



INSPECTION INSTRUCTIONS (II)

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1. GENERAL INFORMATION

Scheduler (512) 834-4598

General Phone (512) 834-6649

The Architectural Review Unit (ARU) shall issue an Inspection Form. Refer to Inspection Definitions in this document to define the intent of information requested by ARU. Where a field is not applicable on the form, enter N/A at the underlined space.

Before patient and staff use, the Architectural Review Unit, ARU, shall conduct inspections and shall approve the use of any remodeling, renovations, additions, alterations, change of service(s), change of function (including licensed bed or ESRD station change), change of licensed facility, re-opening a closed facility or initial construction that occurs at a General or Special Hospital, Private Psychiatric Hospital or Crisis Stabilization Unit (Psych/CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD), Freestanding Emergency Medical Care Facility (FEMC), or Special Care Facility.



2. SUBMITTING OPTIONS

Only submit one inspection form with an inspection fee, where applicable, per each inspection date requested. Do not submit any instructional documents. Where the inspection form is incomplete or the applicable inspection fee is missing, the processing shall be placed on hold and a written notification shall be issued.

Submit via options below:

Submit inspection:

Email: InspectionARU@hhsc.state.tx.us

Subject line: **Inspection: App #** (enter application #)

Please note that all other subject lines shall be directly moved to trash and deleted without processing.

For ASC, FEMC, or ESRD, email the inspection form only.

For General and Special Hospital, Psych/CSU or Special Care Facility, email the inspection form and scanned copy of the check, then mail those documents to address below. The inspection can be scheduled once the email is received with its proof of payment and approved by the ARU.

Submit Plan of Corrections:

Email: AskARU@hhsc.state.tx.us

Subject line: **POC: App #** (enter application #) for (Inspector's name)

Please note that all other subject lines shall be directly moved to trash and deleted without processing. Only submit one POC per each inspection date, do not combine POC's into one email.

Mailing Address: (USPS or overnight service or delivery service):

Where a fee is required, the preferred method is email first, then mail check & Inspection Form.

HHSC Architectural Review Unit
Mail Code 2835
Exchange Building
8407 Wall Street, Suite S241
Austin, TX 78754



3. INSTRUCTIONS for COMPLETING INSPECTION FORM

Inspections cannot be scheduled until a completed application package has been reviewed and approved.

3.1 Prepare Inspection Form

Only the Inspection Form, ARU-02, issued by the ARU shall be processed. Any other inspection request shall not be honored. This form shall have the application number on the top right-hand side of the form. ARU's scheduler is the one who determines the inspection posting. ARU inspectors do not schedule inspections. Only the Facility Administrator/CEO or Designee Facility Staff Member and Architect/Engineer of Record, where applicable, 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 and/or missing inspection fee, where applicable, shall place the inspection request on hold. Where an incomplete form is submitted, a written notification, Status of Inspection Form ARU-12, shall be issued to the Facility Administrator/CEO or the Designee Facility Staff Member and Architect/Engineer of Record, where applicable. After 30 days on hold status, the ARU shall void the incomplete form without written notice. Combining multiple inspection requests on one form shall not be honored. Check the box next to the type of inspection and enter the week in the underlined space next to the checked box. This is the week that the intermediate inspection, final inspection, rescheduled or re-inspection shall be ready.

When the facility is a hospital or special care facility and it is a major or fast track application, then an inspection fee is required and shall be accompanied with the inspection form. The process for this occurrence is to email the inspection form and fee first, and then mail them together per submitting options in this document. Inspection fee is to be made payable to HHSC; refer to the Inspection Fee definition within this document, under Inspection Definitions. 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. A partial inspection form shall not be processed.

3.2 Submit Inspection Form

Submit one inspection form per each phase of the project. Follow the directions under submitting options in this document. The phases to be inspected were on the application approval letter issued by ARU. Only submission by the Architect/Engineer of Record or the Facility Administrator/CEO or the Designee Facility Staff Member shall be honored.

