (ARU) shall only inspect a project that has an approved 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 architectural inspection. This form must be obtained before the facility's space is approved for any patient use, including but not limited to patient treatment/care/diagnostic/procedure for the following:

- Construction of a facility for an initial license, including relocating a facility, 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) in that room or area, or retrofitting a function, such as but not limited to changing of licensed bed

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

designations or end stage renal disease treatment and training station designations, or a change of invasive procedural services.

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

Architectural Review's approved inspection is part of the requirements to receive an initial license approval from the Texas Health and Human Services Commission or to increase or decrease licensed hospital beds or end stage renal disease stations. Until the facility receives a new or modified license from the Facility Licensing Unit, only staff may occupy the newly constructed or renovated space or both, if allowed by their local jurisdiction. Under no circumstance shall patients occupy, be admitted, be transfer in, be provided any patient services, or procedures performed until the facility receives their new or modified facility license. Architectural Review Unit does not provide initial facility license nor modify an active facility license, including increasing or decreasing licensed hospital beds or end stage renal disease (ESRD) stations.

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 room, dietary department, etc. A few weeks after an inspection, an Inspection Report will be sent to the Facility Administrator or CEO or Designee Facility Staff Member and where applicable, the Architect or 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, and final inspection required documents, and any other required documents required by the ARU inspector. Final Architectural Inspection Form does NOT close out your ARU application, your project.

ARU 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 #) for week of (enter week you are requesting an inspection)

Only submit one inspection form and where applicable, a copy of the check showing the fee amount, per each inspection week requested. 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 inspection form, and where applicable the check, 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.

USPS Mailing Address for Fee:

HHSC AR MC1470
PO Box 149055
Austin, TX 78714-9055

Overnight Mailing Address for Fee:

HHSC AR MC1470
4601 West Guadalupe Street
Austin, TX 78751

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

Obtain the inspection form from the webpage mentioned on page 4 of this document. Only the inspection form, from the above website shall be processed. Any other inspection form or other method of requesting an inspection for your project shall not be honored. ARU inspectors do not schedule inspections. Only the Facility Administrator or CEO or Designee Facility Staff Member and where applicable, Architect or Engineer of Record shall complete and submit the inspection form. All other submissions, including by contractors, shall be voided.

Completely fill out the inspection form. An incomplete inspection form or where applicable a copy of the check for the inspection fee shall place the inspection process on hold. Where an incomplete form is submitted, an email shall be issued to the Facility Administrator or CEO or the Designee Facility Staff Member or where applicable, the Architect or Engineer of Record.

Combining multiple inspection requests on one form or combining inspection fees shall not be honored.

When the facility is a hospital or special care facility, then $500 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, or information is not completed on the inspection form or both.

3.2 Submit the Inspection Form

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

Follow the directions under submitting options in Section 2 this document. Until all items are received, and all information is provided on the inspection form, interaction may occur between ARU and the Facility Administrator or CEO or Designee Facility Staff Member or where applicable the Architect or Engineer of Record.

Submit the inspection form at least 45 calendar days before the requested inspection week. Inspections can be requested as soon as the application approval notification is issued by ARU. The requested date entered on the inspection request form is not a guaranteed date. November, December and January are typically backlogged due to increased volume at the end of the year and may required more notification of the inspection week you are requesting. Queue order: first completed documents, first processed.

3.3 ARU Reviews Inspection Form

ARU assesses the completeness of the 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 or Engineer of Record or the Facility Administrator or CEO or Designee Facility Staff Member of missing documents. 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 posted week for your inspection.

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 posted without a completed inspection form. ARU does not retain a waiting

list however; you may check periodically for cancellations by emailing InspectionARU@hhs.texas.gov. Swapping project inspection dates for a different application number shall not be allowed. Backup inspections shall 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 primary contact person 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 of each phase. 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 a POC is unanswered, inspection may be required to be rescheduled.

Projects shall be ready for inspection on the first day of the week that 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 and a specific time can be discussed when the inspector contacts the primary contact person; 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 complies with state licensing regulations and NFPA codes and local building codes and to verify 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, or multiple deficiencies are cited. Where the facility is not one hundred percent completed or testing of any building systems cannot be completed or both, the inspection fails, and a re-inspection is required. 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
- Required spaces or rooms 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 five feet of the facility’s exit doors or the fire alarm control panel or fire alarm annunciator panel is not located inside the facility.
- Life safety deficiency or egress deficiency

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 but not limited to 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, an inspection may fail.