Until all items are received, and all information is provided on the inspection form, interaction may occur between the 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 date. Inspections can be requested as soon as the application approval letter 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

If an inspection form is not submitted with a fee, where applicable, the request is placed on hold. If an inspection form is missing information, the request is placed on hold. In either case, the ARU shall issue a written notification to primary contact listed on the inspection form. Any incomplete inspection form shall be voided after 30 calendar days from initial receipt.

3.4 ARU Schedules Inspection

Queue order: first completed form, first processed. Upon review and approval of the completed form, the request is processed. Inspection request shall be scheduled, subject to availability. 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 written and approved inspection form. Backup



inspections will be voided. 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.

Direct all calls or correspondence to the Scheduler. No expedited inspections shall be processed.

3.5 Facility May Confirm the Inspection Week

If the Architect/Engineer of Record and/or the Facility Administrator/CEO or the Designee Facility Staff Member wants confirmation of their inspection week, please contact the Scheduler. First, email form and copy of fee, as mentioned previously. Then allow 4 hours before contacting Scheduler. Where overnighted/delivery mail is used, allow 2 or more days before contacting Scheduler. Where USPS mailed is used, allow 7 or more days before contacting Scheduler.

3.6 ARU inspector Provides the Date and Time of the Inspection

The ARU Inspector, who is assigned to the inspection, shall contact the inspection contact listed on the inspection form, five working days before the actual inspection date. Inspector shall provide exact date and time of inspection. Inspector may request any or all final inspection documents before the final inspection. Where unable to provide any or all documents, inspection may be required to be rescheduled. Inspector may request any or all Plan of Correction (POC) from previous inspections before scheduling the 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 applicant 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 ARU Inspector contacts the primary contact; however, the Inspector may not be able to accommodate that request.



3.7 An Inspection Occurs

There are four types of inspections; intermediate, final, rescheduled, and re-inspections.

Where an intermediate inspection is required by ARU, it shall be indicated on the Application Approval Letter issued to the applicant. The intent of an intermediate inspection is to observe the rough-in systems.

Final inspection shall be required to verifying state licensing and NFPA compliance and to ensure the project is constructed per the submitted contract construction documents. A final construction 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 the final inspection of each phase.

Final inspection shall fail where the project is not finished or is missing any of the Final Inspection Documents while the Inspector is on-site. Where the facility is not one hundred percent completed and/or testing of any building systems cannot be tested, the inspection shall fail and requires a re-inspection. Where an inspection fails, re-submit the original inspection form and a new fee, where applicable. Refer to the re-inspection directions in this document. Inspection fee shall not be refunded.

A few failed inspection examples are notes below, but are not the only cases:

- Canopies are not permanent
- 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
- Any part of the fire alarm is not compliant. For example; the fire pulls are not within 5' of the facility's exit doors



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 on the job location and the 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. For final inspection of each phase, final inspection documents shall be submitted to the ARU inspector. Where missing documents are not submitted during the final inspection, they shall be submitted to the ARU, in one complete package. Incomplete packages will not be reviewed. When the Inspector, who inspected the facility, returns to the office, that Inspector shall review the final inspection documents. Where 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 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 may issue the 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. When accepting the FAIF, verify the phase for that inspection and the overall phase count. Architect/Engineer of Record or the Facility Administrator/CEO or the Designee Facility Staff Member provides total number of phases. For example: Phase 3 of 8.

Where a construction project does not require changes in the facility's license, then staff may occupy the design space and services may be provided to patients upon receipt of Final Architectural Inspection Form (FAIF), which is issued by the ARU.