During any inspection, the submitted approved plans shall be onsite and transportation of them is the responsibility of the Architect or 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. Missing required documents shall be emailed to ARU in one complete package and multiple emails from different time periods 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 or any other documentation requested by the inspector are acceptable, the inspector shall issue a Final Architectural Inspection Form to the primary contact person, who is listed on the application form. Missing required documents shall delay the facility's use of its spaces or 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 a patient's or occupants' health, safety and welfare; and upon receipt and acceptance of the final inspection required documents, the inspector issues the Final Architectural Inspection Form (FAIF). This issuance is at the inspector's discrepancy depending on the correction and completion of the deficiencies, including past inspection reports. FAIF may be withheld until receipt and approval of all POC. Architect or Engineer of Record or the Facility Administrator or CEO or the Designee Facility Staff Member shall provide 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 that phase of your project; such as but not limited to services conducted in an operating room, catheterization lab, imaging room, 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 or 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, 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 or corrected. Include methods and 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 party 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 or CEO or Designee Facility Staff Member or where applicable, the Architect or 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 or 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.

POC from an inspection report shall be in writing on that inspection report and 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 POC in one email 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 found on our webpage for next steps of the architectural review process.

4. CANCELLATION of INSPECTION

4.1 Cancellation of an Inspection by Applicant

If an applicant decides to cancel the inspection, the Facility Administrator or CEO or Designee Facility Staff Member or where applicable, the Architect or Engineer of Record 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 request 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 Facility Administrator or CEO or Designee Facility Staff Member or where applicable, the Architect or Engineer of Record`. Inspections shall not occur within the following two weeks of the cancelled inspection date since ARU has already scheduled inspections for those weeks.

4.2 Cancellation of an Inspection by ARU

Cancellation may occur by ARU where the facility cannot provide a previous unapproved POC or provide all the final required documents before the inspection is to occur. When this type of cancellation occurs, a revised inspection form shall be submitted to ARU. If the inspection request requires 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 when it is determined by the inspector the project is not sufficiently complete to warrant a final inspection. At the inspection, faulty material, faulty workmanship or incomplete work can also be just cause for a 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 Facility Administrator or CEO or Designee Facility Staff Member or where applicable, the Architect or Engineer of Record 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 a combined 5 or more operating rooms and procedure rooms

7. INSTRUCTIONS for CLOSURE of APPLICATION

Refer to Project Closeout Instructions found on our webpage for next steps of the architectural review process.

8. FINAL INSPECTION DOCUMENTS – new construction or remodel, etc.

Refer to see Section 9 of this document for a list of required documents that a facility shall provide when it is re-opening with the same facility designation of when it closed.

During a final architectural inspection at each phase, provide the following applicable documents via email to the inspector before the scheduled inspection. Paper documents shall be provided at the site during a final architectural inspection.

8.1 FIRE MARSHAL APPROVAL

Where the local Fire Marshal authority deems the project or its phases required an inspection from their department, a signed and dated written approval for the project and where applicable, its phases shall be provided. The document shall be signed and dated 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.

Where a certificate of occupancy is part of the fire authority approval and is not a separate Fire Marshal Approval document, the proof of the inclusion, Fire Marshal approval and Certificate of Occupancy, falls on the facility or its representative.

8.2 BUILDING INSPECTOR APPROVAL

Where the local building authority deems the project requires an inspection from their department, a signed and dated Certificate of Occupancy (C.O.) for the project or its phases shall be provided and indicates their approval. This document shall provide specific identifiers for the project and its phases, and shall match the Fire Marshal document identifiers, such as name of facility and its address. Where either of the following conditions are met, the following documentations may substitute for a certificate of occupancy:

- Where the project occurs in a currently licensed facility and the local building authority issues a temporary certificate of occupancy, a certificate of compliance (CCO), a green tag, or any other document indicating approval from the local building authority may substitute for the C.O. A temporary certificate of occupancy (T.C.O.) shall not be allowed for a newly constructed facility, unless landscaping or other similar matters are documented by the local building authority on the T.C.O.

It is at the discretion of the Texas Health and Human Services Commission Architectural Review Unit to accept this substitution.

- In the absence of a local building authority, a signed, sealed, and dated document from the registered architect of record or professional engineer of record which indicates no exceptions to their design and the physical built environment appears to comply with the current International Building Code and this chapter and applicable State licensing rules may substitute for a C.O. The document shall provide specific identifiers for the project or its phases and name of the facility and its address.

8.3 FIRE ALARM SYSTEM CERTIFICATION OF INSTALLATION

Where a fire alarm system, including the components, are designed, installed, upgraded, or modified, an Office of the State Fire Marshal form FML-009 shall be provided for the project and where applicable, its phases. The document shall be signed and dated and shall provide specific identifiers for the project, such as name of facility and its address and project phases.