Where a facility is applying for a new license, is currently a licensed facility that is moving to a new location, is a hospital multiple-location site to be added to an existing license or is currently a licensed facility with changes in licensed hospital beds or ESRD stations, then the facility may occupy the newly constructed space with staff only. Under no circumstance shall patients be admitted, transferred in, patient services provide, or procedures performed until the facility receives their new or modified license from the Facility Licensing Unit. When the above-mentioned condition occurs, then the facility shall fax the FAIF to the Facility Licensing Unit and contact them to continue with the licensing process. Until the facility receives a new or modified license from the Facility Licensing Unit, the facility may occupy the newly constructed space with staff only. Under no circumstance shall patients be admitted, transferred in, or procedures performed until the facility receives new or modified license.

3.9 Statement of Deficiencies and Plan of Corrections, SOD/POC

SOD is issued by ARU where a facility is cited for alleged violations of specific codes, regulations, or building codes. This process may occur before and/or after the final inspection. Approval to occupy might occur before completion of SOD/POC.

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/POC and submit a plan of correction
- Record objections to the cited deficiencies on the SOD/POC and submit a



- Record objections to the cited deficiencies on the SOD/POC. Do not submit documented evidence that the deficiencies are invalid

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, enter specific date (mm/dd/yy) that the correction was or shall be made, in the blank next to the "Correction Date". For intermediate inspection reports, the date entered shall be before the final inspection date, since all items shall be completed before final inspection. Where intermediate inspection's POC is not received and approved, the inspector may cancel the final inspection for that phase. For the intermediate SOD/POC Report, the Facility Administrator/CEO or the Designee Facility Staff Member or the Architect/Engineer of Record shall enter their name, signature and date. For the Final SOD/POC Report, the Facility Administrator/CEO or the Designee Facility Staff Member shall enter their name, signature and date.

Where submitting any SOD/POC Report, submit one report per specific inspection date. Combining reports shall not be honored. Referring to other reports shall not be honored.

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

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, the ARU shall submit written notification of acceptance. This process occurs for every inspection that received a SOD report.

3.12 Project Closes Out

Refer to Project Closeout Instructions.

4. INSTRUCTIONS for CANCELLATION of INSPECTION

- 4.1** Cancellation by the ARU may occur where the facility cannot provide previous approved POCs or provide all the final required documents before the inspection requested.
- 4.2** Cancellation by the Architect/Engineer of Record or the Facility Administrator/CEO or Designee Facility Staff Member, shall occur where the facility determines that the project will not be ready for inspection on the week they requested.

The Architect/Engineer of Record or the Facility Administrator/CEO or the Designee Facility Staff Member shall submit a revised inspection form. On the original inspection form, enter the date on the form in the blank next to "Cancel inspection for the week of". No cancellations shall be honored via phone call, via an inspector and from anyone other than those listed above.



Cancellation shall be at least five working days (non-state holiday days) prior to the scheduled date of the inspection. Inspections shall not occur within the following two weeks of the cancelled inspection date. The ARU has already scheduled inspections for those weeks.

Where there is a new date for the inspection, follow the instructions for Re-inspection. Where there is no inspection date yet decided, then only enter the cancellation date. When new inspection date is decided, submit original inspection form with new requested inspect date. The new inspection date shall be scheduled in the order it is received and shall be scheduled for the first available date. Due to availability, the date requested possibly may not be the date the inspection is scheduled. Submit per submitting options in this document.

5. INSTRUCTIONS for RESCHEDULING INSPECTION or 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 a re-inspection request on the original inspection form only. Enter in modifications by striking through the initial requested date on the original inspection form. Check either the reschedule box or the re-inspection box. Enter date next to the reschedule box or the re-inspection box. Where there are several reschedule or re-inspection dates, list them in order. Keep building upon the dates on the original inspection form. Strike through each date that has passed.

For example, on the original Inspection Form:

INTERMEDIATE:	3/12/19	FINAL:	7/26/19
RESCHEDULE 1st:	4/12/19	RE-INSPECTION 1st:	8/12/19
RESCHEDULE 2nd:	5/12/19	RE-INSPECTION 2nd:	10/8/19



Reschedule/Re-inspection shall not occur within the following two weeks of the failed inspection. The ARU has already scheduled inspections for those weeks. Submit the revised inspection form to one of the submitting options.