8.4 SPRINKLER APPROVAL DOCUMENT

Where an automatic sprinkler system, including the components, are designed, installed, upgraded, or modified, a signed and dated written approval document from a professional engineer of the sprinkler company for the project and where applicable, its phases shall be provided. Where design and hydraulic calculation is performed as part of the analyses, a professional engineer's approval is required. Other sprinkler systems inspections and tests require a professional engineer approval or responsible managing employee (RME) of the sprinkler system company. The document shall indicate that no exceptions are noted during the testing and field inspection the new or modified sprinkler system. The document shall indicate the new or upgraded portion of the automatic sprinkler system complies 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.

Where relocation of not more than twenty sprinkler heads or hydraulic calculations are not involved for the entire project, a signed, sealed, and dated document from the registered architect of record or professional engineer of record may substitute for the sprinkler approval document.

8.5 MEDICAL GAS CERTIFICATION

Where a medical gas system or vacuum system or both, including their components, is installed, upgraded, or modified, a signed and dated written approval certification for the piped-in medical gas system or vacuum system or both from a registered ASSE 6030 medical gas system verifier who certified the system shall be provided. The document shall indicate that no exceptions are noted upon inspection of the installed, upgraded, or modified piped-in medical gas system or vacuum system. The document shall also indicate the system appears to comply with NFPA 99: Health Care Facilities, 2012 or 2002 (see note 2), and with the State Licensing Rules. Provide a copy of the verifier's ASSE 6030 license number and the license's expiration date. A report of the verifier's finding during the system's testing shall be provided.

Where a medical gas system or vacuum system or both, including their components, is installed, upgraded, or modified, a signed and dated written document for the piped-in medical gas system or vacuum system or both from a registered ASSE 6010 medical gas system installer who installed the system shall be provided. The document shall indicate the installed, upgraded, or modified piped-in medical gas system or vacuum system or both 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 qualified master plumber license or a journeyman plumber ASSE 6010 license number and the license's expiration date.

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

A signed, sealed, and dated written document from a registered architect or licensed interior designer for the project and where applicable, its phases shall be provided. The document shall indicate that no exceptions are noted upon reviewing the Flame Spread Rating and the Smoke Development rating of any installed wall covering, ceiling surface, floor covering, and roof decking to the installed finishes complying with NFPA 101: Life Safety Code, (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 provide cut sheets of the materials installed, unless requested by ARU inspector.

Where the facility selected the finishes, and not a registered architect or licensed interior designer, provide all material safety data sheet (MSDS) of any installed wall covering, ceiling surface, floor covering, roof decking, draperies, curtains (including cubicle curtains), and other similar loosely hanging furnishings.

8.7 ELECTRICAL GROUNDING REPORT & RECEPTACLE TESTING

Where new electrical receptacles are installed at patient care areas and patient care support spaces, a signed and dated written approval document from the professional engineer or master electrician that indicated no exceptions are noted upon reviewing the grounding test and the grounding system appears to comply with NFPA 99: Health Care Facilities, 2012 or 2002 (see note 2). A grounding report shall be provided and include the impedance measurements made between a reference grounding point and the receptacle grounding contact in each patient care area. The grounding report shall include the testing values the comply with the requirements of NFPA 99: 6.3.3.

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 such as fixed x-ray equipment.

Where the space was modified or renovated but no new electrical receptacles are installed, a written record that reports the findings while testing the existing electrical receptacle for grounding blade physical integrity, continuity, polarity, and retention force. The testing shall comply with NFPA 99: Health Care Facilities, 2012 or 2002 (see note 2).

8.8 SELECTIVE COORDINATION STUDY

A signed, sealed, and dated written approval document from the professional engineer of record that indicated no exceptions are noted upon reviewing the selective coordination report and the essential electrical system is properly coordinated for best possible continuity of service with the installed equipment. Provide the selective coordination study report which shall reflects the installation of essential electrical overcurrent devices comply with NFPA 99, 2012 or 2002, (see note 2). This section includes when upgrading the generator and installing automatic transfer switches and electrical panels.

Where a facility is not required to provide a permanent generator, a selective coordination study is still required since the normal power requires overcurrent protection.

8.9 OTHER DOCUMENTATION

Any other documentation or information as needed due to the type of project. Where ground fault testing is required, provide an acceptance letter from the professional engineer. 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 scan equipment or X-ray equipment or other large radiological equipment is installed, provide the State Certification.