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.



8. FINAL INSPECTION DOCUMENTS: (except where Opening a Previously Licensed

- 8.1 FIRE MARSHAL APPROVAL.** Signed and dated letter or inspection report by the local fire authority, or representative, showing that the completed project has been inspected by the fire department and is approved for use and occupancy. Document shall contain specific project identification.
- 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.) shall be provided 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 identification.
- 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.) licensed in the state of Texas indicating 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.
- 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). Receptacle Testing: all new receptacles in patient care areas shall be tested for: 1) physical integrity, 2) continuity, 3) polarity, 4) retention force of grounding blade.
- 8.8** Where CT and/or X-ray or other large radiological equipment is not installed, provide photos and State Certification.
- 8.9** Provide a contract between the generator company supplying the backup power and the facility type, which allows a contingency plan.
- 8.10 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, where applicable, for boilers/pressure vessels; elevators; food service; generator NFPA 110 report; and radiation shielding.
- 8.11 SELECTIVE COORDINATION STUDY.** A copy of the selective coordination study and a summary sheet, 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).

8.12 Quick Checklist: except for Opening Previously Licensed Facility

- Fire Marshal Approval with License Number
- Building Inspector Approval (CO)
- Fire Alarm Certificate of Installation FLM-009
- Sprinkler Approval Letter with NFPA 13 edition used for inspection.
- Medical Gas Certification, journeyman license, ASSE 6030 verifier lics.
- Finishes Letter: Flame Spread/Smoke Development & Flame Resistance
- Grounding Report & New 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
- 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

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: For Opening a previously licensed Facility

- 9.1. FIRE MARSHAL APPROVAL.** Signed and dated letter or inspection report by the local fire authority, or representative, showing that the facility has been inspected by the fire department and has no deficient items.
- 9.2. BUILDING INSPECTOR APPROVAL.** Signed and dated documentation showing that the local building inspection department has inspected the facility and approved it for occupancy, where applicable.
- 9.3. FIRE ALARM ANNUAL INSPECTION.** 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 signed and dated, most recent 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.** Signed and dated, most recent 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, 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.** 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. Where CT and/or X-ray or other large radiological equipment is not installed, provide photos and State Certification.

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

9.10. 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, where applicable, for boilers/pressure vessels; elevators; food service; generator NFPA 110 report; and radiation shielding.

9.11. Quick Checklist: for Opening Previously Licensed Facility

- 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

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.



10. INSPECTION DEFINITIONS

- 10.1 APPLICATION NUMBER:** Assigned number that references the project submitted. Refer to Application Instructions for further definition.
- 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 General and Special Hospital, Private Psychiatric Hospital and Crisis Stabilization Unit (Psych/CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD), Freestanding Emergency Medical Care Facility (FEMC), and Special Care Facility.
- 10.4 CONTACT NAME:** The primary person to contact for questions or concerns about an inspection request. When submitting the inspection form, enter the contact name and their contact email and primary phone number. This is the phone number that the contact can be reached in the event of a cancellation or delay in the inspection time and/or date.
- 10.5 CONSTRUCTION:** Refer to Application Instructions for definition.
- 10.6 DATE:** Enter the date the inspection form is submitted to ARU.
- 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. When submitting the inspection form, enter the facility's name. For existing facility, enter the name as it appears on the Facility License Certificate. Do not abbreviate. For initial facility, enter the name as it appears on the facility license application that was submitted to Facility Licensing Unit. 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. When submitting the inspection form, enter the facility's contact name, their work title and work email address and primary phone number that the facility contact can be reached.