Where State licensing rules allows a facility to provide a portable generator, a contract between the generator company supplying the backup power and the facility shall be provided. The contract shall be dated and indicate both the facility's location and the location of where the generator is being dispensed.

8.10 Notes:

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

NOTE 2: Reference the proper year for the edition of the NFPA codes being cited or used for the inspection. Hospital and ASC receiving CMS funds for compensation are inspected under NFPA 101, 2012 edition and NFPA 99, 2012 edition. All other health care facilities not receiving CMS funds for compensation are inspected under NFPA 101, 2003 edition and NFPA 99, 2002 edition.

9. FINAL INSPECTION DOCUMENTS – reopen

Refer to Section 8 of this document for a list of required when any modifications, upgrades, remodeling, addition, new construction, and other such construction methods are part of your project.

This section shall apply when a previous licensed facility is re-opened under the same facility designation and no modifications occurs.

During a final architectural inspection, provide the following applicable documents via email to the inspector before the scheduled inspection. Paper documents shall be provided at the site during a final architectural inspection.

9.1 FIRE MARSHAL APPROVAL

Recent signed and dated written Fire Marshall 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 the local building authority deems the re-opening of the facility requires an inspection from their department, a signed and dated Certificate of Occupancy (C.O.) or similar documentation shall be provided and indicates their approval. This document shall provide specific identifiers and shall match the Fire Marshal document identifiers, such as name of facility and its address.

9.3 FIRE ALARM ANNUAL INSPECTION

A recent signed and dated written fire alarm annual inspection report showing that the facility has been inspected and has corrected any deficient item. The document shall indicate the testing was conducted to comply with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code.

9.4 FIRE SPRINKLER ANNUAL INSPECTION

Where a fire sprinkler system exists, a recent signed and dated written fire sprinkler annual inspection report showing that the facility has been inspected and has corrected

any deficient item. The document shall indicate the automatic sprinkler and standpipe systems is inspected and tested in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.

9.5 MEDICAL GAS CERTIFICATION

Where a medical gas system or vacuum system or both are installed, a recent signed and dated written approval certification for the piped-in medical gas system or vacuum system or both from a registered ASSE 6030 medical gas system verifier who certified the system shall be provided. The document shall indicate the system appears to comply with NFPA 99: Health Care Facilities, 2012 or 2002 (see note 2). Provide a copy of the verifier's ASSE 6030 license number and the license's expiration date. A report of the verifier's finding during the system's testing shall be provided.

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

Where any new finishes are added, provide a signed, sealed, and dated written document from a registered architect or licensed interior designer indicating that no exceptions are noted upon reviewing 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

Where the facility selected the finishes, and not a registered architect or licensed interior designer, provide all material safety data sheet (MSDS) of any installed wall covering, ceiling surface, floor covering, roof decking, draperies, curtains (including cubicle curtains), and other similar loosely hanging furnishings.

9.7 ELECTRICAL RECEPTACLE TESTING

Recent written record that reports the findings while testing the existing electrical receptacle for grounding blade physical integrity, continuity, polarity, and retention force. The testing shall comply with NFPA 99: Health Care Facilities, 2012 or 2002 (see note 2).

9.8 SELECTIVE COORDINATION STUDY

A signed, sealed, and dated written approval document from a professional engineer that indicated no exceptions are noted upon reviewing the selective coordination report and the essential electrical system is properly coordinated for best possible continuity of service with the installed equipment. Provide the selective coordination study report.

Where a facility is not required to provide a permanent generator, a selective coordination study is still required since the normal power requires overcurrent protection.

9.9 OTHER DOCUMENTATION

A signed, sealed, and dated written approval document from a professional engineer that indicated no exceptions are noted upon reviewing the HVAC test and balance report and the reports to appear that the air pressurization complies with current rules.

Where CT scan equipment or X-ray equipment or other large radiological equipment is installed, provide the State Certification.

Where State licensing rules allows a facility to provide a portable generator, a contract between the generator company supplying the backup power and the facility shall be provided. The contract shall be dated and indicate both the facility's location and the location of where the generator is being

9.10 Notes

NOTE 1: Reference project application number on all documentation.

NOTE 2: Reference the proper year for the edition of the NFPA codes being cited or used for the inspection. Hospital and ASC receiving CMS funds for compensation are inspected under NFPA 101, 2012 edition and NFPA 99, 2012 edition. All other health care facilities not receiving CMS funds for compensation are inspected under NFPA 101, 2003 edition and NFPA 99, 2002.

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 Regulation Section. The ARU is responsible for approving architectural and physical plant 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 the Facility License Certificate.

10.9 FACILITY:

The entity 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.