Facility Address: For an existing licensed facility, enter the facility's physical address as it appears on the Facility License Certificate. Include the zip code, city and street address and suite number, where applicable. Forms will not be processed without zip code, city and street address and suite number. For initial facility, enter address as it appears/shall appear on the Fire Marshal & Certificate of Occupancy documents. This is where the facility is physically located. Where there is only an intersection when initially submitting the inspection form, then enter the intersections. Where the physical address is determined, then revise and re-submit the application form. Where this step is not done, delay shall occur with the Final Architectural Inspection Form and the facility's license.

10.9 FACILITY TYPE: This is the type of facility where work/construction is occurring for the following: General and Special Hospital, Private Psychiatric Hospital and Crisis Stabilization Unit (Psych/CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD), Freestanding Emergency Medical Care Facility (FEMC), and Special Care Facility. Refer to Application Instructions for further definitions of facility type. When submitting the inspection form, indicate facility by clicking the appropriate box. On the left-hand side of SF (Square Footage), enter the square footage of the phase to be inspected. Provide check number for inspection fee where inspection is to be conducted at a General and Special Hospital, Private Psychiatric Hospital and Crisis Stabilization Unit (Psych/CSU), or Special Care Facility. For very large projects, refer to Notification on Large Inspection in this document.

10.10 INITIAL FACILITY: Refer to Application Instructions for definition.

10.11 INSPECTION FEE: The cost to inspect a Major or Fast Track Application Package for General, Special, or Psychiatric Hospital, Crisis Stabilization Unit or Special Care Facility. Minor Application Package shall not submit



inspection fee, even where project is hospital or special care facility. Inspection fee is payable to Texas Health and Human Services Commission or HHSC via checks or money orders. Enter application number on checks or money orders. Checks or money orders can be submitted by anyone. Submit the inspection fee with the inspection form per submitting options on this document.

Inspection Fee for Major & Fast Track Application for any:
General & Special Hospital, Private Psychiatric & CSU & Special Care Facility
\$ 500

Inspection Fee for all Minor Application and any ASC, ESRD, FEMC
\$ 0

- 10.12 LICENSED HOSPITAL BED OR ESRD STATION COUNT:** Refer to Application Instructions for definition.
- 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.
- 10.14 OCCUPANCY APPROVAL:** Refer to Final Architectural Inspection Form, FAIF for definition.
- 10.15 PHASE(S):** The divisions of a construction project. Refer to Application Instructions for further definition. When submitting the inspection form, enter the number of the phase to be inspected for the week requested. Then enter total number of phases that completes the entire project in the blank after the word "of". Enter a brief description of the phase to be inspected.

The below shall be maintained:

- 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.
- Any smoke compartment that will be affected by the construction, must first have the replacement smoke compartment 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 are in place and working properly
- HVAC ducts shall be protected from dust contamination continuously.

10.16 PROFESSIONAL DESIGN FIRM NAME: Architectural or engineering firm, who is responsible for the project. When submitting the inspection form, enter the professional design firm's name. Where a project is a minor application package, there may not be a professional design firm representative. For this situation, enter N/A at the firm's name and leave the firm's contact name and their information blank.

10.17 PROFESSIONAL DESIGN FIRM CONTACT NAME AND INFORMATION: The professional contact name, who shall receive all correspondence from the ARU. The professional contact shall be a Registered Architect or Professional Engineer. When submitting the inspection form, enter the professional design team's contact name and their work email address. Enter design firm's fax number. Where no fax machine exists, enter N/A. Enter person's office or direct phone number. Enter person's mobile phone number and the primary phone number that the professional can be reached.



- 10.18 PROJECT:** Refer to Application Instructions for definition.
- 10.19 PROJECT DESCRIPTION:** Describes the overall inspection that the ARU inspector witnessed on a specific date. This is entered when the ARU inspector completes the FAIF.
- 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 follows each deficiency, e.g., section, subsection, and paragraph number. Where deficiencies are cited under the NFPA Standards, then the referenced section follows it. The Plan of Correction (POC), states how the facility will correct the deficiencies identified by the ARU. This is public records and can be requested via open records process.